

FAST FORWARD NEWSLETTER

www.rcn.org.uk/nursepractitioners

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Further information

Send contributions for the next issue by 23 August 2007 to the Editor:

Ghislaine Young
Email:
ghislaine.young@bradford.nhs.uk

Jenny gives us some background info on page two.

LETTER FROM THE NEW CHAIR: Jenny Aston looks to the future

At the recent RCN Nurse Practitioner Association Committee meeting following elections, I took over from Benny Harston as Chair. I thank Benny for all she has done – so many things have progressed during her term. However there is still much to do.

I would also like to say a big thank you to Dee Howkins who, as well as being on the committee for the past four years, has done a sterling job of compiling and editing this newsletter. We are delighted Ghislaine Young has offered to take over this important job.

We eagerly await the outcome of the Foster report on health professional regulation, following which the Nursing and Midwifery Council will be able to move forward on advanced nurse practitioner (ANP) registration. Though the wait is frustrating, the NMC is putting in the groundwork to ensure the process is as speedy as possible.

Ghislaine, Clare Moran and I will be speaking politically and voting on your behalf at RCN Congress in April. You can watch it via the web if you want to see what happens – just go to www.rcn.org.uk and click on "News & Events". Unfortunately I don't think Patricia Hewitt is coming this year!

Benny and Katrina Maclaine are pursuing the signing of medical certificates. It's proving to be complex and, like the ANP issue, dependent on the outcome of the white paper on welfare and work.

Nurse prescribers have been receiving some negative press lately. We plan to work with Molly Courtney (RCN Prescribing Adviser) on developing a dialogue with the British Medical Association in the hope that we can put an end to the ill informed and negative comments we have been having in the medical press of late.

We now have national guidance on requesting x-rays. *Clinical imaging requests from non-medically qualified professionals* (November 2006) is available via www.rcn.org under "Publications".



You can also order a hard copy from RCN Direct on 0845 772 6100, quoting publication code 003 101.

By now you should have the dates of our 2007 conference in your diary – if not, it's 7–8 September at Daventry. This promises to be another excellent event. We have looked carefully at the feedback from last year and are hoping to find a way for people to select workshops in advance to prevent disappointments. We hope by having it on a Friday and Saturday, more of us will be able to come including more from secondary care.

We now have a really strong voice within the RCN so it is important to keep our numbers growing. Having over 3,000 NPA members puts us in an excellent position with the proposed changes to forums. Do make sure you ask colleagues to put the NPA as their first choice on their RCN membership details (the NPA membership number is 1132).

I hope to see you in Daventry – and by then to have some good news on the ANP and medical certificates front.

Meet our new Chair
JENNY ASTON – in her
own words.

Jenny personified!

I trained at Westminster Hospital in the days of buckles, frilly hats and matrons.

After qualifying, I worked at Westminster and Kings College, ending up as a clinical teacher.

After a career break to have twins, I ventured into the very different world of general practice. I soon realised my need for further training and started my RCN nurse practitioner training.

A move to Suffolk meant I had to change tack and develop my A&E skills, as GP's locally weren't interested in employing an expensive NP! My injury skills combined with my NP training led me to working in a nurse-led minor injuries unit until a few years ago when I returned to general practice in Norfolk.

I maintain my interest in injuries by doing locum shifts in the local A&E as an emergency nurse practitioner and continue to do occasional teaching. I also do a shift once a month in out-of-hours to keep me in touch with what goes on there. I think this makes me a true generalist.

If I had to describe what I enjoy most about my NP role it is being able to carry out the whole process of diagnosing, treating and educating patients so that they are better equipped to look after themselves.

In my spare time I love gardening, walking my dogs and running a thriving Sunday school- oh, and I do sleep as well!

Jenny

WE'VE GOT MAIL: It's great to

A scene in the life of Hayden Marriott

Well, 2007 is well and truly established. The rush of pre- and post-Christmas patients with depression has eased and the upper respiratory tract infection is rife. Some days as you listen to your umpteenth clear chest and mutter the immortal words – “well I think you've got a virus and therefore antibiotics aren't really going to help” – the thought crosses your mind: “Is there anyone left that I haven't said these exact words to yet? Should I put them on tape and save my voice?”

