Heart Failure Specialist Nurse Competency Framework

BRITISH SOCIETY FOR HEART FAILURE NURSE FORUM

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British Association for Nursing in Cardiovascular Care

GCU Glasgow Caledonian University

University for the Common Good

Irish Association of Heart Failure Nurses

Irish Nurses Cardiovascular Association

Pumping Marvellous for heart failure patients

Royal College of Nursing

Scottish Heart Failure SHFNF Nurse Forum

Welsh Heart Failure Nurse Forum

This publication is due for review in September 2025. The document may be reviewed sooner if there is an indication.

The authors would value any feedback you have about this publication. Please contact info@bsh.org.uk clearly stating which publication you are commenting on.

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Introduction

The competency framework serves to guide Heart Failure Specialist Nurses' (HFSNs) to develop the knowledge and clinical consultation skills required to work safely, competently and effectively manage adults with heart failure. The HFSN is the named professional co-ordinating the patient's care plan in partnership with the patient and is involved in collaborative care planning across all relevant health and social care sectors where appropriate.

The document covers the clinical aspects of the role along with the organisational skills required to be an effective practitioner able to work autonomously and within the multidisciplinary team. The competency framework should be used in conjunction with the HFSN Service Operational Procedure.

The HFSN is required to undertake an accredited heart failure module, clinical assessment skills training and maintain their knowledge and skills by continuous professional development to support them to provide holistic management to people with heart failure and associated co-morbidities.

This competency document has been produced as part of a collaboration between Heart Failure Nurse Consultants, Heart Failure Specialist Nurses, Nurse Academics, the Royal College of Nursing and commissioners.

How to use this framework

The aim of the framework is to support the development of the learner to achieve the required levels of competence to carry out the role of HFSN.

The competencies in the framework reflect the personal and professional development of a HFSN as well as a documented record of achievement and should be used in the HFSN performance and development review and portfolio to support their development and learning within the role.

This competency document may also be useful for other healthcare professionals who work with people living with heart failure as part of their own professional learning and development.

In this framework there are competencies that refer to working within local and national guidance. Local guidance refers to standard operating procedures and protocols in the Trust/Board where the HFSN is employed. National guidance referrs to guidelines relevant to the management of the adult living with heart failure published by National Institute for Health and Care Excellence, the Scottish Intercollegiate Guidelines Network and the European Society of Cardiology. These have not been specifically referenced due to the regular review processes in place for these guidelines. Links to these guidelines can be found at www.bsh.org.uk.

Executive Summary

Heart Failure (HF) is the only cardiovascular disorder with increasing incidence and prevalence. It is associated with significant morbidity and mortality and is estimated to account for 2% of the NHS budget with 60–70% of the costs driven by hospital admissions[1].

Patients with heart failure can be categorised into three groups: reduced ejection fraction (HFrEF) <40%, mid-range ejection fraction (HFmrREF) 40-50% or preserved ejection fraction (HFpEF) >50%[2]. To date patient inclusion to HF services across the UK has mainly focused on patients with HFrEF.

The role of the HFSN has evolved significantly following the ground-breaking study carried out by Blue et al of post-discharge care of patients with HF associated with HFrEF[3].

Patients with HF commonly present with complex and diverse symptoms and concerns. It is essential that HF professionals are able to evidence a holistic approach to assessment and care provision by eliciting the wide range of unmet physical, psychological, social, occupational and care giver symptoms and concerns. In doing so the opportunity to impact positively on their day to day living with HF is optimised from diagnosis to end of life.

With additional HF resource inclusion of all patients with a confirmed HF diagnosis following a primary hospital admission, regardless of the type of HF, more patients could benefit from HFSN input. It is not within the scope of this document to mandate which groups of patients with heart failure have access to HFSN. This will be determined at a local level.

HFSNs are highly skilled autonomous practitioners whose advanced skill set, knowledge and clinical acumen continues to be underpinned by a wide range of higher institution-based education at masters level. This is augmented by experiential learning activities relevant to diverse and emerging professional roles and clinical settings.

The evolution of HF evidence-based treatments from diagnosis to end of life to support patients across care settings highlights the wide-ranging core competences required for the HFSN role.

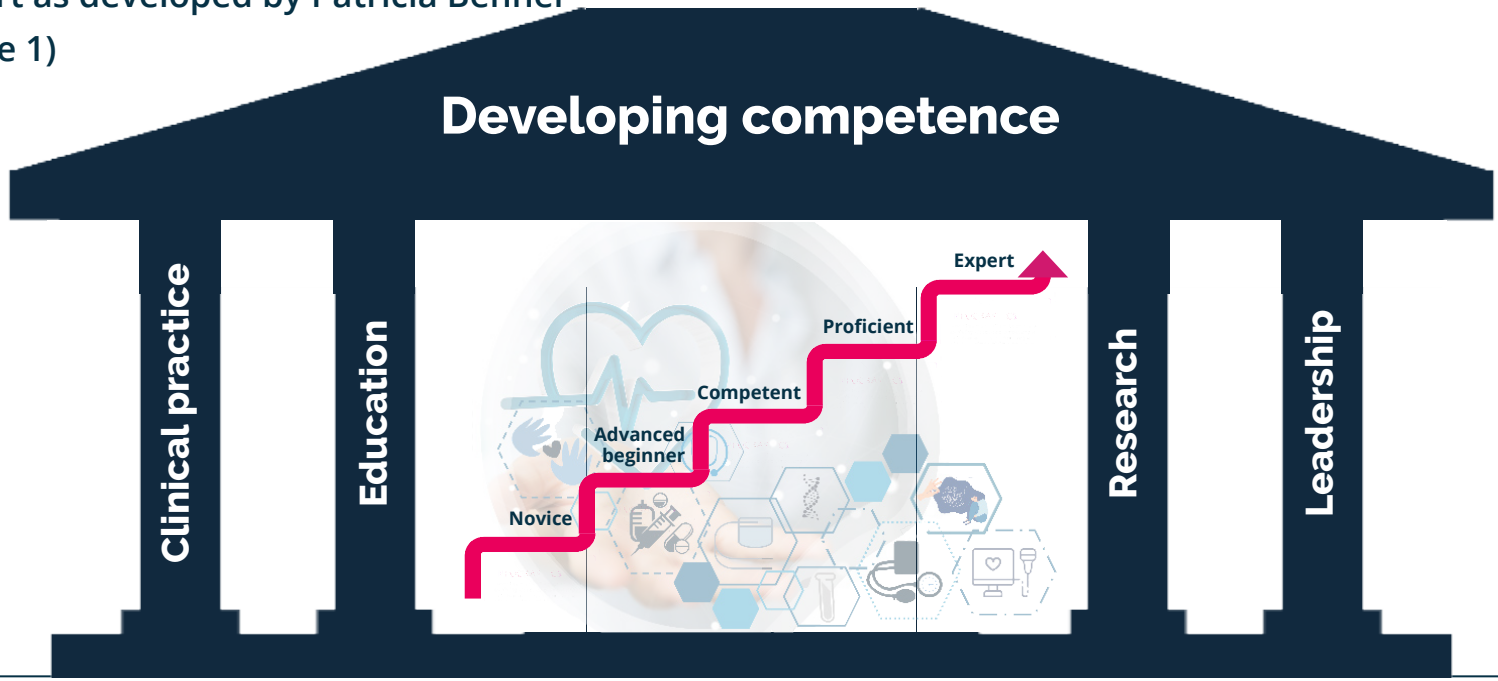
The HFSN competency framework has been designed specifically with this in mind and should be regarded as a reference or guidance template to support:

