The Association of Advanced Nursing Practice Educators (AANPE)

The competence and curriculum framework for the emergency care practitioner: Consultation document: consultation response on behalf of the Association of Advanced Nursing Practice Educators (AANPE)

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AANPE 'Emergency Care Practitioner' Consultation Response / Structure:

The Association of Advanced Nursing Practice Educators (AANPE) represents a collaborative network of Higher Education Institutions (HEIs) across the United Kingdom (UK) who are providers of advanced clinical programmes of education for nurses and other allied health professions (AANPE HEI list appended). The AANPE liaises closely with the Royal College of Nursing (RCN) Nurse Practitioner Association and the Nursing and Midwifery Council (NMC). The development work of the AANPE has played a significant part in the implementation of the national competency standard for Advanced Nurse Practitioner practice being introduced to the nursing register by the NMC.

The AANPE has reviewed the Department of Health (DOH) consultation document "The competence and curriculum framework for the emergency care practitioner: Consultation document." This paper reports on that review.

This review is structured in the following way:

- An introduction provides the general observations and concerns of the AANPE regarding the main implication of the proposed Emergency Care Practitioner (ECP).
- Specific questions within the consultation are addressed.
- A conclusion summarises the main features and recommendations made by the AANPE.
- AANPE Membership is listed

Introduction:

The AANPE has recently responded to the Medical Care Practitioner (MCP) consultation and we are disappointed to observe that the ECP consultation is a similar catalogue of oversights, misleading presentation and missed opportunities for wider collaborative development of advanced clinical professional education in the UK. Areas of prospective contribution to the development of advanced clinical roles are lost in a report that is isolated from the depth and breadth of educational development within the existing clinical professions. Key omissions are the apparent lack of collaboration with the range of Universities who have been engaged in developing advanced clinical roles for over fifteen years, and failure to consult with the clinical professions who are currently progressing with development of advanced clinical roles.

The AANPE observes that the consultation seeks comment on several issues raised in its documentation – these being:

- The Curriculum Framework
- Entry Routes
- Core Competencies
- Arrangements for Teaching and Supervision
- Methods of Assessment

- The role 'title'
- Proposed Regulation

In the first instance the AANPE notes the following general points:

- The definition offered of an ECP is equivalent to numerous definitions of advanced clinical practice roles both nationally and internationally – and thus this offers little to the claim of a new clinical role (or curriculum).

- The scope of ECP practice is similar, if not equivalent, to that of existing advanced clinical practice roles both nationally and internationally – again this offers nothing in authenticating the claim of a new clinical role, or that the curriculum presented is in anyway innovative. The AANPE is also concerned that this consultation reveals a lack of understanding of the nature of Emergency, Unscheduled, Primary, Secondary, Acute, Chronic, and Critical disease / condition management. It is important that such distinctions are made clear and understood, that demographics and regional politics and strategies are accounted for, and that the 'one role meets all needs' approach is dismissed. The consultation has missed the concept of 'multi-professional advanced clinical practice' at the expense of a singular role and title.

- The consultation states that evidence has indicated that ECPs 'demonstrated substantial improvements in clinical care' (p.6). We note that no data or critical analyses are offered to substantiate this. Reference is made to 70000 data based episodes, but there is no explanation of their analysis, and no suggestion of how this would have compared with equivalent existing data sets from established or other developing advanced clinical roles.

- The consultation states that the ECP innovation is '…breaking down professional traditional boundaries'. The AANPE sees the creation of a new professional group that seeks to draw its future practitioners from existing health professions, which then also fails to acknowledge existing advanced clinical education developments as, in reality, damaging and imposing new inter-professional boundaries.

- There is inadequate exploration of the role of the ECP in the multiple clinical settings listed, and little or no consideration of how these roles will work with, link with, or contribute to with existing advanced clinical roles.

- The consultation states that the ECP role should have consistency and national transferability, without any reference to devolved government regulation, demographic demands, existing advanced clinical roles in the nurse or allied health professions, and with no acknowledgement of the scope and complexity of non medical prescribing in a multi-professional environment.

