

The Association of Advanced Nursing Practice Educators (AANPE)

THE REGULATION OF THE NON-MEDICAL PROFESSIONS (THE FOSTER REPORT) Consultation document: consultation response on behalf of the Association of Advanced Nursing Practice Educators (AANPE)

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The AANPE:

The Association of Advanced Nursing Practice Educators (AANPE) represents a collaborative network of Higher Education Institutions (HEIs) across the United Kingdom (UK) whose members 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). In addition, 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 particular interest in seeing the Advanced Nursing Practice (ANP) framework fully implemented at a national level. We also believe that this framework should act as a guide for other emerging advanced clinical roles across the allied health professions, and be adopted as a standard for a future national competency framework of advanced clinical practice for all those professions. This is implicit in our discussion and explicit in our recommendations within this consultation response.

The AANPE has recently (2006) reviewed the Department of Health (DOH) consultation documents on Emergency Care Practitioners and Medical Care Practitioners. These responses are available in full from the AANPE Website. The concerns raised in those responses are also reflected in the AANPE response to this consultation document; ‘The regulation of the non-medical professions’ – this referred to throughout this document as the ‘Foster Report’.

The AANPE acknowledges the Fosters Reports general aim and prime intention:

“These Department of Health consultations seek views on the proposals put forward by the Chief Medical Officer in Good doctors, safer patients, and upon the options outlined in the parallel review of non-medical regulation.”

“To ensure healthcare staff are properly trained, up to date and fit (or competent) to practice.”

The scope of the AANPE response to the Foster report:

The AANPE is a collaboration of universities and academics who are concerned with the educational provision and development of advanced clinical nursing education. It is also an association that has an interest in other professional and educational developments of advanced clinical practice within the allied health professions.

The AANPE observes that the Foster Report is a wide-ranging review that considers the complex issues of non-medical professional regulation at all levels and from many perspectives. However, the AANPE has specific educational objectives and our response to the Foster Report is consequently confined to the area of advanced

clinical practice, the introduction of new clinical roles, and the prospects for professional regulation of those new clinical roles (Foster Report – Chapter Six).

We focus on the implication of such regulation on the development, delivery, funding, and quality of HEI curricula and their consequent fitness for purpose. Specifically, we identify our concerns, and we make a number of recommendations on how, in the future, HEIs and healthcare commissioners can more effectively prepare advanced clinical practitioners on a UK wide basis.

The AANPE Review of Chapter Six ‘Regulating new professional roles’ (The Foster Report)

- The Foster Report makes a presumption that the development of advanced clinical roles will result in a practitioner operating outside the scope of their parent profession. This is rarely the case, and is not in keeping with considerable evidence on the nature of health professions and their ability to adapt and evolve new roles (Hughes 1984, Allen 1997, Woods 1997, Offredy 1998, Pearson & Peels 2002). It is wrong to assume that clinical role developments are limited by traditional professional boundaries. It is equally wrong to assume that when clinical role developments challenge traditional professional boundaries, they then fall outside of that profession’s regulation and control. In reality, professional boundaries are not confined by tradition, and are constantly changing and moving. The effect of this is that professional roles are also constantly evolving, and existing professions adapt to that change.
- However, we would be remiss if we did not acknowledge that role evolution, in certain cases, can lead to roles so fundamentally different from the original that the identification of a new professional identity is necessary. This is exemplified by the emergence of the Social Worker as a registered professional (Cree 2002). Nevertheless, it is misleading to assume that role evolution, even radical role evolution, must necessarily result in the creation of new professions. New clinical roles (and new ways of working) must not be mistaken as new professions. For example, we know that the existing allied health professions have (for some time) been engaged in the development of new advanced clinical roles that are extensively different from an entry-level practitioner, and yet remain comfortably within their own professional domain.
- This is best illustrated by the emergence of nurse practitioners in the UK. Since 1990, nurse practitioners have developed in practice in the UK, offering the skills of diagnosis, patient management and autonomous professional practice. A robust body of research evidence demonstrates that nurse practitioners practice at an advanced clinical level, safely and effectively, with high levels of patient satisfaction (Horrocks et al, 2002). That development has led to the development of the competency framework adopted by the Nursing and Midwifery Council (NMC), and used as part of its prospective (new) sub-part of the nursing register for Advanced Nurse Practitioners (ANP).