- The delivery of a high standard of care consistent across the United Kingdom
- Inform and guide managers on the minimum competency level required and support recruitment and retention within the specialty
- Nursing and Midwifery Council revalidation.
- The professional development of the heart failure nurse to progress from novice to expert as appropriate
- A springboard for development, commissioning, workforce planning and resourcing of existing and future education and service provision
- The development of trust in the expertise and professionalism of HFSN from patients and the public

Demonstrating Competence

NHS England, Northern Ireland, Scotland and Wales have all produced a multi-professional framework for nurses working at an advanced level of practice to establish a nursing workforce capable of meeting the changing demands of the patient population[4-7]. The frameworks advocate that practitioners and their managers understand the individual's learning needs to support them in meeting the four pillars of advanced clinical practice: clinical practice, education, research and leadership[8].This competency framework aims to provide a structure and measurable guide to facilitate this professional development process*.

The HFSN competency framework is underpinned and mapped to the theoretical framework novice to expert as developed by Patricia Benner[9, 10] (Table 1)



*Competency frameworks in Northern Ireland are developed in partnership with Chief Nursing Officer, NIPEC, Expert reference groups and the RCN as partners. The frameworks are then agreed as regional frameworks and banding follows. Whilst this competency framework can be referenced in the Northern Ireland competency frameworks, they may not be applicable in Northern Ireland.

Code	Novice to Expert	Description	Clinical Relevance	
N	Novice or beginner	No experience in the situation in which they are expected to perform and depend on rules to guide their actions. Lacks confidence to demonstrate safe practice and requires continual verbal and physical cues	Novice nurse	You are working under the supervision of an appropriate assessor within the team, observing the skill in practice/simulated environment.
AB	Advanced Beginner	Demonstrates marginally acceptable performance because the nurse has had prior experience in actual situations. Often needs help setting priorities and cannot reliably identify what is important in complex situations and will require assistance to prioritise.		
C	Competent	Demonstrates efficiency, is co-ordinated and has confidence in their actions. Able to plan and determine which aspects of a situation are important and which can be ignored or delayed. This practitioner lacks the speed and flexibility of a proficient practitioner, but they show an ability to cope and manage contingences of practice.	Competent nurse	You are working independently with patients. Your assessor will meet you to discuss your planned actions as you do not have enough experience to practice this skill autonomously.
P	Proficient	Someone who perceives the situation as a whole rather than in parts. They have a holistic understanding of clinical situations which make for quick and more accurate decision making. They consider fewer options and quickly home in on accurate issues of the problem. Is able to utilise the principles of management from guidelines	Experienced specialist nurse	You are deemed competent by your assessor to undertake this expanded role. You recognise your own limitations and make the appropriate referrals necessary. You are competent to supervise junior members.
E	Expert	With an extensive background of experience demonstrates an intuitive grasp of complex situations. They focus on the accurate region of the problem with first considering fritless possibilities.	Expert specialist nurse	You have developed a knowledge base to a level where you are now competent to assess a more junior member of the Heart Failure Team

Table 1: Benner's stages of clinical competence and clinical application

How to assess competence

HFSN undertaking the competency framework will be assessed for each competency using a variety of assessment strategies. Nurses should be provided with written feedback and feedforward on the competencies performed to the required level expected of the individual according to their job role and responsibilities.

For competencies not achieved an action plan should be agreed by the assessor and the learner as to how the competency can be met with direction as to where support can be accessed before the reassessment.

The NMC revalidation process recommends that every nurse should maintain a portfolio of evidence that demonstrates competency and continuing professional development. The evidence acquired by completion of this competency formwork can form evidence for revalidation.

Timescales for achieving competence

As all people learn and develop at different rates it is important to set milestones and engage in one-to-one sessions with your assessor in order to ensure that learning needs are being met and that the learner is progressing appropriately. When the competency level has been reached and the HFSN has completed an accredited heart failure module at masters level, or relevant masters level cardiology module, the assessor will sign and date. A health assessment qualification is required where advanced level (or autonomous) practice is carried out.

Role of the HFSN (learner)

It is the learner's responsibility to ensure that they meet their required competencies and once they have achieved the minimum standard for achievement or above in a competency, they are comfortable in the delivery of the skill in their practice, and they continue to maintain those skills in practice.

Role of the assessor

The role of the assessor is to ensure that the learner is exposed to the required competencies in clinical practice. They should observe the nurse in clinical practice on more than one occasion to ensure that they are supported in their learning in a way which is both safe for the patient and the practitioner in order to achieve competent level or above. To be able to assess others, the assessor must be a healthcare professional involved in the heart failure MDT and be working at the competency level of proficient or expert (e.g. HFSN, pharmacist, cardiologist).

Each competency will start with a self-assessment that helps to identify learning needs. The British Society for Heart Failure Nurse Forum will provide resources to assist HFSN in meeting competencies that are more specialised such as those relating to inherited cardiac conditions, cardiac transplantation, congenital heart disease and pregnancy. These resources will be available at www.bsh.org.uk.

