

## Advanced Care Practitioners: Practice Comment for NT

Bill Whitehead submitted to Nursing Times and published on 18 May 2016 page 11

There is a pressing need for registered nurses to be enabled to reach their full potential at higher than basic registration status in clinical practice. This fulfils two requirements: personal professional advancement and workplace clinical need. There are a number of routes to achieving this. Traditionally, nurses have sought management roles or additional registerable qualifications such as another field of nursing, midwifery, district nursing, health visitor or registered nurse teacher qualification. More recently, a wider variety of specialist practice has become available, often with post-graduate academic award attached. For more than twenty years, it has been recognised that in addition to these more specialised skills there is a need for advanced nurse practitioners with a more generic advanced nursing role. There has understandably been much debate about the nature and content of this advanced practice.

In the present day, the straightforward reason for the need for ACPs, in my view, is the shortage of junior doctors, emergency dept. physicians and GPs to enact a set of specific tasks necessary for the treatment of patients. However, the nurses and allied health professionals being asked to fulfil these roles are not and should not be mini-medics. Therefore, the need for a curriculum which covers the areas of practice needed to provide a quality service must build upon their existing professional strengths, while ensuring that the required patient needs are met. Consequently, the curriculum agreed by Health Education England (West Midlands) appears sensible. ACPs need the skills to assess, diagnose, prescribe and to organise the care delivery all based on a sound understanding of the latest evidence. This should build upon their existing professional strengths to make them autonomous ACPs capable of providing the service needed.

Statutory professional regulation and registration of advanced clinical practitioners is generally covered by their own professional regulators: the NMC or HCPC. This is a real plus for the quality assurance and public protection for ACPs. However, there are weaknesses to this multi-professional approach. Nursing is probably the most straightforward but paramedics, for example, cannot become non-medical prescribers (NMPs) within the current legislative framework. Parts of the role such as NMP is regulated by the professions under national legislation. However, there are no statutory professional standards for ACPs even within nursing. The NMC, and UKCC before them, had been working on this for decades. However, they paused this a number of years ago.

Another potential solution to the shortage of doctors to carry out these clinical necessities is the physician's associate (PA). One of the main structural attractions of NMC registered ACPs over PAs is that PAs are not statutorily registerable and therefore, cannot be non-medical prescribers. This leaves a big hole in the core tasks required to fill the space of junior medics and GPs.

A final note is that if nursing "donates" large numbers of the profession to ACP roles which plug the shortage of physicians, who replaces the missing nurses? If we are to maintain good standards of nursing care, this means we must increase the number of nurses in training, treat those already at work better, so that they don't leave the profession and embrace a registered nursing associate (NA) role. This doesn't necessarily mean replacing nurses with NAs. However, it probably does mean relinquishing some of the central nursing duties, such as drug administration, to NAs. If we do this, it mustn't be a set hierarchy with doctors at the top and NAs at the bottom. All four roles are providing essential services and should be seen as "equal but different". If this is to be genuinely the case, there must be a straightforward route for an individual working in the NA role to become an RN or any of the other roles if they so choose.