Consequently, whilst the AANPE actively supports the innovation of carefully considered and collaborative new advanced clinical roles, we are concerned that the ECP consultation lacks material reference to existing developments, existing research evidence, and is an ill-informed initiative. The consultation ignores the clinical competency framework (Advanced Nurse Practitioner) developed by the UK nursing

profession, and (remarkably) either overlooks or marginalizes other significant government backed initiatives, notably those of the recent Medical Care Practitioner consultation (MCP), the First Contact practitioner, and the recent (significant) non-medical prescribing developments. Furthermore, although programmes of advanced clinical education are well established in HEIs throughout the UK, many of these designed to deliver to multi-professional groups, this consultation appears to have overlooked or disregarded these.

From the outset, the consultation document presumes a need for regulation that is independent of the existing clinical professions that have established (or are establishing) advanced clinical roles. As an identified ECP entry group is that of the existing clinical professions (assuredly the most significant supply of such candidates), it also presumes that these professions will accept such a drain on their own best clinical practitioners to another professional regulator, notwithstanding that this practice was criticized in the recent Foster Report (DoH 2006). This will undermine and devalue the contribution and role of those who have attained high levels of clinical skills within their parent professions and who would not wish alternative professional affiliation. For example, since 1990 nurse practitioners have developed in practice in the UK, offering the skills of diagnosis, patient management and autonomous professional practice. Indeed, a robust body of research evidence now exisits to demonstrate that nurse practitioners practice at an advanced clinical level, safely and effectively, with high levels of patient satisfaction (Horrocks et al, 2002). This ECP proposal would recruit existing nurse practitioners, thereby devaluing nurse practitioner developments in the UK. This clearly is neither resource effective, nor professionally desirable.

In a multi-professional environment and in a modern health service the AANPE would expect ECP developments conceptualized within a national framework of advanced clinical competence that was negotiated on behalf of all healthcare professions. This would most appropriately reflect the particular and unique contribution to healthcare that each of those professions offered.

Unfortunately, this consultation appears to be yet another clinical initiative amongst many recent Department of Health initiatives that has failed to capture the multi-professional context, in this instance by introducing and imposing a new clinical role that is ill conceived, ill defined and isolated from established clinical professions. **As such this proposed role will potentially undermine the extensive work in progress by other professions in establishing new advanced clinical roles.**

The competency framework matches with much of those advanced clinical practice curriculums already developed and in use within many HEIs. Thus, the proposed ECP competencies compare with existing frameworks. The general principles of the ECP framework (theoretical and clinical) accord with the existing developed frameworks and curricular, and consequently programme adaptation to facilitate ECP outcomes would be relatively simple (if the HEI considered that there was merit in their doing so).

We now refer to the specific points of the consultation:

Curriculum Framework

As stated, the ECP curriculum framework is similar to many currently in use, or being developed, by AANPE member institutions. It is remarkably similar the curriculum structure for Nurse Practitioners developed by the Royal College of Nursing in 2002 and endorsed in the proposals for Advanced Nurse Practitioner regulation by the Nursing & Midwifery Council in 2006. AANPE members have noted that if this Nurse Practitioner framework (RCN 2005, NMC 2006) is applied to the emergency and unscheduled care environment, it probably produces about 90% of what is proposed in the ECP consultation. In addition, when compared to current Paramedic curricular that are in use (or being developed), and which are enabling more advanced Paramedic roles, again the ECP curriculum matches approximately 90% of those frameworks.

The AANPE questions why this consultation has progressed so far in its suggestion of a new professional innovation when it is clearly replicating existing work. Proper consultation with HEIs would have revealed existing resource that could be easily and flexibly utilised to develop or specifically target advanced clinical roles. In addition, that omission must beg the question as to why this initiative has chosen to isolate itself from the previous publicly acknowledged criticism and advice from influential and high profile professional representatives. This has assuredly led to misdirection of public money when all that was required was that existing advanced professionals (paramedics and nurses) be given access to existing educational opportunities!

Entry Routes

The AANPE is clear that 'assimilation' of existing advanced practitioners to an ECP framework and regulator is an undesirable philosophy that undermines the collaborative context of advanced and diverse clinical practitioners.

It is important to note that advanced clinical nurses (and paramedics) represent both a significant clinical resource and significant service numbers in the UK NHS, and it is reprehensible for any initiative to seek to marginalise them in the way that this consultation does. It does nothing to improve the NHS's overall staffing, it merely removes experienced front line emergency staff from where they are most needed and moves them sideways into a new and poorly defined role.