Evidence

Whilst self-assessment helps to direct learning, support development and provides a baseline for subsequent assessment, objective formal assessment of competence should be undertaken for quality assurance purposes and should include professional feedback. Assessment should be undertaken based on objective evidence. It is therefore important to use different types of evidence to demonstrate knowledge, skills and behaviour.
Evidence may include but is not limited to:

Direct Observation of Practice (DOP)
Case Based Study (CBS)
Reflective Accounts/Diaries/Reports (RAD)
Question and Answers (QA)
Feedback from colleagues and Patients (FCP)
Nationally recognised Courses (NRC)
Locally attended courses (LAC)

It is acceptable to add these codes to the evidence column on the competency framework document to demonstrate the types of evidence that have been used. Regular reviews are essential to highlight and resolve any issues in achieving any of the competencies.

Competencies

Abbreviations

ACEi: Angiotensin converting enzyme inhibitor
ACHD: Adult congenital heart disease
ARNI: Angiotensin receptor neprilysin inhibitor
BB: Beta blocker
BNP: Brain natriuretic peptide
Cardiac CT: Cardiac computerized tomography
Cardiac MRI: Cardiac Magnetic Resonance Scanning
CPET: Cardio pulmonary exercise test
CXR: Chest X ray
ECG: Electrocardiogram
Echo: Echocardiogram
FBC: Full blood count
GP: General practitioner
HBA1C- haemoglobin A1c or glycated haemoglobin test
HF: Heart failure
HFmrEF: Heart failure with mid range ejection fraction
HFrEF: Heart failure with reduced ejection fraction
HFpEF: Heart failure with preserved ejection fraction
Holter ECG: Holter electrocardiogram – ECG recorded over a period of time usually 24 hours but can be longer
IV: Intravenous
JVP: Jugular venous pressure
LFTs: Liver function tests
MRA: Mineralocorticoid-receptor antagonists
NICOR: National Institute for Cardiovascular Outcomes Research
NHS: National Health Service
NTproBNP: N-terminal (NT)-pro brain natriuretic peptide
OT: Occupational Therapist
SGLT2i: Sodium-glucose co-transporter-2 (SGLT2) inhibitors
TFTs: Thyroid function tests
U&Es: Urea and electrolytes
6MWT: 6-minute walk test

Heart Failure Knowledge

Competencies	Minimum standard for achievement	Self-assessment (tick as appropriate)	Expected date of achievement	Evidence submitted (DOP, CBS, RAD, QA, FCP, NRC, LAC)	Date of completion	Level achieved	Assessor sign off
Demonstrates a clear understanding of the pathophysiology of heart failure	Proficient	N					
		AB					
		C					
		P					
		E					
Understands the assessment and diagnostic tools used in the diagnosis of heart failure	Proficient	N					
		AB					
		C					
		P					
		E					
Displays awareness of the importance of defining the aetiology of heart failure in the development of an individualised care plan. Refines patient care plan utilising specialist input as appropriate	Proficient	N					
		AB					
		C					
		P					
		E					
Demonstrates knowledge of the evidence base that underpins the treatment of patients with heart failure across HFrEF, HFmrEF and HFpEF	Proficient	N					
		AB					
		C					
		P					
		E					
Recognises the interaction of co-morbidities (such as diabetes) with heart failure and take into account when making a differential diagnosis: - how therapies used to treat co-morbidities impact cardiovascular health and vice versa - the role of co-morbidities in the development of heart failure - the impact of frailty	Proficient	N					
		AB					
		C					
		P					
		E					

Heart Failure Knowledge ctd

Competencies	Minimum standard for achievement	Self-assessment (tick as appropriate)	Expected date of achievement	Evidence submitted (DOP, CBS, RAD, QA, FCP, NRC, LAC)	Date of completion	Level achieved	Assessor sign off
Understands the close relationship between the cardiovascular and renal systems and the effects of renal impairment on the patient's condition	Proficient	N					
		AB					
		C					
		P					
		E					
Understands the indications for the following investigations in the diagnosis and ongoing assessment of the patient with heart failure. Within scope of practice refers for these investigations, interprets results and refers to appropriate healthcare professional ECG / echo / Cardiac CT / Cardiac MRI CXR / CPET / 6MWT / Holter Bloods: FBC, LFTs, U&Es, NTproBNP/BNP, TFTs HBA1C Additional:	Competent	N					
		AB					
		C					
		P					
		E					
Links with colleagues in cardiac rehabilitation to support the provision of individualised care to the patient with heart failure	Proficient	N					
		AB					
		C					
		P					
		E					
Identifies when patients are safe to be discharged from the HFSN service ensuring patients are informed of when and how to seek advice if change in condition/symptoms	Proficient	N					
		AB					
		C					
		P					
		E					

Communication and History Taking

Competencies	Minimum standard for achievement	Self-assessment (tick as appropriate)	Expected date of achievement	Evidence submitted (DOP, CBS, RAD, QA, FCP, NRC, LAC)	Date of completion	Level achieved	Assessor sign off
Communicates the pathophysiology of heart failure in a way that the patient/carer understands	Proficient	N					
		AB					
		C					
		P					
		E					
Explains the role of the HFSN and responsibilities to the patient and ensures that the patient is aware of their named HFSN care co-ordinator	Proficient	N					
		AB					
		C					
		P					
		E					
Adopts an approach to communication that respects and reflects the principles of equality, diversity and inclusion, whilst being sensitive to specific cultures and beliefs associated with diverse patient and carer population	Proficient	N					
		AB					
		C					
		P					
		E					
Uses a structured approach for obtaining the history, exploring all patient problems and complaints and adapting history taking as appropriate to method of review, surroundings and patient needs	Proficient	N					
		AB					
		C					
		P					
		E					
Identifies and manages other co-morbid conditions within own competence and recognises when referral/ advice required from other healthcare professionals/ services, for example renal, palliative care, medicine for the elderly, respiratory or endocrinology	Proficient	N					
		AB					
		C					
		P					
		E					

Communication and History Taking ctd

Competencies	Minimum standard for achievement	Self-assessment (tick as appropriate)	Expected date of achievement	Evidence submitted (DOP, CBS, RAD, QA, FCP, NRC, LAC)	Date of completion	Level achieved	Assessor sign off
Involves the patients' relatives/carers appropriately	Proficient	N					
		AB					
		C					
		P					
		E					
Identifies limitations to knowledge and where necessary take appropriate action i.e. discuss/refer to appropriate colleagues	Proficient	N					
		AB					
		C					
		P					
		E					
Provides suitable and timely follow-up based on findings explaining to patient and documenting a rationale for triaging follow up to a hospital, community, virtual or telephone clinic or home visit review	Proficient	N					
		AB					
		C					
		P					
		E					
Completes a structured letter to communicate findings and management plan to the patient and other health & social care providers	Proficient	N					
		AB					
		C					
		P					
		E					
Facilitates patient empowerment by educating patients about self-monitoring and management of their condition as well as how to recognise symptom deterioration and how to escalate concerns	Proficient	N					
		AB					
		C					
		P					
		E					

