

Advanced nursing practice has led to innovation in nursing but also to confusion. This article focuses on its progress from its early days in the 19th century to the present day

ADVANCED NURSING PART 1 OF 3

# The development of advanced nursing roles

## In this article...

- › How specialist nurses first evolved
- › How nurse practitioners developed in the US and UK
- › Advanced nursing practice in context today

**Authors** Thomas David Barton is head of the department of nursing, College of Human and Health Science, Swansea University; Lesley Bevan is assistant director of nursing, Abertawe Bro Morgannwg University Health Board; Gail Mooney is director of postgraduate studies, College of Human and Health Science, Swansea University.

**Abstract** Barton TD et al (2012) Advanced nursing 1: The development of advanced nursing roles. *Nursing Times*; 108: 24, 18-20. This first in a three-part series on advanced nursing practice reviews its historical evolution. Part 2, to be published next week, reviews the introduction of a governance framework, while part 3 explores the future of advanced practice and how it may shape nursing career structures.

This article is the first in a three-part series exploring advanced nursing practice in the UK, considering its historical foundation, prospect for governance and future development. The articles give some clarity to this topical, controversial and emerging area of practice, and challenge the notion that there is a unified formula that will cover and explain all that is advanced nursing. Finally, we hope they pave the way to an understanding of a more flexible framework that accommodates the diversity of what we know as advanced nursing.

The evolution of the concept and practice of advanced nursing has been long and complex. This has led to innovation in the profession, but also to confusion and misconceptions about what advanced nursing was and is, and what benefits it could bring to care. Those uncertainties have manifested themselves in different ways among

not only the nursing profession but also patients and the medical and allied health professions. What perhaps illustrates the interest in advanced nursing most is the vast literature that has explored its meaning (Association of Advanced Nursing Practice Educators, 2011).

This article focuses on the development of advanced nursing, its foundation in the international arena, and its relatively more recent development in the UK.

## Historical and international perspectives

### The registered nurse

The foundation of all modern nursing practice is the registered nurse. Although the campaign for registration will not be discussed here, it is important to note that regulation and education to attain a fundamental first-level standard of nursing skill was not always a given fact.

It is difficult to appreciate today how in the late 19th and early 20th century Mrs Bedford Fenwick and her contemporaries in the UK and US had to fight for an education that assured a professional and dependable nursing labour force (Griffon, 1995). Once that had been achieved, and as nurses refined their technical and practical ability within a regulated profession, it was inevitable that this would lead to new nursing skills, roles and hierarchies.

### Specialist nurses

Specialist nurses are the first product of that professional evolution of nursing. The foundations of today's advanced nurses were set in the introduction of the specialist nurse in the US. They are identified in practice in the late 19th century and, in the 1930s and 1940s, nurse specialists grew

## 5 key points

**1** The evolution of advanced nursing has been long and complex

**2** This process has led to innovation in nursing, but also to confusion about what advanced nursing was and is

**3** Advanced nursing has been and still is one of the most scrutinised and researched concepts

**4** It has been advocated as a cost-effective service redesign tool

**5** Advanced nurses are the cutting edge of nursing innovation



ICU nurse: critical care is one speciality



## “Grab opportunities to lead patient-centred initiatives”

Fiona Ross > 28

in number in the US (Storr, 1988). By the 1960s, clinical nurse specialists (CNSs) were firmly established in the nursing profession (Hamric and Spross, 1989).

The clinical activity of nurse specialists was generally perceived to lie comfortably within the traditional domains of nursing practice, although their skills were often extended (Hamric and Spross, 1989). Therefore, CNSs initially presented no significant threat to the established order of the wider healthcare establishment. However, more contemporary CNSs are commonly and intimately linked to concepts of advanced nursing, which links to the next significant development of advanced nursing.

### Nurse practitioners: the American origins

In contrast to the comparatively lengthy evolution of specialist nurses, Ford and Silver (1967) instigated the nurse practitioner concept/role at a pace, with their introduction of a new primary healthcare paediatric role in the US in 1965. That role was founded on the principles of the extended role of specialist nurses, but also openly incorporated traditional medical diagnostic skills. Marchione and Garland (1980) said the need for this arose from social issues of the time, such as shortage of paediatricians.