According to my sources at reception, people ask *not* to see me when they want antibiotics – charming, and how come my appointments are all full? So I've been here 18 months and I've got myself another reputation (don't ask about the others). Am I too strict? Or am I the only one who really cares about antibiotic overuse and who informs my patients accordingly that there is no quick fix.

For three whole weeks I had stinking sinusitis. Everybody kept telling me to get a prescription, but no! I am a man with principles. Eventually I had some

antibiotics, but I didn't want them. I may have principles, but I also have a wife who had paid to take me away for the weekend and didn't want her stubborn, swollen-faced, dribbling, husband to ruin it for her. All those patients going “ahhhhh” in my face, it's no wonder I felt rough, and why do they feel the need to aim the peak flow meter at me? It's not a pea shooter, you know!

Still the days are getting longer and the daffs are shooting. Before you know it the hay fever season will be here. At least then I can print off a script straight away and not worry that MRSA is going to take over the world. Ho hum.

Thought for the day: Why is it called the “BNF for *children*”? There are no pictures or pop up pages or flaps. My little girl would rip those fragile pages out in seconds. There isn't even anywhere you can colour in (unless you are doing a prescribing course and have a highlighter pen handy).

Hayden Marriott

See you in September ...

Just a reminder for your diary. Our RCN

LIZ DAVIDSON reports.

SCOTTISH UPDATE: The temperature's

Scotland has so far got through the winter with pretty mild temperatures, but are NPs in Scotland following that trend? “Probably not,” could be the answer.

A recent *Proposed career framework for health* (Scottish Executive, 2006) is proposing nine levels of practice with titles including practitioner, senior practitioner/specialist practitioner, advanced practitioner and consultant practitioner, which would appear to go against the reasoning of the NMC to establish clarity of titles – that is, favouring the title **advanced nurse practitioner**.

The proposed framework would appear

to be considering different levels of advanced practice which may result in confusion around what exactly advanced nursing is, which of course the NMC had hoped to address.

Loretta Dunn, independent NP, has been very active in bringing the absence of walk-in centres in Edinburgh to the attention of the Scottish Executive. She has met with an MSP at the Executive and in April, the Chief Executive of NHS Lothian is to visit a new venture between a community pharmacist and Loretta as NP providing a “mini walk-in centre” in the High Street.

Since the last newsletter, we have once again had a successful Scottish NP

hear from you!

Nurse Practitioner Annual Conference will be in Daventry this year – so right-in-the-middle-of-the-UK(ish) – on 7-8 September. That's a Friday and Saturday (we do listen!) and we hope you will try and come. Now is a good time to start getting funding, begging and so on. It is still not too late to present a paper or offer to do a workshop – see www.rcn.org.uk under "Events".

We try to listen to feedback from the delegates and we hope to offer more workshops at a high standard as well as giving everyone the opportunity to network and discuss professional issues.

Benny Harston

Medical certificates

The NPA is still actively developing the sick note agenda with the Department of Works and Pensions (DWP), the Department of Health (DH) and the RCN. To this end Benny Harston, who has taken over from myself as lead on this issue, has been invited to a RCN workshop to develop a Learning Zone to help all nurses understand the welfare reform agenda and their role within this.

The emphasis from current thinking on welfare reform is that anyone issuing a sick note is not simply prescribing rest from a paid occupation for an episode of illness. The health care professional needs to be actively considering rehabilitation and return to work, right from the initial stages, and selecting appropriate support and treatment options to aid that process.

I've received many emails from NPs, all frustrated at the inability to sign sick notes in terms of time wasted for patient, nurse and doctor, and preventing the NP from completing an episode of care autonomously. This message has been heard loud and clear by the DWP/DH leads on this work.

So watch this space. Although the end in terms of nurses being legally authorised to sign sick notes is not yet in sight, be assured we shall not rest until we have achieved the right outcome for NPs.

Ghislaine Young

Sharing protocols

Would you be willing to share your clinical governance protocols and

policies with the NPA? There are many occasions, as we all know, when we ask each other if anyone has a particular policy on a wide variety of subjects and we thought it would be useful to have a "library" of these on our website. If you can help your fellow NPs with this then let us know by sending your work to committee@nursepractitioner.org.uk. Many thanks!

Benny Harston

And another thing!

As you know we have an increasing membership of our RCN Nurse Practitioner Association. However, we would like it to be an even larger membership. If all 3,000-plus members encouraged even one friend or colleague to join, just think how much more powerful and influential we could be! So we are asking you to be proactive and sit down with a friend or colleague at the computer -go to www.rcn.org.uk/members, look under "Your speciality" on and get them to sign up. It's that easy and it will make a huge difference to our lobbying power.