Competencies, Skills and Clinical Conditions

This is detailed and outlines a curriculum and ECP competency framework that, given appropriate resource, could enable the required level of practice. It does reveal, however, a significant feasibility and resource consequence, and this requires exploration with HEIs regarding programme funding, delivery and prospective student numbers.

In addition, the breadth of competency is considerable, ranging from mainstream care planning and care, through to advanced diagnostic skills, driving, transportation and vehicle maintenance skills, specialist surgical skills, terminal care, and care of the newborn! To suggest that this is be achieved comprehensively (safely) within only 300 hours in class is ludicrous. Our experience with Nurse Practitioner and Paramedic

Practitioner preparation is that even very experienced individuals need a **minimum** of 2 years to develop the clinical competencies proposed for ECPs.

In addition, the demand for non-medical prescribing rights is clearly fundamental to the proposed ECP role as it has been described, and this cannot be put aside. The AANPE stance on prescribing is that all advanced clinical practitioners who wish to prescribe must have undertaken an identified programme of clinical education that enables that skill in accordance with current legislation and professional regulation.

Some evidence is given in regard of the age range of patients seen by ECPs. Unsurprisingly, over half of ECP time was spent working with over 65s. Whilst the ECP role makes considerable reference to specialist interventions and child care no specialist placement in elderly care is identified. This seems at odds with the well-documented demand for advanced care roles that will have material impact on the care and management of the increasingly aged population.

Teaching and Supervision.

There is a proposed 700 hours of medically supervised practice.

The AANPE has observed the considerable difficulties that HEIs are encountering in arranging suitable clinical mentorship. This has been particularly highlighted by non medical prescribing education. The AANPE would like to know how doctors will be identified as mentors for the ECP role, how they will be remunerated, and what impact this may have on the availability of mentors for other (existing) advanced clinical students (non-medical prescribers)?

Assessment

There is a range of assessments strategies outlined that are appropriate to such a clinically oriented programme. The proposal does acknowledge the importance of OSCEs to assess clinical competence.

Title and Regulation

The issue of dual registration is contentious. Dual registration raises questions of role confusion and subsequent public protection. The AANPE has previously indicated its concern over proliferating new professions without multi-professional consultation and dialogue. Whilst the ECP role may have a place in healthcare, it should not be seen as a role that subsumes all other roles, or be viewed in a hierarchical fashion.

The suggestion for voluntary registration in anticipation of a future regulatory body is unprofessional, hasty and could lead to public protection issues. In addition, the suggestion for an independent regulator for ECPs is unwarranted and unnecessary. The AANPE would strongly recommend that the ECP role be conceptually situated in the nursing and the paramedic professions. As the ECP role is an advanced clinical role that is competency driven it follows that it can be regulated by existing regulators.

Finally, the failure to address ECP relationship in practice with other professional groups (doctors, nurses, paramedics and other allied health care professionals) is a source of considerable concern.

Conclusion and Recommendation:

The AANPE has stated previously that it represents a current HEI resource that has capacity to produce advanced clinical practitioners on a significant scale – if appropriate resource is made available as part of workforce development funding streams across the UK.

The need for multiple professional roles that meet diverse workforce, clinical, and demographic needs is not disputed by the AANPE. However, it is difficult to endorse the introduction of a clinical role that fails to acknowledge the current scale and development of advanced clinical nurses, advanced paramedics, and advanced clinical roles within other allied health professions. Additionally it is difficult to endorse an initiative that fails to identify the potential scope of those existing advanced clinical roles, and their potential to be tailored and targeted. This ECP initiative would instead have existing advanced clinical professionals redeployed to a different profession where they would assume an uncertain role and have to undertake repetitive (and consequently unnecessary) clinical training. We are clear that the ECP consultation document falls short of adequate discussion with the HEI network on the multi-professional development of advanced clinical practitioners.

The AANPE recommends the consultation be revisited in collaboration with the NMC, HPC, and AANPE. The development of a national curriculum for diverse healthcare professionals undertaking advanced clinical skills would be an outcome that was more appropriate and flexible.

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