Project to develop an autonomous practitioner programme

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The early 1990s has seen a rapid expansion in the nature of clinical roles in health care in response to a number of changes. Throughout 1996, The Oxford Radcliffe Hospital National Health Service (NHS) Trust, in partnership with Oxford Brookes University, School of Health Care, and the Royal College of Nursing (UK) have been collaborating to develop an educational programme at degree and masters level, to support new and evolving clinical roles in acute and primary care, across most professional health registration areas and clinical specialities. To ensure the proposed programme was 'fit for purpose'the Trust commissioned a Training Needs Analysis by the University of Birmingham and a Role Analysis by The Royal College of Nursing. Nurses and Midwives with expertise in practice, management, education and research, have collaborated to develop an innovative educational programme which enables a wide range of public and private health care professionals across acute and community settings to develop their autonomous practice. The programme is fully supported by development of policies which are appropriate to service delivery, support professional practice, multi-professional relationships, risk management and patient safety. The issue of contractual and professional responsibilities related to career development have been debated and a proactive strategy agreed. To ensure there is thorough evaluation of the area of practice, research projects to evaluate outcomes for patients as well as practitioners have been designed. This will additionally promote a culture of evidence-based practice.

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Background

The Oxford Radcliffe Hospital Trust have been monitoring the rapid expansion in the nature of clinical roles in the past few years. These role expansions have emerged in response to a number of changes in service delivery, as nurses and others responded to changing patient needs, as a result of scientific and technical advances, and statutory changes such as the National Health Service (NHS) Reforms, the Changing Childbirth initiative, and the move towards a primary care-led NHS, patient-focused care and evidence-based practice (NHSME 1993; NHSE 1994).

The Calman report (Calman 1993) on Medical Education, the New Deal for Junior Doctors (NHSME 1991; Trent RHA 1995) demographic changes such as above 50% recruitment of women into the medical schools leading eventually to more part time work, and a trend towards early retirement for doctors, especially GPs, has produced significant changes to the medical workforce, and means a serious reduction in medical staffing.

These changes combined with the increase of graduate

status across the range of Health Care Professionals has produced the opportunity for Nurses, Midwives, Occupational and Physiotherapists, Pharmacists, Radiographers, Dieticians and others to respond to the challenge of developing their roles.

Opportunities for role development

All these factors combine to present opportunities for non- medical health care professionals to undertake a range of activities and fulfil functions which were previously provided by medical practitioners, but practising within their own professional framework, to enhance patient care, whilst ensuring patient safety through education to increase their confidence and competence, and be accountable as practitioners in new areas of work.

The balance of authority and the boundaries between health professions is being redefined and evaluated, the outcome of the intervention and the quality of care for the patient, rather than the status of the person who intervenes and provides the care being central (Hopkins *et al*. 1996).

The statutory bodies in all professions are currently debating these issues, and national guidelines may emerge. There is already a consensus within the nursing profession about the core competencies which are needed for nurses to develop as Autonomous Practitioners (Faugier 1996; Hennessey & Hicks 1996; RCN 1996; Waller 1996).

Much of the debate so far has been about the relative roles of nurses and doctors, since these are numerically the two largest professional groups, but the future health care workforce needs to harness the varied expertise of many other professions, and to reduce tribal boundaries which at present results in repetitive patient/client assessments and fragmented care, in order to provide integrated patient focused shared care. (Pritchard & Hughes 1995; Schofield *et al*. 1996).

The legal and accountability issues need to be clarified, and patients need to be informed of the the role of the professional person, and the relevant education and training, which has been undertaken to ensure their fitness to practice (Dowling, Maitin & Skidmore 1996).

It is clear the Specialist Practitioner Role must be designed to provide needs based, patient focused care. It must not be a task based role but rather built on the professional framework within which the individual practises. The role could have a distinct speciality focus, but should be concerned with the holistic care and treatment required by the client/patient.

Programme development

Hennessey and Hicks (1996) and Stilwell and Scott (1996) needs and role analyses were pivotal in deciding the type of educational programme needed. The development process has taken a highly collaborative and consultative approach, and Senior Nurses and Midwives, with expertise in practice, management, education and research, from the Trust, the School and the RCN Institute, and a broad range of clinical specialities have informed the focus of the educational programme.