Communication and History Taking ctd

Competencies	Minimum standard for achievement	Self-assessment (tick as appropriate)	Expected date of achievement	Evidence submitted (DOP, CBS, RAD, QA, FCP, NRC, LAC)	Date of completion	Level achieved	Assessor sign off
Offers appropriate reassurance to patient and relatives/carers	Proficient	N					
		AB					
		C					
		P					
		E					
Provides the patient with primary and supporting information relating to heart failure in a manner/ language that is understood by patient/carer. Supporting information includes literature, websites and videos. This information should be in a media format/language accessed and understood by patient/carers	Proficient	N					
		AB					
		C					
		P					
		E					
Maintains confidentiality in all aspects of care and communication including written and verbal	Proficient	N					
		AB					
		C					
		P					
		E					
Explains to patients the benefits of exercise and identifies suitable patients to refer to cardiac rehabilitation and seeks to improve patient uptake	Proficient	N					
		AB					
		C					
		P					
		E					
Discusses the findings of the assessment with the patient/carer in an appropriate manner which they understand and informs the patient of the action plan and any investigations ordered based on the findings	Proficient	N					
		AB					
		C					
		P					
		E					

Physical Assessment - Heart Failure Specific

Competencies	Minimum standard for achievement	Self-assessment (tick as appropriate)	Expected date of achievement	Evidence submitted (DOP, CBS, RAD, QA, FCP, NRC, LAC)	Date of completion	Level achieved	Assessor sign off
Completes assessment in a logical manner	Proficient	N					
		AB					
		C					
		P					
		E					
Elicits relevant information from patient and/or relative regarding current symptoms, medical history, medication, general health and lifestyle	Proficient	N					
		AB					
		C					
		P					
		E					
Approaches physical assessment in a manner that respects and reflects the principles of equality, diversity and inclusion, whilst being sensitive to specific cultures and beliefs associated with diverse patient and carer population	Proficient	N					
		AB					
		C					
		P					
		E					
Performs a cardiorespiratory assessment and documents the findings	Proficient	N					
		AB					
		C					
		P					
		E					
Is alert to signs of fluid overload such as oedema, raised JVP or finding from chest auscultation in the patient with heart failure	Proficient	N					
		AB					
		C					
		P					
		E					

Physical Assessment ctd

Competencies	Minimum standard for achievement	Self-assessment (tick as appropriate)	Expected date of achievement	Evidence submitted (DOP, CBS, RAD, QA, FCP, NRC, LAC)	Date of completion	Level achieved	Assessor sign off
Completes the patient record/care plan with clinical findings and plan of care	Proficient	N					
		AB					
		C					
		P					
		E					
Initiates urgent/emergency transfer to hospital if required	Proficient	N					
		AB					
		C					
		P					
		E					
Identifies when thiazide or IV diuretics are required	Proficient	N					
		AB					
		C					
		P					
		E					
Identifies and initiate referral to hospital@home/day case for IV diuretics If available	Proficient	N					
		AB					
		C					
		P					
		E					

Medicines Management in Heart Failure

Competencies	Minimum standard for achievement	Self-assessment (tick as appropriate)	Expected date of achievement	Evidence submitted (DOP, CBS, RAD, QA, FCP, NRC, LAC)	Date of completion	Level achieved	Assessor sign off
Demonstrates knowledge of the agents licensed for use in heart failure and the regime for use	Proficient	N					
		AB					
		C					
		P					
		E					
Recognises medications that are contra-indicated, seek medical advice for an alternative and understand the follow up monitoring required	Proficient	N					
		AB					
		C					
		P					
		E					
Communicates the prescribing decisions to other healthcare professionals with rationale	Proficient	N					
		AB					
		C					
		P					
		E					
Recognises and explores intentional and non-intentional non-adherence and works with the patient to develop strategies to improve adherence. Considers impact of polypharmacy and utilising experts such as HF pharmacists	Proficient	N					
		AB					
		C					
		P					
		E					
Demonstrates knowledge of when to use yellow card reporting including specific requirements of reporting black triangle drugs	Proficient	N					
		AB					
		C					
		P					
		E					

Medicines Management ctd

Competencies	Minimum standard for achievement	Self-assessment (tick as appropriate)	Expected date of achievement	Evidence submitted (DOP, CBS, RAD, QA, FCP, NRC, LAC)	Date of completion	Level achieved	Assessor sign off
Respects and reflects the principles of equality, diversity and inclusion, whilst being sensitive to specific cultures and beliefs associated with diverse patient and carer population when prescribing and rationalising medication	Proficient	N					
		AB					
		C					
		P					
		E					
Provides information on the use of HF therapy in pregnancy and breastfeeding ensuring all recommendations are based on local/national guidance. Medications that are safe in pregnancy/ breastfeeding can continue in maternal interest following informed discussion with the patient	Proficient	N					
		AB					
		C					
		P					
		E					

Medicines for Heart Failure (Drug class _____)

(insert medication as appropriate e.g. ACEi, BB, ARNI, MRA, SGLT2i)

Competencies	Minimum standard for achievement	Self-assessment (tick as appropriate)	Expected date of achievement	Evidence submitted (DOP, CBS, RAD, QA, FCP, NRC, LAC)	Date of completion	Level achieved	Assessor sign off
Demonstrates understanding of the rationale for the use the above drug in conjunction with local/national guidance in appropriate patients with HFrEF/HFmrEF/ HFpEF	Proficient	N					
		AB					
		C					
		P					
		E					
Identifies patients for whom the treatment is suitable	Proficient	N					
		AB					
		C					
		P					
		E					
HFSN prescribers safely prescribe, initiate, titrate and monitor to the maximum tolerated dose	Proficient	N					
		AB					
		C					
		P					
		E					
HFSNs who are not prescribers advise the GP/clinician to consider prescribing heart failure medications as per national guidelines	Proficient	N					
		AB					
		C					
		P					
		E					
Understands side effects and possible drug interactions of the medication and identify when necessary to down-titrate or discontinue therapies	Proficient	N					
		AB					
		C					
		P					
		E					
Respects and reflects the principles of equality, diversity and inclusion, whilst being sensitive to specific cultures and beliefs associated with diverse patient and carer population when prescribing and rationalising medication	Proficient	N					
		AB					
		C					
		P					
		E					