Such a role inevitably led to unease over the implications of this professional boundary transgression on the prospective scope of nursing practice (Fondiller, 1995; Marchione and Garland, 1980). This was particularly significant at a time when nurses were gaining a greater autonomy and distance from the traditional dominance of medical authority (Shaw, 1993). This wish to distance nursing from medicine underpinned much of the prevailing nursing ideology of the time (Walby and Greenwell, 1994). Paradoxically, that ideology conflicted with the introduction of new clinical roles with a significant component of medical skills, but simultaneously promoted the development of advanced nursing. The introduction of nurse practitioners was therefore a controversial and challenging development, affecting nursing and its relationship with other health professions (Fondiller, 1995).

During the 1970s, the nurse practitioner concept gained considerable momentum in the US, and Marchione and Garland (1980) observed a varied proliferation of education programmes for nurse practitioners. It was not until the 1990s that some regulation and standardisation of nurse practitioner education was

introduced in the US (Campbell-Heider et al, 1997); by the early 2000s it was more firmly established (Ponto et al, 2002).

### UK development

Unsurprisingly, aspects of the US experience in the development of nurse practitioners, such as the complex social background and early lack of regulation, were mirrored in the UK in the 1990s and early 2000s. These influences were also factors in the development of advanced nursing in the UK (Carnwell and Daly, 2003).

The origins of the advanced nurse in the UK are founded in the work of Stilwell (1988), with her introduction of a nurse practitioner role into primary healthcare. Stilwell's (1988) nurse practitioner was an experienced nurse, using existing nursing skills with health assessment and diagnostic skills in autonomous patient management. Following her landmark work, nurse practitioner roles emerged in clinical practice during the 1990s and early 2000s (Carnwell and Daly, 2003).



The Royal College of Nursing established the first formal training/education programme for prospective nurse practitioners in the UK in the early 1990s. The first educational competencies for nurse practitioners then emerged (RCN, 2008, revised 2010). These were based on consultancy skills, disease screening, physical examination, chronic disease management, minor injury management, health education and counselling. They enabled new curriculums to be structured on clear criteria that were quickly adopted in the UK as a gold standard.

Universities around the country quickly developed programmes of nurse practitioner education. Initially at diploma level, these soon evolved to undergraduate and then master's level. Today, master's level education is seen as a requisite for advanced nurses (Department of Health, 2010; Scottish Government, 2008).

While the NHS needed and wanted advanced nurses, employers misunderstood the potential long-term contribution of those roles in terms of service redesign (Fulbrook, 1995). This was perhaps due to the lack of a structured clinical career framework to accommodate them at that time. Also, initially, service providers wanted “right here, right now”

quick fixes to skill shortages and struggled with the notion of two- or three-year “academic” education programmes that took experienced nurses out of the workplace.

While by the late 1990s and early 2000s a clear concept of advanced nursing was emerging internationally (Pearson and Peels, 2002), in the UK the debate remained more parochial, closely focused on specific roles and clinical outcomes (Maylor, 1997). Consequently, in the UK in the 1990s and early 2000s advanced nursing became articulated not by diversity, clinical role, competence or innovation, but by the array of nebulous titles nurses used to describe their “advanced” role in an unregulated attempt to establish their identity.

The problem lay in the fact that nursing in the UK had an undeveloped career structure. There had been many efforts to restructure clinical nursing, exemplified by the introduction of the clinical regrading exercise of 1988 (Holliday, 1995), a failed attempt to provide a clinical hierarchy based on role and responsibility.

The introduction of the Knowledge and Skills Framework was more significant and far reaching (DH, 2004). Yet even this comprehensive, competency-based framework did not fully describe a clear career framework for nursing, it being still essentially service driven as opposed to professionally conceived.

Several other significant professional developments during the 1990s and early 2000s paved a way to future advanced nursing, including the government-led introduction of consultant nurses (Waller, 1998) and the legislative introduction of non-medical prescribing (DH, 2005). There is no room to discuss earlier developments in the 1990s here, but each of these contributed in varying and important ways to the evolution of advanced nursing (Carnwell and Daly, 2003).

