

THE Nurse Consultant: an Advanced NURSE PRACTITIONER?

By: Carol L. Cox, PhD, RN

Introduction

The following paper was published in the Nursing Times (Cox, 2000) in an abridged version. The full text in an updated version is presented here.

In a recent British Journal of Nursing article, George Castledine's appointment as a Nurse Consultant in the Dudley Hospitals NHS Trust (Castledine, 1999) was announced. In this role Professor Castledine will divide his time equally between clinical practice and his role as Professor of Nursing at the University of Central England. He will have an opportunity to influence practice substantially within the clinical arena. Professor Castledine's appointment is one of many taking place throughout England. However, it must be recognised that not all Nurse Consultant posts call for the credentials Professor Castledine has. The question must be raised, what will these nurses be doing to influence clinical practice and do they have the capability to substantially influence Nursing's healthcare provision? The Health Service Circular (HSC, 1999) has specified that irrespective of the field of practice, the nurse, midwife or health visitor consultant role must be centred around the following interrelated functions: expert practice, professional leadership and consultancy, education and training, practice and service development and research and evaluation. The consultant post must be based in practice for at least 50% of its time and this must involve working directly with patients, clients or communities. Additionally, the consultant will be expected to exercise a high degree of professional

autonomy and make critical clinical decisions where precedence or protocols do not apply or exist. In this role, Castledine (1999) indicates the consultant will have to be very careful and conscious of potential risks associated with the role. Apparently, Scott (1999) supports this view and has argued that nurses in walk-in-clinics must be wary of their expanding role as well. They must be adequately supported and educated before taking on such roles. According to Scott, "Nurses are not diagnosticians but much of the work in walk-in clinics will require diagnostic and prescriptive skills which means that nurses will be working outside the scope of their practice" (Scott, 1999:1190). The UKCC (1999) has made recommendations for higher levels of practice. Certainly, the competencies required of a nurse, midwife or health visitor consultant would have to be developed according to the UKCC recommendations. However, what is apparent in the literature (Castledine, 1999; HSC, 1999; Paniagua, 1999) is that the criteria for appointment will primarily be dependent on the employer's expectations of the consultant post. Diagnostic and prescriptive skills are competencies expected of the advanced nurse practitioner (ANP) in North America. Will employer's be expecting this of nurse consultants in Britain, and if so, what level of education is needed to gain this knowledge and skill? David Payne (1999) in a recent Nursing Times paper described his view of the nurse consultant. Payne indicated the nurse consultant would probably be educated to masters or doctoral level and would assume a lead in the delivery of health care. The HSC (1999), however, has not indicated the level of education required for the consultant role but has stated that the posts will not be dependent on successful completion of a university or other course. Nevertheless, according to Castledine (1999) it is plain from the Making A Difference document (DoH, 1999) that nurse, midwife and health visitor consultants would have higher education qualifications. It

would appear, that unlike other countries, for example the United States of America and Canada where education for consultant type posts, which are ANPs, is clearly set at masters degree level and certified for the purpose of standardising practice (Ball, 1999 a, 1999 b; Paniagua, 1999), that what constitutes advanced practice in Britain is ill-defined. Subsequently Britain is in danger of being out of step with developments internationally as it relates to advanced practice, and health care provided by nurse, midwife and health visitor consultants could be of varying standards.

Changes are occurring rapidly in trusts throughout the United Kingdom as a direct result of the reduction in junior doctors' clinical hours to 56 hours a week (see Scott, 1999) and the restructuring of the Health Service so that healthcare becomes seamless. Seamless care as a concept, has direct implications for case management led by an ANP who could be a nurse consultant. The United Kingdom Central Council for Nursing, Midwifery and Health Visiting has addressed within the Scope of Practice for nurses, midwives and health visitors the expansion of roles. A few consortia who commission educational programmes throughout England have seized the opportunity during this time of change and purchased courses for nurses at masters degree level in order to provide a higher level of service to patients. But what really is an advanced practice role and how do advanced practice courses differ from other programmes of study?

Ball (1999 b, 1997) has indicated a number of labels have been given to advanced practice roles. These are nurse practitioner, clinical nurse specialist, clinical nurse consultant or nurse clinician. Although these roles often denote different responsibilities there appear to be, according to Ball (1999 b), Page and Arena (1994)

and Williams and Valdivieso (1994) large areas of overlap, and what may be deemed to be advanced practice in one area may be normal practice in another. In North America, nurse practitioners and clinical nurse specialists are educated to masters level (NONPF, 1995). Nurses who are not educated to this level may not assume the level of practice and responsibility that these roles demand. However in the Britain clinical nurse specialists appear, in the main, to have gained the title of clinical nurse specialist through years of experience in practice with subsequent appointment to a clinical nurse specialist post. The nurse practitioner is educated to degree level in England, and is making a significant impact on practice in primary care. However this role is not recognised by the United Kingdom Central Council for Nursing, Midwifery and Health Visiting. Nurse practitioners in England work primarily in GP surgeries and do not assume a responsibility for case management.

