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COMMENTARY

Advanced practitioner roles: relevance and sustainability in a 'liberated' NHS

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This paper raises many relevant issues around the role of the 'advanced practitioner' and its many guises. The dilemma around titles and practice roles, particularly in nursing, is clear. Although such on-going dilemmas related to advanced practitioner roles are explored, at times the paper fails to pick apart the contradictions it raises. The work of NHS organisations in the North West of England to provide a 'concordant agreement' defining role definitions and specifics, occurred in 2009, with the paper's call for such an agreement to be implemented nationwide to facilitate the advanced practitioner role. It then highlights work four years previously from the International Council of Nurses and the Nursing and Midwifery Council to provide 'definitions'. Why have these nationally influential organisations still resulted in local groups coming together to clarify the role further? This may represent the continued confusion regarding what an 'advanced practitioner' actually is and the plethora of titles.

In part answer to this, the paper calls for the title to be protected and subject to 'registration and monitoring'. One presumes this refers to all professions utilising the role. It could be argued that in nursing we are already regulated, so why do we need further regulation? The argument assumes that most damage will come from this level of practice. Should we not aim for tighter regulation of the healthcare assistant workforce, who provides some of the most personal patient interventions and with some of the most vulnerable, instead of further regulating the regulated? It's important to think around the issue and not just settle for a call to regulate and protect a title as the simple solution. If the title is protected, those who demonstrate *some* of the competencies to fulfil the protected title could merely carry on practicing under the broader regulation and call themselves something else, thus compounding or at least maintaining the confusion the public may encounter.

The paper currently concludes with a concern that where 'regulation, registration and licensing' are not in place, professional bodies should lobby for this. The point about current regulation being in place has been made above, but what the paper could address more fully is the debate between a separate part of the register, which could remove an advanced practitioner where there is concern for public protection, and a recordable qualification. The latter does not protect the title, and if there is an issue of public protection related only to the advanced practice role, any subsequent removal from the register would mean the practitioner could no longer practice in their broader capacity. The claim that a barrier to the role of the advanced practitioner role is a lack of regulation, certainly in nursing, is not true.

It's unclear who the paper suggests are calling such practitioners 'Dr Nurse', but correctly recognises that generally, other professional groups, such as medicine, have accepted the role. The concern, as raised, is that junior doctors, and indeed those more experienced, may not receive the necessary experience in certain clinical situations. There has to be a call for greater multi-disciplinary working, while the acceptance needs further examination. What are the perceived benefits to professions

such as medicine, and will the tide turn if remuneration begins to match those of medical colleagues and roles continue to expand?

The point regarding a masters qualification is a valid argument, but there is a need to unpack what this means to a profession, such as nursing, with some highly experienced and competent practitioners already in practice. It may be more appropriate to consider a *demonstration* of masters level practice and debate whether that will lead to an actual masters level award. The other side is to emphasise the flexibility within masters level award programmes, which now exists, from a drive to meet the release pressures exerted from a cash and staff strapped service side.

The argument presented that the offer of a post-graduate qualification may force clinicians (and there does seem to be a range of terms used within the paper, which is in itself ironic) towards greater academic roles and responsibilities, seems an argument for an argument's sake. This is born out by the paper's evidence to the contrary presented further on. You don't refuse a plumber or an electrician a college qualification for fear that they may stay and become a teacher. On the contrary, we need more good tutors to teach advanced nurse practitioners.

A final important issue is not only to consider papers that claim to show a benefit for advanced practitioners, but always to consider how we capture that benefit. The close of the paper reports patient 'satisfaction' with the role, which for some years has been argued in healthcare academic, circles as not an ideal way to capture the benefits of a patient service. 'Patient experience' and the many ways of capturing what happened is a better approach. If a patient says they are not satisfied with a service, what do you do? We also need to remember that patients can be satisfied with a low quality of service, and the fact that he/she is seen at an earlier time point and given personal attention may produce a great deal of satisfaction, but is that a valid measurement of worth? In addition to the debate is what the role of the employer is in regulating the role and ensuring demonstration of competence at this level of practice.

An interesting paper, which raises many valid points, but one where there are many varied and valid viewpoints.

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