- The Foster Report refers to the need to use a mark on the register to denote specialist or advanced practice. The NMC have already established the need for additional regulation for nurses working in advanced clinical roles to ensure greater public protection (NMC 2005). This was the outcome of an extensive consultation of key stakeholders, employers and nurses in all four countries, and with patient representative groups. The NMC Council has agreed that a new sub-part of the Nursing register should be established for advanced nurses (to be called “Advanced Nurse Practitioners”) who can demonstrate that they have achieved a specified standard in their clinical and professional practice (NMC 2006). An application was made to the Privy Council in December 2005 to sanction the proposals and the NMC are currently waiting for a response. **The AANPE see it as vital that this review fully supports these proposals in its conclusions to enhance public protection at the advanced level of practice.**
- This national competency framework for ANPs discussed above, has been devised in collaboration with HEIs, professional representatives, service providers, and the professional regulator. It has been researched, and carefully implemented after dialogue and debate. It has standardized clinical outcome, and is a tool that has enabled HEIs to map their curriculum, to validate their programme outcomes both academically and professionally, and to provide a standard for audit of fitness for practice and purpose. This collaborative introduction of a clinical competency standard for ANPs is a good example of a nationally developed framework agreed with the nursing profession, service providers, HEIs and an existing regulator. **This model could form the basis on which other health professions regulate their advanced practitioners.**
- Another foundation of the AANPE response to the Foster Report is the need for new role initiatives to acknowledge the UK HEIs involvement on a **national basis**, and not just in specific centres. Where national associations such as the AANPE exist, the introduction of new clinical roles must be guided by such educational expertise. Universities are complex organisations, and although they serve healthcare delivery by preparing future professionals and experts, they are independent of the UK health service. Thus, although there may be a demand for service delivery planning (and informed commissioning) that incorporates new flexible clinical roles, this cannot be achieved in isolation of the HEIs organizational structures, and their capacity for professional programme delivery.

This point on educational organisation is well illustrated by the ‘modular frameworks’ used throughout the UK HEIs. Modular frameworks consist of learning and teaching units that are validated, and are awarded academic credits, at predefined levels of ability. **Modules are then, by definition, the building blocks of modern curricula.** Modules can be tailored to meet theoretical outcomes, and also wide-ranging skills outcomes, and they are used to enable (and assess) both theoretical and clinical professional competence.

An underlying principle (and advantage) of the modular system is its ability to deliver core foundation learning material via core modules, and yet also

provide diversity via elective and specialist modules. **However, modular frameworks are often misunderstood, or even overlooked, by health service and government agencies who, when seeking to initiate new roles, present detailed consultations on curricula which have not accounted for modularization.**

- The AANPE acknowledges that development in the last decade of national health service competency frameworks has progressed at a pace. The Knowledge and Skills Framework is extensive and complex, this complemented by their framework and catalogue of skills, roles, and careers. The Skills for Health catalogue of competencies offers an almost limitless range of opportunities to map roles to skill. Equally, the national practitioner programme is far reaching, seeking to support and explore new clinical roles. However, none of these new clinical role initiatives are recordable professional qualifications, and they generally all fail to meet the criteria as independent professions. It is the AANPE view that a flaw within these frameworks, and a flaw of the initiatives that have arisen from them, is their lack of **national** collaboration with the HEIs who would be the eventual hosts to the programmes of education.

The emergent new roles identified in the Foster Report have attracted considerable attention, not only from the AANPE, but also from many others. The critical response to these initiatives has arisen not because of existing professions or HEIs inability to embrace new clinical roles, but because these initiatives have emerged without sufficient discussion with the existing professions, and without any real measure of collaboration with HEIs on a national basis. Consultations on these initiatives have sought public response only at the late stages of their development, and critical responses from educators have been marginalized as being no more than traditional inflexible attitudes, where in reality it has been critique based on HEIs unique expertise in designing curricula.