Medicines for Heart Failure (Drug class _____)

(insert medication as appropriate e.g. ACEi, BB, ARNI, MRA, SGLT2i)

Competencies	Minimum standard for achievement	Self-assessment (tick as appropriate)	Expected date of achievement	Evidence submitted (DOP, CBS, RAD, QA, FCP, NRC, LAC)	Date of completion	Level achieved	Assessor sign off
Demonstrates understanding of the rationale for the use the above drug in conjunction with local/national guidance in appropriate patients with HFrEF/HFmrEF/ HFpEF	Proficient	N					
		AB					
		C					
		P					
		E					
Identifies patients for whom the treatment is suitable	Proficient	N					
		AB					
		C					
		P					
		E					
HFSN prescribers safely prescribe, initiate, titrate and monitor to the maximum tolerated dose	Proficient	N					
		AB					
		C					
		P					
		E					
HFSNs who are not prescribers advise the GP/clinician to consider prescribing heart failure medications as per national guidelines	Proficient	N					
		AB					
		C					
		P					
		E					
Understands side effects and possible drug interactions of the medication and identify when necessary to down-titrate or discontinue therapies	Proficient	N					
		AB					
		C					
		P					
		E					
Respects and reflects the principles of equality, diversity and inclusion, whilst being sensitive to specific cultures and beliefs associated with diverse patient and carer population when prescribing and rationalising medication	Proficient	N					
		AB					
		C					
		P					
		E					

Medicines for Heart Failure (Drug class _____)

(insert medication as appropriate e.g. ACEi, BB, ARNI, MRA, SGLT2i)

Competencies	Minimum standard for achievement	Self-assessment (tick as appropriate)	Expected date of achievement	Evidence submitted (DOP, CBS, RAD, QA, FCP, NRC, LAC)	Date of completion	Level achieved	Assessor sign off
Demonstrates understanding of the rationale for the use the above drug in conjunction with local/national guidance in appropriate patients with HFrEF/HFmrEF/ HFpEF	Proficient	N					
		AB					
		C					
		P					
		E					
Identifies patients for whom the treatment is suitable	Proficient	N					
		AB					
		C					
		P					
		E					
HFSN prescribers safely prescribe, initiate, titrate and monitor to the maximum tolerated dose	Proficient	N					
		AB					
		C					
		P					
		E					
HFSNs who are not prescribers advise the GP/clinician to consider prescribing heart failure medications as per national guidelines	Proficient	N					
		AB					
		C					
		P					
		E					
Understands side effects and possible drug interactions of the medication and identify when necessary to down-titrate or discontinue therapies	Proficient	N					
		AB					
		C					
		P					
		E					
Respects and reflects the principles of equality, diversity and inclusion, whilst being sensitive to specific cultures and beliefs associated with diverse patient and carer population when prescribing and rationalising medication	Proficient	N					
		AB					
		C					
		P					
		E					

Medicines for Heart Failure (Drug class _____)

(insert medication as appropriate e.g. ACEi, BB, ARNI, MRA, SGLT2i)

Competencies	Minimum standard for achievement	Self-assessment (tick as appropriate)	Expected date of achievement	Evidence submitted (DOP, CBS, RAD, QA, FCP, NRC, LAC)	Date of completion	Level achieved	Assessor sign off
Demonstrates understanding of the rationale for the use the above drug in conjunction with local/national guidance in appropriate patients with HFrEF/HFmrEF/ HFpEF	Proficient	N					
		AB					
		C					
		P					
		E					
Identifies patients for whom the treatment is suitable	Proficient	N					
		AB					
		C					
		P					
		E					
HFSN prescribers safely prescribe, initiate, titrate and monitor to the maximum tolerated dose	Proficient	N					
		AB					
		C					
		P					
		E					
HFSNs who are not prescribers advise the GP/clinician to consider prescribing heart failure medications as per national guidelines	Proficient	N					
		AB					
		C					
		P					
		E					
Understands side effects and possible drug interactions of the medication and identify when necessary to down-titrate or discontinue therapies	Proficient	N					
		AB					
		C					
		P					
		E					
Respects and reflects the principles of equality, diversity and inclusion, whilst being sensitive to specific cultures and beliefs associated with diverse patient and carer population when prescribing and rationalising medication	Proficient	N					
		AB					
		C					
		P					
		E					

Medicines for Heart Failure (Drug class _____)

(insert medication as appropriate e.g. ACEi, BB, ARNI, MRA, SGLT2i)

Competencies	Minimum standard for achievement	Self-assessment (tick as appropriate)	Expected date of achievement	Evidence submitted (DOP, CBS, RAD, QA, FCP, NRC, LAC)	Date of completion	Level achieved	Assessor sign off
Demonstrates understanding of the rationale for the use the above drug in conjunction with local/national guidance in appropriate patients with HFrEF/HFmrEF/ HFpEF	Proficient	N					
		AB					
		C					
		P					
		E					
Identifies patients for whom the treatment is suitable	Proficient	N					
		AB					
		C					
		P					
		E					
HFSN prescribers safely prescribe, initiate, titrate and monitor to the maximum tolerated dose	Proficient	N					
		AB					
		C					
		P					
		E					
HFSNs who are not prescribers advise the GP/clinician to consider prescribing heart failure medications as per national guidelines	Proficient	N					
		AB					
		C					
		P					
		E					
Understands side effects and possible drug interactions of the medication and identify when necessary to down-titrate or discontinue therapies	Proficient	N					
		AB					
		C					
		P					
		E					
Respects and reflects the principles of equality, diversity and inclusion, whilst being sensitive to specific cultures and beliefs associated with diverse patient and carer population when prescribing and rationalising medication	Proficient	N					
		AB					
		C					
		P					
		E					

Medicines for Heart Failure (Drug class _____)

(insert medication as appropriate e.g. ACEi, BB, ARNI, MRA, SGLT2i)