Several years ago, Castledine (1993) identified activities which may be performed by ANPs which include health screening, physical and psychological assessment, health promotion, health education, patient teaching, medical techniques, drug prescribing, medical and diagnostic testing, certification of inevitable death, counselling and co-ordination of care (case management). Coopers and Lybrand (1996) and the NHSE (1996) made similar observations. These activities are clearly evident in the Department of Health document (DoH 1999) that describes the nurse, midwife and health visitor consultant role. Interestingly, The National Organisation of Nurse Practitioner Faculties has incorporated all of these activities into its Masters Curriculum (NONPF, 1995), which has been based on extensive research (Brykczynski, 1989; Fenton and Brykczynski, 1993; Lewis and Brykczynski, 1994).

The NONPF (1995) has categorised competencies for practice under six domains that are:

Management of Client Health/Illness Status (Which includes health promotion, disease prevention and case management.)

The Nurse-Client Relationship (Which includes the healing role of the nurse.)

The Teaching-Coaching Function

Professional Role

Managing and Negotiating Health Care Delivery Systems

Monitoring and Ensuring the Quality of Health Care Practice

It seems reasonable that the aims and objectives of education programmes for nurse, midwife and health visitor consultants in Britain should be aligned with the recommendations for practice as ANPs from the publications identified in this paper. This could go some way towards standardisation of educational programmes.

The Advanced Nurse Practitioner Programme offered by City University is taught at Masters level and is structured according to the format delineated above. This makes the programme attractive to nurses working or intending to work anywhere in the world as ANPs. The objectives of the programme are designed to meet local, national and international service needs. These are:

To provide the central core knowledge, skills, competencies and values of advanced professional and clinical practice experience:

for addressing the factors that impact health and work with others in the primary, secondary and tertiary care setting which integrate a range of activities that promote, protect and improve the health of the patient/client population served;

for functioning in new health care settings and interdisciplinary teams which are designed to meet the primary, secondary and tertiary health care needs of the public, with an emphasis on high quality, cost effective integrated care;

for managing and continuously using scientific, technological and patient information which leads to the maintenance of professional competence throughout clinical practice life;

for gaining advanced assessment skills used in the provision of care in primary, secondary and tertiary health care settings;

in diagnosing, screening, treatment and case management of care in primary, secondary and tertiary health care settings;

in the prescribing and dispensing of drugs, according to protocol, in primary, secondary and tertiary health care settings;

in the provision of emotional support, counselling, referral and discharge in primary, secondary and tertiary health care settings.

The profile of the typical graduate from City University demonstrates that the ANP possesses advanced assessment skills with a hospital-based acute health/illness perspective and transitional points of health/illness management focus or a community based primary care focus. The ANP is prepared to provide comprehensive health/illness management, consultancy and primary care in a variety of settings. Furthermore, the ANP is able to work with doctors and other health care professionals in expanded collaborative relationships and influence the care provided by all health care professionals. The model of nursing care provided by the ANP is making important contributions to achieving the goal of providing quality, cost effective seamless care.

The examples that follow describe the activities of ANPs following study at City University:

At the Homerton Hospital the ANP in Coloproctology is regarded as a clinical expert, researcher, educator, consultant and case manager. She provides nurse led clinics to support patients following their diagnosis of colorectal cancer, irritable bowel disease, inflammatory bowel disease or other problems. An out of hours clinic is provided by the ANP to allow patients who are well to be seen after normal working hours. All patients having peri-anal surgery are seen pre-operatively by the ANP and following surgery, she manages the patient's care. This includes undertaking all surgical follow-up and preparation of the patient for discharge. The ANP works in collaboration with the Consultant in the Outpatient Department. In the Outpatient Department, she sees new patients, takes a comprehensive history, conducts a full physical examination, including sigmoidoscopy and rectal biopsy and orders investigations as needed in

relation to the patient's diagnosis. Key dispensing initiatives have led to the development of protocols that allow the ANP to prescribe medications in such a way to facilitate full case management of inpatients. This ANP also teaches advanced clinical practice in a joint appointment with City University.

At the Royal Free Hospital, a similar ANP role in Colorectal Care has developed. Many of the activities noted above are incorporated into this role including the provision of a nurse led clinic for patients with rectal bleeding, surgical and multi-disciplinary audit, flexible sigmoidoscopy and case management as well as teaching at advanced clinical practice level in a joint appointment with City University.

At the Royal London Hospital an ANP works in Haemophilia Care undertaking case management of patients presenting with musculoskeletal bleeding, which is the hallmark of severe haemophilia. She provides clinics for patients with haemophilia, and infectious complications such as the human immunodeficiency virus (HIV) and hepatitis C (HCV). The ANP undertakes a comprehensive history and physical assessment of patients, diagnoses and treats joint bleeds and makes referrals when required. A key service is a Home Treatment programme. In this programme, the ANP treats 60 severely affected adults and children, some as young as two years of age, managing central venous catheters, portacaths and other implantable venous access devices in their home.

The roles and responsibilities of the ANP described in this paper reflect activities within the remit of a nurse consultant. These individuals are assuming a lead and case

management role in the delivery of health care within their service. This surely has implications for health care in Britain.

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