

Understanding the variance in role of the Advanced Practitioner in England, UK

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Aim

The survey set out to show how the role of advanced practitioners vary in three distinct areas of the United Kingdom (Scotland, Manchester and Bristol).

Objective

It explores titles, qualifications, roles plus responsibilities and the biggest challenges individuals have encountered.

Methods

A short questionnaire was completed during two advanced practices conferences (2017 /18). Three university settings were used in Scotland, the North and South of England. The location is crucial due to the challenging medical resource issues.

Results

<u>North (Scotland and Manchester)</u>	<u>South (Bristol)</u>
<u>Role Titles</u> Trainee Advanced Clinical Practitioner Advanced Clinical practitioner	<u>Role titles</u> Specialist Nurse Practitioner Advanced Nurse Practitioner Nurse Practitioner Advanced clinical Practitioner
<u>Education</u> MSc Advanced Clinical Practitioner Trainee posts	<u>Education</u> BSc, master modules or MSc Limited training posts, ad hoc teaching on the job
<u>Pay</u> £31,696 - £47,092	<u>Pay</u> £26,565 - £47,092
<u>Roles and responsibilities</u> Generic role manage full episode of care, prescribing, part of the medical rota, liaising with multi-professional workforce.	<u>Roles and responsibilities</u> Manage full episode of care, prescribing, part of the medical rota, liaising with multi-professional workforce. Running specialist nurse clinic e.g. renal, cardiac
<u>Challenges</u> Medical staff conflicts Definitions of the role and scope of practice	<u>Challenges</u> Medical staff conflicts Definitions of the role and scope of practice Standardised education and training

Background to Health care and Advanced practice in the UK

Statistics suggest 1 in 11 professional positions remain unfilled (NHS Improvement England, 2017). The data, shows the NHS in England has 100,000 vacant posts, including 35,000 nurses and almost 10,000 doctors. About 5.6 million people visited A&E in England in the last quarter of 2017 and almost half a million people were admitted to hospital in December alone (RCN, 2018). Figures show there are more nurses leaving the register than joining (RCN, 2018). This is coupled with a longstanding north/south inequality in health e.g. life expectancy is less in the north compared to the south by 2 years (Hacking, 2011). It has been identified that there is a need to reform health care provision with the right people with the right skills in the right place (NQB, 2016).

In a recent briefing paper recruitment of trainee GP's showed lower rate in the North compared to the South, indeed some southern areas managed an over fill (HoC, 2018). There are medical and non-medical supply shortages, particularly of middle-grade doctors. Advanced practitioners are undertaking roles that were traditionally undertaken by doctors and as such this trend has been more prevalent in the north of the UK, and as a result the North has taken steps to define and provide monitoring to ensure quality service for patients. In contrast the South of the country has long been seen as the "green and leafy" alternative to live and as such social migration has involved professionals choosing to live in the South of the country. However, this trend appears to be changing and the South is having to look at ACP roles to reform services and fill gaps in the medical rota as well.

The Advanced Practice role has a long history of variance across difference services, clear standardized role definitions are required to ensure a sustainable workforce where accountable practitioners can make independent clinical decisions. However advanced practice titles are used for many levels of clinical staff, some of whom do not belong to professional governing bodies. This causes confusion within the health care system and importantly for patients and has been identified as a patient safety issue (Leary, 2017) Additionally, this has led to disharmony where medical colleagues use the term 'mocktors" - stating non-medical staff carry medico legal risks for doctors (Shaba Nabi, 2015) without assurance of competence.

However, because of the shortage of health professionals nationally, the NHS needs innovative strategies that ensure patient safety and sustainability (NHS HEE, 2017).



Conclusions

Clearly defined roles and titles are needed across the country to enable all have a clear understanding of a practitioners scope of practice.
Standardised education programs across the country allowing movement and equitable status need to be developed
Standardised trainee posts leading to full title - this would assist in ensuring support and a supervision process, further enabling a safe clinical governance policy
Multi- professional training to develop an understanding of role development within the health care system.
Standardised pay scales

References

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