Competencies	Minimum standard for achievement	Self-assessment (tick as appropriate)	Expected date of achievement	Evidence submitted (DOP, CBS, RAD, QA, FCP, NRC, LAC)	Date of completion	Level achieved	Assessor sign off
Demonstrates understanding of the rationale for the use the above drug in conjunction with local/national guidance in appropriate patients with HFrEF/HFmrEF/ HFpEF	Proficient	N					
		AB					
		C					
		P					
		E					
Identifies patients for whom the treatment is suitable	Proficient	N					
		AB					
		C					
		P					
		E					
HFSN prescribers safely prescribe, initiate, titrate and monitor to the maximum tolerated dose	Proficient	N					
		AB					
		C					
		P					
		E					
HFSNs who are not prescribers advise the GP/clinician to consider prescribing heart failure medications as per national guidelines	Proficient	N					
		AB					
		C					
		P					
		E					
Understands side effects and possible drug interactions of the medication and identify when necessary to down-titrate or discontinue therapies	Proficient	N					
		AB					
		C					
		P					
		E					
Respects and reflects the principles of equality, diversity and inclusion, whilst being sensitive to specific cultures and beliefs associated with diverse patient and carer population when prescribing and rationalising medication	Proficient	N					
		AB					
		C					
		P					
		E					

Medicines for Heart Failure (Drug class _____)

(insert medication as appropriate e.g. ACEi, BB, ARNI, MRA, SGLT2i)

Competencies	Minimum standard for achievement	Self-assessment (tick as appropriate)	Expected date of achievement	Evidence submitted (DOP, CBS, RAD, QA, FCP, NRC, LAC)	Date of completion	Level achieved	Assessor sign off
Demonstrates understanding of the rationale for the use the above drug in conjunction with local/national guidance in appropriate patients with HFrEF/HFmrEF/ HFpEF	Proficient	N					
		AB					
		C					
		P					
		E					
Identifies patients for whom the treatment is suitable	Proficient	N					
		AB					
		C					
		P					
		E					
HFSN prescribers safely prescribe, initiate, titrate and monitor to the maximum tolerated dose	Proficient	N					
		AB					
		C					
		P					
		E					
HFSNs who are not prescribers advise the GP/clinician to consider prescribing heart failure medications as per national guidelines	Proficient	N					
		AB					
		C					
		P					
		E					

Medicines for Heart Failure (Drug class _____)

(insert medication as appropriate e.g. ACEi, BB, ARNI, MRA, SGLT2i)

Competencies	Minimum standard for achievement	Self-assessment (tick as appropriate)	Expected date of achievement	Evidence submitted (DOP, CBS, RAD, QA, FCP, NRC, LAC)	Date of completion	Level achieved	Assessor sign off
Demonstrates understanding of the rationale for the use the above drug in conjunction with local/national guidance in appropriate patients with HFrEF/HFmrEF/ HFpEF	Proficient	N					
		AB					
		C					
		P					
		E					
Identifies patients for whom the treatment is suitable	Proficient	N					
		AB					
		C					
		P					
		E					
HFSN prescribers safely prescribe, initiate, titrate and monitor to the maximum tolerated dose	Proficient	N					
		AB					
		C					
		P					
		E					
HFSNs who are not prescribers advise the GP/clinician to consider prescribing heart failure medications as per national guidelines	Proficient	N					
		AB					
		C					
		P					
		E					
Understands side effects and possible drug interactions of the medication and identify when necessary to down-titrate or discontinue therapies	Proficient	N					
		AB					
		C					
		P					
		E					
Respects and reflects the principles of equality, diversity and inclusion, whilst being sensitive to specific cultures and beliefs associated with diverse patient and carer population when prescribing and rationalising medication	Proficient	N					
		AB					
		C					
		P					
		E					

Medicines for Heart Failure - Diuretics

Competencies	Minimum standard for achievement	Self-assessment (tick as appropriate)	Expected date of achievement	Evidence submitted (DOP, CBS, RAD, QA, FCP, NRC, LAC)	Date of completion	Level achieved	Assessor sign off
Demonstrates understanding of the rationale for the use of loop and thiazide diuretics and the effects loop diuretics have on the kidneys	Proficient	N					
		AB					
		C					
		P					
		E					
Identifies, following a robust assessment, when diuretics should be initiated, increased or decreased and oversees this process	Proficient	N					
		AB					
		C					
		P					
		E					
Identifies when a combination of loop and thiazide diuretic is required and the frequency of renal function monitoring	Proficient	N					
		AB					
		C					
		P					
		E					
Provides education and support to appropriate patients self-management in when to increase or decrease diuretics	Proficient	N					
		AB					
		C					
		P					
		E					
Recognises the need for and provides appropriate follow up after changes to diuretic therapy. Advises colleagues/or oversees switch from IV diuretics to oral diuretics and vice versa	Proficient	N					
		AB					
		C					
		P					
		E					

Palliative & End of Life Care (EoL)

Competencies	Minimum standard for achievement	Self-assessment (tick as appropriate)	Expected date of achievement	Evidence submitted (DOP, CBS, RAD, QA, FCP, NRC, LAC)	Date of completion	Level achieved	Assessor sign off
Early identification of patients with unmet palliative and end of life care needs. Appraises patient and carers understanding of current status, role of palliative care and expectations for now and in the future. Refers to local pathway and best practice guidance	Competent	N					
		AB					
		C					
		P					
		E					
Adopts a holistic approach to comprehensively assess the evolving care needs of patients and carers using validated assessment tools to evidence change and inform appropriate treatment plans	Competent	N					
		AB					
		C					
		P					
		E					
Works cohesively with the wider professional team to optimise care and support for patients and carers e.g. GP, Cardiologist, Community Matron, District Nurse, Pharmacist, OT, Physio, Psychologist, Specialist Palliative Care and Support Services as appropriate	Competent	N					
		AB					
		C					
		P					
		E					
Adopts/identifies or works cohesively with an appropriate professional who undertakes the role of co-ordinator to ensure optimal palliative and EOL care and support throughout	Competent	N					
		AB					
		C					
		P					
		E					
Empowers patients and carers to be informed to enable active participation in the decision-making process by integrating the principles of “What Matters” and “Realistic Medicine” into every day clinical practice	Competent	N					
		AB					
		C					
		P					
		E					