Benny Harston

rising north of the border

Conference, this time in Dunfermline. Feedback from the day was very positive, and we had the pleasure of welcoming Benny Harston, then Chair of the NPA, to Scotland.

Benny arrived on the Friday night following an epic train journey, but after being suitably revived by Scottish hospitality she had no problems addressing the delegates the next day.

Many thanks to the small but very committed conference organising group who yet again pulled it off. And thanks to those who have intimated that they would like to help us this year – we will be in touch to meet up soon.

DATES FOR YOUR 2007 DIARY

RGU Conference on Advanced Nursing

Thursday, 23 August, 2007
Robert Gordon University,
Aberdeen

Scottish NP Conference

TBC: end of October beginning of November

Contact me for more information on 01224 733535 or email Liz.Davidson@peterculter.grampian.scot.nhs.uk

Winifred Raphael Memorial Lecture 2007

A Short History of Nursing Ethics

Speaker:

Professor Martin Johnson

Time: 7:00–8:00 pm

Date: 16 October 2007

Venue:

Mumford Theatre
Anglia Ruskin University
Cambridge

Free Admission

Registration: Jenifer Caveney

Tel: 0161 237 2049

Email: jennifer.caveney@rcn.org.uk

UPDATE FROM YOUR RCN ADVISER:

There are two key documents that have and will be shaping the future for advanced nurse practitioners (ANPs) over the months to come.

Modernising nursing careers

You may be aware that the Chief Nursing Officer (England) launched the key strategic document *Modernising nursing careers – setting the direction* (DH, 2006) last year. This has a UK-wide remit and sets out what now needs to be considered to identify a future-proof career framework for nurses which can then (among other things) be used to inform workforce planning and investment in the future.

I recommend that you read the detail of the document at www.dh.gov.uk, but meanwhile the key themes from the ANP perspective are the recognition of the need for nurses who can:

- apply advanced level clinical skills across a range of settings
- be responsive, flexible and work creatively in new ways according to the changing context of health care

‘ In times of financial pressure, the message we need to be delivering at every opportunity is that all of these key points can be provided if you employ a NP. ’

- provide and/or co-ordinate individualised care pathways for patients
- deliver appropriate evidenced-based care at all stages of the health/acute illness/long term condition experience, according to patient need
- lead ever-changing skill mixed multidisciplinary teams
- embrace change and confidently engage in strategic decision making
- demonstrate business and entrepreneurial skills
- deliver quality focused services that provide high productivity and best value for money.

In times of financial pressure, the message we need to be delivering at every opportunity is that **all** of these key points can be provided if you employ a NP.

That’s the message Janice Sigsworth (Deputy CNO England), who is leading on this work, is receiving from us. I have been able to share the results of the NP Survey 2006 (page six) and the referral refusal examples that many of you sent to me as an illustration of how we could be even more effective if barriers were removed.

We have also been emphasising how we will only get nurses who can deliver this agenda by investment in quality education, emphasising that the NMC proposals for ANP regulation would not

DAVE BARTON fills us in.

What’s it all about, AANPE?

The Association of Advanced Nursing Practice Educators (AANPE) is an influential collaboration of UK universities who provide advanced clinical programmes of education for nurses.

AANPE is a forum for:

- collaborative curriculum development and standard setting for nurse practitioner education across the UK
- establishing the role and status of NPs with other professions, professional and statutory bodies, commissioners, employers and government bodies
- collaboration with international NP education providers
- national educational networking and support
- consultation on policy development.

with the RCN NPA and the Nursing and Midwifery Council. In addition, AANPE contributed to the implementation of the national competency standard for advanced nurse practitioner (ANP) practice and its prospective inclusion in the nursing register.

The origins of AANPE lie in the USA’s National Organization of Nurse Practitioner Faculties (NONPF). NONPF was established in 1980 following the introduction of NPs to clinical practice in the States during the mid-1960s. It arose as a result of educators’ development of a forum for NP education across the US. NONPF’s mission was the provision of quality NP leadership and education. That purpose gave foundation to the beginnings of a UK NP educator’s network in the 1990s.

