“Nurses who become ACPs should not be mini medics”

There is a pressing need to enable registered nurses to reach their full potential at higher-than-basic-registration level in clinical practice. This would fulfil two requirements: personal professional advancement and workplace clinical need.

A number of routes can achieve this. Traditionally, nurses have sought management roles or additional registerable qualifications, such as another field of nursing, midwifery, district nursing, health visiting or nurse teaching. More recently, a wider variety of specialist practice has become available, often with a postgraduate academic award attached. For more than 20 years, the need has been recognised – in addition to these more specialised skills – for advanced clinical practitioners (ACPs) with a more generic advanced nursing role.

The cause of this need for ACPs is, in my view, the shortage of junior doctors, emergency department physicians and GPs. However, those becoming ACPs should not become mini medics.

The curriculum agreed by Health Education England (West Midlands) appears sensible. ACPs need the skills to assess, diagnose, prescribe and organise care delivery based on a sound understanding of the latest evidence. This should build upon their existing professional strengths to make them autonomous ACPs capable of providing the quality of service needed.

Statutory professional regulation and registration of ACPs is generally covered by their own professional regulators: the Nursing and Midwifery Council or the Health and Care Professions Council. This is a real plus for the quality assurance and public protection of ACPs. However, this multiprofessional approach has weaknesses. Paramedics, for example, cannot become non-medical prescribers within the current legislative framework. No statutory professional standards exist yet for ACPs, even within nursing.

Another potential solution to the shortage of doctors is to use physician associates (PAs) to carry out these clinical tasks. But one of the main attractions of NMC-registered ACPs over PAs is that PAs are not statutorily registerable, so they cannot be non-medical prescribers. This leaves a big hole in the core tasks required to fill the space of junior medics and GPs.

If nursing “donates” large numbers of the profession to ACP roles that plug the shortage of physicians, who replaces the missing nurses? If we are to maintain good standards of nursing care, we must increase the number of nurses in training; better treat those already at work, so they don’t leave the profession; and embrace a nursing associate (NA) role that may be NMC-registered. This doesn’t necessarily mean replacing nurses with NAs but it probably means relinquishing some central nursing duties, such as drug administration, to NAs. If we do this, it must not be a set hierarchy with doctors at the top and NAs at the bottom. All four roles should be seen as equal but different. If this is to be the case, an individual working in the NA role must have a straightforward route to become a RN or any of the other roles.

Bill Whitehead is head of healthcare practice, University of Derby.

Eileen Shepherd is deputy practice editor of Nursing Times.

eileen.shepherd@emap.com

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