Palliative & EoL Care ctd

Competencies	Minimum standard for achievement	Self-assessment (tick as appropriate)	Expected date of achievement	Evidence submitted (DOP, CBS, RAD, QA, FCP, NRC, LAC)	Date of completion	Level achieved	Assessor sign off
Empowers patient and carers to be informed to understand appropriate goals of care to enable meaningful and evolving conversations relating to realistic preferred care wishes including preferred place of care and preferred place of death	Competent	N					
		AB					
		C					
		P					
		E					
Uses a cohesive approach with Cardiologist, Cardiac Physiologist and GP to empower patient and carers to be informed about the need for evolving discussions related to the timely process of deactivation of cardiac devices as appropriate	Competent	N					
		AB					
		C					
		P					
		E					
Cognisant of the unique contribution of the wider Specialist professional team (e.g. Psychology, Palliative Care) to improve the care experience of patients and carers with complex needs	Competent	N					
		AB					
		C					
		P					
		E					
Creates individualised anticipatory care plans in partnership with the patient and carers and communicates key information with professionals involved in the provision of care	Competent	N					
		AB					
		C					
		P					
		E					
Adopts an approach to palliative and end of life care that respects the principles of equality, diversity and inclusion, whilst being sensitive to specific cultures and beliefs associated with diverse patient or carer groups	Competent	N					
		AB					
		C					
		P					
		E					

Cardiac Device Therapy & Arrhythmia

Competencies	Minimum standard for achievement	Self-assessment (tick as appropriate)	Expected date of achievement	Evidence submitted (DOP, CBS, RAD, QA, FCP, NRC, LAC)	Date of completion	Level achieved	Assessor sign off
Aware of the indications for cardiac device therapy as per best practice guidance to further optimise evidence-based treatments and patient clinical outcomes. This may include consideration of devices such as pacemaker, implantable cardioverter defibrillator, cardiac resynchronisation therapy (pacemaker or defibrillator)	Competent	N					
		AB					
		C					
		P					
		E					
Appraisal of the patients/carers understanding and expectations of the cardiac device from implantation throughout their illness trajectory and in preparation for device appropriate deactivation at End of Life	Competent	N					
		AB					
		C					
		P					
		E					
Follows local/regional pathways to facilitate timely referral for device therapies	Competent	N					
		AB					
		C					
		P					
		E					
Is aware of common device complications and provides tailored information and contact details to support patient/carers to recognise and act upon early signs of complications appropriately. Is familiar with device explantation indications (e.g. infection) and process involved	Competent	N					
		AB					
		C					
		P					
		E					
Sensitively engage in meaningful conversations with patient & carers to ensure that they fully understand and are prepared for elective or emergency deactivation of the cardiac defibrillator at end of life	Competent	N					
		AB					
		C					
		P					
		E					

Cardiac Device Therapy & Arrhythmia ctd

Competencies	Minimum standard for achievement	Self-assessment (tick as appropriate)	Expected date of achievement	Evidence submitted (DOP, CBS, RAD, QA, FCP, NRC, LAC)	Date of completion	Level achieved	Assessor sign off
Understands the correlation between arrhythmia being a potential cause or as a consequence of heart failure	Competent	N					
		AB					
		C					
		P					
		E					
Is cognisant of the indication for ablation therapies for patients with arrhythmia and refers appropriately to the specialist service	Competent	N					
		AB					
		C					
		P					
		E					
Works cohesively with cardiac physiology professionals and acknowledges the expert contribution they can provide for patients regarding face to face and/or remote monitoring	Competent	N					
		AB					
		C					
		P					
		E					
Is familiar with local deactivation protocols and the location of magnets for emergency deactivation purposes	Competent	N					
		AB					
		C					
		P					
		E					

Research & Audit

Competencies	Minimum standard for achievement	Self-assessment (tick as appropriate)	Expected date of achievement	Evidence submitted (DOP, CBS, RAD, QA, FCP, NRC, LAC)	Date of completion	Level achieved	Assessor sign off
Searches for and critically appraise the evidence base that underpins the treatment of patients with heart failure across HFrEF, HFmrEF and HFpEF including medications, devices, intervention, surgery & lifestyle	Proficient	N					
		AB					
		C					
		P					
		E					
Keeps up to date with latest evidence and translates into practice	Competent	N					
		AB					
		C					
		P					
		E					
Is aware of ongoing research studies and refers appropriate patients to the research team with their consent	Competent	N					
		AB					
		C					
		P					
		E					
Promotes and disseminates local innovations to the wider heart failure, cardiology and community teams	Competent	N					
		AB					
		C					
		P					
		E					
Actively participates in, attends and provides teaching/training of specialists and non-specialists	Proficient	N					
		AB					
		C					
		P					
		E					

Research & Audit ctd

Competencies	Minimum standard for achievement	Self-assessment (tick as appropriate)	Expected date of achievement	Evidence submitted (DOP, CBS, RAD, QA, FCP, NRC, LAC)	Date of completion	Level achieved	Assessor sign off
Fosters collaboration between clinical practice and research-engagement & networking with active researchers and professional societies	Competent	N					
		AB					
		C					
		P					
		E					
Recognises and participates where appropriate in audit to inform service development and assess outcomes e.g. NICOR	Competent	N					
		AB					
		C					
		P					
		E					
Understands the importance of feedback from patients and relatives in the design of services and provision of care	Competent	N					
		AB					
		C					
		P					
		E					

Psychological Support

Competencies	Minimum standard for achievement	Self-assessment (tick as appropriate)	Expected date of achievement	Evidence submitted (DOP, CBS, RAD, QA, FCP, NRC, LAC)	Date of completion	Level achieved	Assessor sign off
Comprehensively assesses patients psychological wellbeing using validated psychological screening tools at defined intervals throughout their care experience	Competent	N					
		AB					
		C					
		P					
		E					
Completes psychological training as appropriate to enhance knowledge and skills to optimise the care and support for patients' presenting with non-complex psychological unmet needs	Competent	N					
		AB					
		C					
		P					
		E					
Is familiar with referral pathways and local service provision to optimise the psychological care and support for patients presenting with more complex psychological unmet needs. This includes access to rapid specialist support for patients experiencing distressing psychological symptoms such as verbalising to thoughts or intentions to carry out self-harm or suicide	Competent	N					
		AB					
		C					
		P					
		E					
Works cohesively with the wider professional team to discuss individual patient cases and prevent escalation of distressing symptoms	Competent	N					
		AB					
		C					
		P					
		E					
Have an awareness of self-care therapies and organisations available to support patients with ongoing psychological needs	Competent	N					
		AB					
		C					
		P					
		E					

Inherited Cardiac Conditions – seek specialist input

Competencies	Minimum standard for achievement	Self-assessment (tick as appropriate)	Expected date of achievement	Evidence submitted (DOP, CBS, RAD, QA, FCP, NRC, LAC)	Date of completion	Level achieved	Assessor sign off
Aware of 'red flags' in the patients history/family history and clinical examination that indicate referral for genetic counselling/testing	Competent	N					
		AB					
		C					
		P					
		E					
Demonstrate awareness of pathways for referral to local inherited cardiac conditions services	Competent	N					
		AB					
		C					
		P					
		E					
Within scope of practice, alter patients management plan to reflect results of genetic testing: - enquire about uptake of screening in relatives in a known genetic cause e.g. laminopathy - recognise impact of disease on the wider family and psychological aspects of living with a hereditary disease	Competent	N					
		AB					
		C					
		P					
		E					