UK specialist and advanced nursing practice education was established in the 1970s and 1980s, as evidenced by the nurse specialists who appeared at that time. However, the pioneering UK NPs did not emerge into practice until the late 1980s and it was not until the early 1990s that higher education collaborations first began.

The most significant of those collaborations arose following the implementation and franchise of the RCN Nurse Practitioner Diploma, when a small group of universities began to meet. As the 1990s progressed, and as programmes of NP education proliferated, the number of universities involved slowly grew.

In October 2000, the developing educational network called a general

Katrina Maclaine

only enhance public protection, but also result in standardisation of education programmes that are available to prepare ANPs in the future.

Non-medical regulation in the future

The white paper *Trust, assurance and safety – the regulation of health professionals in the 21st century*, is now out and this means that the Government has given a clear steer that it will discuss advanced nursing regulation with the NMC and that there should be a mark on the register for this level of practice.

This means ANP regulation is a step nearer. We are communicating regularly with the NMC to keep fully informed of progress. Keep an eye on the NMC website at www.nmc.org.uk and NPA website at www.nursepractitioner.org.uk for updates on progress. I know this wait is extremely frustrating, but we need to be patient and support the NMC in their goal to regulate ANPs in the future.

The other key aspect of the white paper was the lack of support for regulation of “new roles” such as the medical care practitioner (or MCP, now called “physician assistant”). It states “the nature of the

work undertaken in these roles and levels at which it is undertaken are identical to that done by existing regulated professionals” and says there is as yet insufficient evidence to warrant separate regulation of these roles.

This was a key message in the RCN response to the consultation on MCPs. There may continue to be investment in physician assistants in some areas, but again this reinforces why the value of ANPs needs to be pushed locally and also be a key feature of the final MNC framework.

Job descriptions

Finally, I have now put an example job description for a NP working in general practice onto the NPA and RCN websites. This was informed by real job descriptions, but ANPs work very differently according to the existing skill mix/patient needs and you will therefore need to adapt this to your own role. I hope it will also be a useful resource to NPs who work in other health care settings – do let me know.

Email Katrina Maclaine at maclaik@lsbu.ac.uk

“ I know this wait is extremely frustrating, but we need to be patient and support the NMC in their goal to regulate ANPs in the future. ”

meeting of UK universities’ NP education providers. That meeting concluded there was a need for a formal education forum in the UK to facilitate good practice and standard setting for NP education.

Thus the inaugural meeting of UK NONPF took place in November 2001, a decade after the first RCN Nurse Practitioner Diploma course had began. UK NONPF membership gradually increased and by late 2003, a formal network link with the RCN NPA was made.

In 2005 UK NONPF was renamed as the Association of Advanced Nursing Practice Educators (AANPE) and professional interest in AANPE was now increasing nationally at a dramatic rate.

By early 2007 AANPE had forged a

collaboration of universities that was unprecedented in scale and nature in the UK, with membership of 40 UK universities, and listing 120 academics and other senior health professionals. AANPE also now had co-opted advisers from both the RCN and NMC to assist in its consultation work.

Today AANPE responds regularly to government, regional and professional consultations. The NMC and RCN acknowledge the influence of AANPE and seek its advice on matters of ANP education and regulation. From its beginning in the early 1990s, AANPE has evolved to become an influential and powerful voice in the world of advanced clinical nursing.

More at www.aanpe.org

Cervical Screening

RCN guidance for good practice

This booklet is aimed at qualified nurses and midwives and describes good practice for taking cervical samples. It sets cervical screening in context, considering issues such as professional accountability, consent and confidentiality. It then goes through a consultation in detail, including details such as preparing for the test, equipment required, environment and the examination itself. It also includes detailed recommendations for further reading and useful websites.

It was launched on 2 December at the RCN Colposcopy Conference in Cardiff and is now available to download at www.rcn.org.uk/publications

Printed copies will be available from RCN Direct from that date.

WHO ARE WE?

A summary of the 2006 NPA Membership Survey

The Nurse Practitioner Association survey of all 3,196 of its members produced 1,201 responses – 38 per cent of the total membership.

NPs are typically women in their mid-40s who have been working as a NP for five years and who feel the NP role has provided them with an opportunity to advance their nursing career while maintaining a clinical focus.

The survey found that 66 per cent of us work in primary care, 25 per cent work in hospitals and five per cent each work in NHS walk-in-centres or minor injury units.