It is believed the course will have wide appeal to health care professionals and employers in acute and community settings, in health and social care, and in the public and private sectors.

There are many examples of the way Health Care Professionals are extending and adapting their practice to meet client and service need (NHSE 1997), and the course is designed to provide core elements required by all Health Care Professionals. Nurse Practitioner Roles are the most prevalent, but it is hoped the course will eventually attract a truly multi-professional group.

Outcome

Hennessey and Hicks (1996) identified the training needs, and summarized them into the following core areas.

Advanced clinical practice, to include assessment of patients physical, psychological and social status; diagnostic skills, clinical decision-making; referral protocols; clinical risk assessment and management; care mangement and planning; prescribing; clinical accoutability and legal and ethical issues.

Communication skills, to include team building and team working; information systems and techniques; persuasive communication for preventative and health promotion work; basic management skills; interpersonal, consultation and social skills; appraisal and teaching skills.

Research/audit, to include critical evaluation techniques; date analysis; interpretation of patient and clinical data; project design, development and management; IT and database skills.

All practitioners should develop their critical, analytical and reflective skills to enable them to integrate new and existing skills into an approriate diagnostic and decision-making frame which will ensure that clients receive effective and appropriate care. The programme developers were cognisant of the different requirements for these roles, and by using the flexibility of Higher Education modular structure, practitioners may add a wide range of additional provision to meet the specifics of their role.

For example, clinical specialist modules, management and population profiling.

These academic skills integrated with the core professional elements should prepare practitioners for autonomous practice. The programme has been validated by Oxford Brookes University, and the first course commences in September 1997. Students may enter at their current academic level, and study to first degree, postgraduate diploma or masters level.

Policy development

The aim was to develop the Trust Policy for new and extended clinical roles, and guidelines to enable implementation as part of the Trust Risk management strategy.

Policy

Nurses well understand the priciples for safe and accountable practice, but Trust boards and Medical Consultants have concerns about medico-legal issues, and require assurances of competence before delegating responsibility to non-medical practitioners. The policy seeks to bridge this gap. A working group, similiar to the curriculum development group, developed a risk management pack, which was circulated to all clinical areas.

Contents of pack

* The policy, signed by the Medical and Nursing Directors
* A safety net for professional practice, a flow chart developed by a subgroup of, and agreed by, the Trust Nursing and Midwifery Policy Board
* Guidelines for clinical service management teams, when considering new posts. The team must demonstrate that they have addressed the following issues
  * Case of need, resource implications
  * Support for the role
  * Setting up the post
  * Demonstrating the effectiveness of the role
  * Accountability
  * Title, salary scale
* Reading list and references
* Sources of support, e.g. other teams with experience in this arena
* Pharmacy policies for non-medical prescribing of medicines
* A competency framework, and clinical assessment criteria.

Research and development strategy

Aim

To identify and describe the current roles, responsibilities and activities of nurses in new or extended clinical roles within the Oxford Radcliffe Hospital.

Process

To use all existing information to identify and describe new and emerging clinical roles within the Trust. As part of the Risk Management strategy, a questionnaire was circulated to relevant individuals, and this with their job description and the written protocols they have developed, and the data from the Hennessey and Hicks, and Stilwell and Scott surveys, will enable a database to be established. Further interviews with individual staff will provide more information, and enable roles to be mapped. A range of roles have developed, and the following have been suggested.

* Technical skills based roles
* Extended staff nurse roles
* Focus clinical nurse specialist roles
* House nurse roles, similiar to house doctor
* Nurse managed care

The key characteristics of each of these need to be identified, and possible other roles included. An analysis of all the data will enable the Trust to develop standards and policies for roles in practice, to ensure patient safety, professional appropriateness, equity of pay and conditions of service for practitioners, and methods of evaluating effectiveness of the roles for patient outcomes and service provision. Areas for further study need to be identified, research proposals formulated, and funding sought.

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