Amyloidosis – seek specialist input

Competencies	Minimum standard for achievement	Self-assessment (tick as appropriate)	Expected date of achievement	Evidence submitted (DOP, CBS, RAD, QA, FCP, NRC, LAC)	Date of completion	Level achieved	Assessor sign off
Aware of 'red flags' in the patients history/family history/clinical presentation or response to standard HF therapy that may point to suspicion of amyloidosis	Competent	N					
		AB					
		C					
		P					
		E					
Understand the relevant diagnostic imaging techniques and within scope of practice refer	Competent	N					
		AB					
		C					
		P					
		E					
Demonstrate awareness of pathways for referral to specialists including the National Amyloid Centre	Competent	N					
		AB					
		C					
		P					
		E					

Cardiac Transplantation and Mechanical Circulatory Support (MCS) – seek specialist input

Competencies	Minimum standard for achievement	Self-assessment (tick as appropriate)	Expected date of achievement	Evidence submitted (DOP, CBS, RAD, QA, FCP, NRC, LAC)	Date of completion	Level achieved	Assessor sign off
Develops an understanding of the indications and contra-indications for cardiac transplant and mechanical circulatory support and is then able to apply to practice	Competent	N					
		AB					
		C					
		P					
		E					
Aware of pathways for advanced heart failure assessment and refers patients in a timely manner	Competent	N					
		AB					
		C					
		P					
		E					
Appraises the patients/carers understanding and expectations of referral for advanced therapies and provides a clear description of referral process to manage expectations	Competent	N					
		AB					
		C					
		P					
		E					
Works in partnership with the referral centre ensuring seamless management of the patient across services	Competent	N					
		AB					
		C					
		P					
		E					
When considering and discussing cardiac transplantation, respects the principles of equality, diversity and inclusion, whilst being sensitive to specific cultures and beliefs associated with diverse patients a carer groups	Competent	N					
		AB					
		C					
		P					
		E					

Pregnancy and Contraception – seek specialist input

Competencies	Minimum standard for achievement	Self-assessment (tick as appropriate)	Expected date of achievement	Evidence submitted (DOP, CBS, RAD, QA, FCP, NRC, LAC)	Date of completion	Level achieved	Assessor sign off
Demonstrates awareness of the haemodynamic burden of pregnancy and relates the normal changes in pregnancy to the patient with heart failure.	Competent	N					
		AB					
		C					
		P					
		E					
Is aware of the modified World Health Organisation (mWHO) classification of maternal cardiovascular risk in pregnancy and of the importance of understanding how the aetiology of heart failure impacts risk in pregnancy	Competent	N					
		AB					
		C					
		P					
		E					
Routinely discusses with women of childbearing age the importance of safe and effective methods of contraception to avoid an unplanned pregnancy. Clearly documents which methods of contraception are safe in the context of heart failure in patient notes to facilitate access.	Competent	N					
		AB					
		C					
		P					
		E					
Facilitates pre-conception medicine optimisation (including withdrawal of therapy) in conjunction with specialist cardiac obstetric service	Competent	N					
		AB					
		C					
		P					
		E					
Identifies patients who require expert pre-pregnancy counselling and refers to local/regional/national specialist as appropriate	Competent	N					
		AB					
		C					
		P					
		E					

Pregnancy and Contraception ctd

Competencies	Minimum standard for achievement	Self-assessment (tick as appropriate)	Expected date of achievement	Evidence submitted (DOP, CBS, RAD, QA, FCP, NRC, LAC)	Date of completion	Level achieved	Assessor sign off
When discussing pregnancy, contraception and termination, respects the principles of equality, diversity and inclusion, whilst being sensitive to specific cultures and beliefs associated with diverse patient and carer groups	Competent	N					
		AB					
		C					
		P					
		E					
Is aware of the potential risks of Assisted Conception Therapy for women with heart failure and refers to specialist cardiac obstetric team for further advice	Competent	N					
		AB					
		C					
		P					
		E					

Adult Congenital Heart Disease – seek specialist input

Competencies	Minimum standard for achievement	Self-assessment (tick as appropriate)	Expected date of achievement	Evidence submitted (DOP, CBS, RAD, QA, FCP, NRC, LAC)	Date of completion	Level achieved	Assessor sign off
Demonstrates an awareness of the multi-faceted causes of heart failure in congenital heart disease and the complexities of this	Competent	N					
		AB					
		C					
		P					
		E					
Identifies pathways of referral to ACHD services to facilitate referral/advice from specialist ACHD services, recognising that the cause of heart failure may be reversible with timely intervention/surgery/ treatment	Competent	N					
		AB					
		C					
		P					
		E					
Is aware of the cautions related to the use of standard heart failure therapy in patients with a systemic right ventricle, single ventricle or cyanotic heart disease. Use of standard heart failure therapy in these groups should be done in conjunction with the specialist ACHD service	Competent	N					
		AB					
		C					
		P					
		E					

Appendix 1 - Register of Assessors

Name	Position	Signature	Initials

Name	Position
Heart Failure Specialist Nurse Name	
Band	
Date competency framework commenced	

Appendix 2 - Academic Achievements

Academic achievements considered relevant to support competence in the HFSN role are outlined below. To work at specialist nurse level requires the ability to critically appraise evidence and integrate into practice. Therefore, modules should be completed at masters level.

Module/Course	Date completed	Qualification	Institue/Education Provider
Clinical Assessment			
Heart Failure:			
Non-medical Prescribing			
Advanced Communication Skills			
Palliative Care			
Cognitive Behaviour Training			

Appendix 3 - Example Reflective Template

Reflective account	Date: _____
Linked competency/competencies:	
Description:	
Thoughts:	
Evaluation:	
Analysis:	
Conclusion:	
Action:	
Linked NMC competencies:	

Appendix 4 - Action Plan Template

Learning need	Goal	Actions	Resources	Evaluation
Linked competency:				
Linked competency:				
Linked competency:				
Linked competency:				
Linked competency:				
Linked competency:				

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BRITISH
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HEART
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NURSE
FORUM