NPs working outside of GP practices were more likely to report that they have advanced their roles

NPs are well qualified – 72 per cent hold a degree and a further 10 per cent are currently studying for one, often at masters level. Access to continuing development opportunities was not seen as a problem.

Patients come from numerous sources – 82 per cent of NPs take direct self-referrals, 77 per cent referrals from GPs, 74 per cent from other nurses and 63 per cent from other health service staff.

Some 60 per cent of patients seen by the NP do not have a medical diagnosis, while 90 per cent of NPs say taking a comprehensive history, making autonomous decisions and assessing the health needs of patients is very important in their job. These aspects, along with physical exams and diagnosis including differentials are viewed as the core components of the NP role.

The length of time NPs spend in consultations with patients is typically 15 minutes, although NPs working in general practices usually have shorter consultations than those in hospital.

The vast majority of NPs surveyed are positive about their jobs:

- they feel part of a team where they work (92 per cent)
- the quality of care is good (95 per cent)
- their work is valued (85 per cent)
- they find it satisfying (81 per cent).

On top of this over 90 per cent consider that their professional judgement is respected by nursing and medical colleagues.

Any problems?

A sense of isolation was apparent, with half of all NPs describing their posts as unique within their organisation.

Pay variations were evident among the NPs taking part in the survey. Where a clinical grade was quoted, 22 per cent said they were I grade, 49 per cent were H grade and 24 per cent were G grade. Of those who gave an *Agenda for Change* band, 21 per cent reported Band 8, 56 per cent Band 7 and 18 per cent Band 6. There was concern about inconsistency in the application of *AfC*.

Almost all (98 per cent) of the NPs in our survey make referrals to other health professionals and this is seen as an important aspect of the role by most. However, many have experienced some problems in terms of the response to their referrals, especially x-ray requests (44 per cent refused) and referrals to other clinicians (44 per cent refused).

Many regard the underlying problem as being lack of awareness and understanding of the scope of the NP role. Hence 25 per cent report that their role is not being used to its full potential.

Regulation by the NMC is seen as a means of improving understanding of the term “nurse practitioner”. While others may be uncertain about the role, the views of NPs themselves are clear. Almost all (98 per cent) report that nursing skills are important to their job and very few (just eight per cent) consider that their role is that of a “mini-doctor”.

Looking ahead

Despite this there are nonetheless concerns about the future as a result mainly of funding pressures. Indeed, one in five (21 per cent) of NPs working in hospitals/other settings report that NP jobs in their workplaces are under threat and they are worried they may be made redundant. At the same time, 47 per cent report they are increasingly having to absorb other people's workloads.

There is also evidence that the growth in NP posts has been curtailed. While the majority (61 per cent) report that the funding for their own post is secure, one in four is uncertain – and nine per cent disagreed and four per cent strongly disagreed with this statement.

Taking an overview of the responses, Benny Harston, former Chair of the RCN NPA, concluded: “This survey has highlighted the significant contribution that NPs are making to patient care within the UK ... However barriers to their practice exist ... Promotion of the NP role is regarded as a priority and will be the focus of the NPA's activities over the coming year.”

OPPORTUNITIES FOR PROFESSIONAL DEVELOPMENT

MIKE WALSH REPORTS.

Nurse practitioner courses that go the distance

Are you struggling to find a local university that can offer you the education you need to achieve a nurse practitioner qualification that meets the Nursing and Midwifery Council

proposed standard? Distance learning may be the solution.

St Martins College can offer you a choice of either an RCN accredited BSc (Hons) Nurse Practitioner degree or, if you prefer,

an RCN accredited NP Masters degree – both by distance learning.

All you need is a DVD player and a reliable Internet connection. We have been running this programme since

2002 so we have gained substantial experience of student needs in the distance learning environment.

Contact Mike Walsh
(mh.walsh@ucsm.ac.uk)
for details.

RCN NPA BURSARY SCHEME 2007/2008

The RCN Nurse Practitioner Association has launched this scheme to encourage NPs to engage in continuing professional development activities and raise the profile of NPs within the UK. The bursary is for a total value of £500. The time period during which this activity should occur is between 1 August 2007 and 1 August 2008.

Appropriate activities would be:

- attending a conference to give a presentation
- undertaking a project/research
- travelling to network/collaborate with NPs within the UK or abroad.

Applications will be considered from undergraduate or postgraduate prepared NPs working in any health care setting.