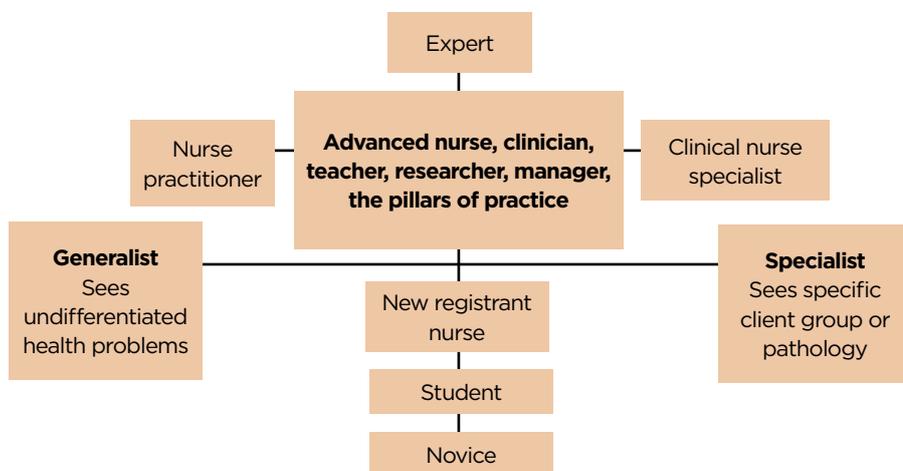
From an educational perspective, it is also important to note the emergence during the early 2000s of the Association of Advanced Nursing Practice Educators (2011), which became (and remains) an influential lobby of 40 or more UK universities that represents a collective view of the education of advanced nurses.

### Status of advanced nursing today

Currently two intimately connected issues define and challenge advanced nursing in the UK: regulation and governance, and structural changes to the NHS and resource restrictions that demand innovative service redesign.

Moves to regulate advanced nursing via the professional register in the 2000s have

FIG 1. NOVICE TO EXPERT – SPECIALISTS AND GENERALISTS



faltered, and are now regarded as at best unlikely and at worst unworkable (Council for Healthcare Regulatory Excellence, 2008). The professional view is that advanced nurses represent no greater risk to the public than new registrants, so a separate part of the register would add no benefit. The NMC's (2008) code of conduct offers guidance for nurses at all levels, and the view is that mechanisms of employer-led governance should now prevail.

Modernising Nursing Careers was to steer the nursing profession into the 21st century (DH, 2006). It considered all areas of the profession, from pre-registration through to advanced nursing, with the intent that the future nursing workforce be responsive and dependable for purpose. The parallel with our nursing colleagues of a century ago who campaigned for registration cannot be overlooked.

For advanced nursing, the most significant product of Modernising Nursing Careers was the Advanced Practice Toolkit (Scottish Government, 2008), which sets out four pillars on which advanced nursing practice should be built: clinical; research; education; and management/leadership. The toolkit included two decisions that have enabled a more creative dialogue: first, it avoided the "definition" trap, as it is somewhat fruitless to continue to seek the "ultimate" definition; and second, it avoided the "competency" trap, as any attempt to identify an all-embracing competency set for advanced nursing in the modern healthcare world appeared doomed.

### Advanced nursing practice in context today

We have deliberately left the core principles and foundations of advanced nursing

today to this last section. We believe we have come far on this journey, but it is still far from being finished. Advanced nursing has been, and remains, one of the most scrutinised and researched concepts and practice developments.

It may be variously described as a role, as specialist or generalist in nature, or a level of practice, and as scoping areas of clinical, managerial, educational and research skill. Fig 1 illustrates how nurse practitioners have been commonly associated with generalism, and clinical nurse specialists with specialism; we must in future view these more as advanced nursing roles, albeit with distinct features. The pillars of practice have moved advanced nursing beyond the purely clinical domain into the wider arena of the total meaning and delivery of nursing.

Finally, advanced nursing has been strategically advocated as a cost-effective service redesign tool/resource that can overcome workforce shortages and problems facing the NHS (DH, 2007; 2006). Contrasting this strategic vision is our current understanding of what advanced nurses are, what regulates their practice, the potential scope of their roles and what education is needed for their preparation. Advanced nurses are the cutting edge of nursing innovation, and challenge the deep-seated traditions of health professions and organisations. **NT**

● Parts 2 and 3 of this series will explore governance and workforce redesign

### References

Association of Advanced Nursing Practice Educators (2011) *The Literature Lists*. [tinyurl.com/AANPE-lit-lists](http://tinyurl.com/AANPE-lit-lists)  
Campbell-Heider N et al (1997) Commentary about Marchione and Garland's "An emerging

profession? the case of the nurse practitioner". *Image: Journal of Nursing Scholarship*; 29: 4, 338-339.