A point in case arises from the Health Professions Council's (HPC) test for aspirant professions. We query if any of the national practitioner programme new role initiatives could be described as having a defined body of knowledge if they are taking it from other already established defined bodies of knowledge. In addition, the criterion of a "discrete area of practice" may actually limit future role evolution. Restricting practitioner's scope of practice, and consequently their role development, has the potential to undermine the quality, breadth, and expertise of the wider developing advanced clinical roles in the existing health professions. These fundamental issues have not been fully explored and are being subsumed into unsubstantiated and dubious claims on 'new ways of working'.

There is a sense that these initiatives are being hastily developed to resolve health service workforce and skill shortfalls. In contrast the AANPE view is that these advanced clinical practice initiatives must be nationally implemented, must be based on advanced practice roles that are already established and tested, and that implementation should over a prolonged period of time. They must be fully resourced, fully researched and evaluated,

and this done in collaboration with existing healthcare professions and with the educators who can enable robust theoretical and clinical training to assure the public of safe outcome.

The AANPE views the current collaboration with the devolved governments, existing professions, and HEIs, as limited. This is an unhelpful situation that does not pave the way to future clinical expertise, best collaborative use of existing resource, clinical safety, or public assurance. Also, it must be observed that sustainable funding streams for these initiatives are currently inequitable, and are in the longer term uncertain. The net result of this is that these roles are not being properly introduced on a national basis, they are not making adequate consideration of existing educational issues and developments, they do not really represent new ways of working, and their ultimate value to clinical care is unclear. An obvious concern arising from this situation is that of public protection.

- Finally, the AANPE response to both the MCP and ECP consultations made it quite clear that we viewed the suggestion that these new roles should recruit from advanced clinicians within existing professions as clearly unacceptable. Dual registration raises unanswered questions over a practitioner's service status, and this has workforce planning and financial implication for service commissioners and HEIs capacity to effectively provide programmes. The AANPE view is that the development of the new roles outlined in the Foster Report (Chapter Six) are initiatives that have failed to collaborate fully with the national HEI network that could have advised on their development.

Conclusion:

The development of advanced clinical roles, and new professional groups, is a task that must be taken forward with great care if the public is to be fully protected. The recent new role developments listed in the Foster Report (Chapter Six) are a cause for concern. These initiatives should not be implemented until a wider discussion has been engaged, wide professional representation, including regulators, HEIs, and service commissioners. That dialogue must focus not only on issues of how new roles may address service and manpower issues, but also must be fully evidenced as to the advantage that these roles offer the public in the long run, and the necessary education and fiscal resource that is required to underpin them.

AANPE Recommendations:

The AANPE recommends the following:

- **Full acknowledgement of the competency framework for Advanced Nurse Practitioners and its place as a national standard for other developing advanced clinical practice curricula. The current Nursing & Midwifery Council proposals for regulation of Advanced Nurse Practitioners (2006) should be fully endorsed and implemented as a matter of urgency.**

- **The establishment of a Higher Education national framework of ‘advanced clinical practice’ education, this embracing the developments within existing clinical professions.**
- **The development of a higher education foundation curriculum for advanced clinical practice, identifying core content in clinical skills sciences required for ALL existing and future advanced clinical roles.**
- **That foundation core curriculum content must include (in brief):**
Professional development
Leadership
Anatomy & Physiology
Pathology
Pharmacology
Clinical Therapeutics
Epidemiology
Comprehensive health assessment skills
General diagnostic skills
Prescribing skills
Inter-personal and Consultation Skills
Mentor and Educative Skills
Management Skills
Research Skills
- **The development flexible additional curricula to meet defined educational options for advanced clinical practitioners subsequent to completion of foundation studies in advanced clinical practice.**
- **A nationally coordinated collaboration with all HEIs involved in advanced clinical education.**
- **A careful reassessment of prospective new professional groups following the introduction of the national educational framework of advanced clinical practice.**
- **A commitment to adequate financial, academic and clinical resource for HEIs to deliver the new framework.**

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