Carnwell R, Daly W (2003) Advanced nursing practitioners in primary care settings: an exploration of the developing roles. *Journal of Clinical Nursing*; 12: 5, 630-42.

Council for Healthcare Regulatory Excellence (2008) *Advanced Practice: Report to the Four UK Health Departments*. [tinyurl.com/Council-advanced](http://tinyurl.com/Council-advanced)  
Department of Health (2010) *Advanced Level Nursing: a Position Statement*. [tinyurl.com/DH-level-advanced](http://tinyurl.com/DH-level-advanced)

Department of Health (2007) *Trust, Assurance and Safety: The Regulation of Health Professionals in the 21st Century*. [tinyurl.com/DH-regulation](http://tinyurl.com/DH-regulation)

Department of Health (2006) *Modernising Nursing Careers: Setting the Direction*. [tinyurl.com/DH-modern-career](http://tinyurl.com/DH-modern-career)

Department of Health (2005) *Evaluation of Extended Formulary Independent Nurse Prescribing: Executive Summary*. [tinyurl.com/DH-evaluation-prescribing](http://tinyurl.com/DH-evaluation-prescribing)

Department of Health (2004) *NHS Knowledge and Skills Framework (KSF)*. London: DH.

Fondiller SH (1995) Loretta C Ford: a modern Olympian, she lit a torch ... Interview by Shirley H Fondiller. *N&HC Perspectives on Community*; 16: 1, 6-11.

Ford L, Silver H (1967) Expanding the role of the nurse in child care. *Nursing Outlook*; 15: 43-45.

Fulbrook P (1995) What is advanced practice? *Intensive and Critical Care Nursing*; 11: 1, 53.

Griffon DP (1995) "Crowning the edifice." Ethel Fenwick and state registration. *Nursing History Review*; 3: 201-212.

Hamric AB, Spross JA (1989) History and overview of the CNS role. In: *The Clinical Nurse Specialist in Theory and Practice*. Philadelphia, PA WB Saunders.

Holliday I (1995) *The NHS Transformed*. Manchester: Baseline Books.

Marchione J, Garland TN (1980) An emerging profession? The case of the nurse practitioner. *Image: Journal of Nursing Scholarship*; 12: 2, 37-40.

Maylor M (1997) Nurse practitioners: what difference does a title make? *Nursing Standard*; 12: 13-15, 54-55.

Nursing and Midwifery Council (2008) *The Code: Standards of Conduct, Performance and Ethics for Nurses and Midwives*. London: NMC. [tinyurl.com/nmc-code](http://tinyurl.com/nmc-code)

Pearson A, Peels S (2002) Advanced practice in nursing: international perspective. *International Journal of Nursing Practice*; 8: 2, S1-S4.

Ponto J et al (2002) Operationalizing advanced practice registered nurse legislation: perspectives from a clinical nurse specialist task force. *Clinical Nurse Specialist*; 16: 5, 263-269.

Royal College of Nursing (2008, revised 2010) *Advanced Nurse Practitioners - an RCN Guide to the Advanced Nurse Practitioner Role, Competences and Programme Accreditation*. [tinyurl.com/RCN-advanced-nurse](http://tinyurl.com/RCN-advanced-nurse)

Scottish Government (2008) *Supporting the Development of Advanced Nursing Practice - A Toolkit Approach*. [tinyurl.com/Scottish-toolkit](http://tinyurl.com/Scottish-toolkit)

Shaw MC (1993) The discipline of nursing: historical roots, current perspectives, future directions. *Journal of Advanced Nursing*; 18: 1651-1656.

Stilwell B (1988) Patients' attitudes to a highly developed extended role: the nurse practitioner. *Recent Advances in Nursing*; 21: 82-100.

Storr G (1988) The clinical nurse specialist: from the outside looking in. *Journal of Advanced Nursing*; 13: 265-272.

Walby S, Greenwell J (1994) *Medicine and Nursing - Professions in a Changing Health Service*. London: Sage Publications.

Waller S (1998) Higher level practice in nursing: a prerequisite for nurse consultants? *Hospital Medicine*; 59: 10, 816-818.