Any strings? At the annual RCN NPA conference in the summer of 2008, the winner will be expected to present a summary of their activities and the benefits gained. However, free registration for the conference that year will be an additional benefit.

All submissions must include the following :

Personal details

- surname (title)
- first name
- date of birth
- NMC pin number and expiry date
- current address, telephone number and email address
- present employment
- educational preparation for NP role
- an up-to-date CV.

Details of proposed activity

- rationale for application (including anticipated benefits to patients/clients and to the profile for NPs)
- proposals to disseminate the knowledge and experience acquired.

Only letters of application containing information on **all** of the criteria listed here will be considered by the judging panel. The money will be paid to the applicant on receipt of invoices or payment slips.

Send your letter to Karen.piddington@rcn.org.uk . **Closing date for applications 1 June 2007** and applications will be considered by the NPA Committee that month. The successful applicant will be notified by email on or before 12 July 2007.

Advanced Summer School

Friday/Saturday, 15–16 June 2007
Conference Suite, London South Bank University

A wide choice of advanced clinical workshops will enable you to choose topics most relevant to your own personal requirements. Use this course to demonstrate your continuing professional development.

All workshops will be led by experts. A strong practical focus will ensure immediate clinical application in the workplace.

Topics include:

- advanced cardiac assessment
- minor surgery: basic and advanced
- the eight-minute paediatric assessment
- dermatology
- simplifying the shoulder
- hot topics in prescribing
- ophthalmology
- challenging presentations in gastroenterology
- case studies in neurology.

Keynote address: *Current issues in advanced nursing practice*

COST

Special price to Fast Forward readers if booked before 1 May 2007

Two-day workshop: £200 plus VAT (£235 total)
This includes refreshments, lunch and course folder

One-day: £120 plus VAT (£141)

After 1 May

Two-day workshop: £250 plus VAT (£293.75)
One-day: £140 plus VAT (£164.50)

Details from www.practitionersassoc.co.uk
or ring 01689 850882/07890 728018



SWAN SONG: A few parting words about ‘jumped up-uppity nurses’ and wise old ghillies ...

Well folks, it's all change at the NPA. I have decided to come off the committee and my excellent colleague Ghislaine Young, the “jumped up-uppity nurse” who dared to put nurse practitioners’ views into a medical magazine and coped with all the flak afterwards, is taking over as Editor. Expect some fireworks.

Benny Harston is also stepping down as Chair, after giving massive amounts of her time to the job and being a great spokesperson for us all. If I could give her an Oscar it would be for her diplomatic skills which stem from a caring concern about people's feelings.

Subsequently she has firmly and persistently badgered politicians, nurse leaders and others into forwarding the nurse practitioner movement yet, instead of leaving them feeling antagonised, they've felt valued “to be able to help”! Instead of telling politicians how wrong they were, she invited them to spend time with her in practice so they would “understand better” the role of the nurse practitioner.

She has also led the committee in a very inclusive and cohesive manner. Thank you, Benny, for all your hard work and achievements.

It's struck me lately how quickly your life can change. On a recent walk with Ted, my Jack Russell, I slipped downhill and damaged my back. In an instant, I was in for agony and a few difficult days. I'd never tried to train a Jack Russell to put my pants on before, but when you live alone, needs must! A video of me getting in and out of bed would have won comedy awards, and there was a lot of oohing and owwing!

On the other hand, the wait for change can seem never ending

Here we are waiting and waiting to hear about advanced practitioner registration and I feel it will not change things very quickly

‘There is a lot of unrest around nurse practitioner roles being cut – roles that people specifically trained for. 9

even after a positive decision. There is a lot of unrest around nurse practitioner roles being cut – roles that people specifically trained for. Take first contact nurses, for instance, training for a specific role and then the roles and/or training being ended.

And how about no two nurse practitioners getting the same pay deal under *Agenda for Change*? A pay structure should not be subjective but defined, otherwise it is clearly flawed. I cannot see nurse practitioner registration changing things locally although it will be a great achievement in the long term for current NPs and for the future of those NPs who are training now.

But speaking of waiting, how about being “awarded” a less than cost of living rise and, wait for it – literally – *in two stages*!

When I took up salmon fishing the wise ghillie said, “women are good at fishing, as in life generally, because they are very patient and have low expectations.” I think we can double that for nursing. What other profession would put up with it? Certainly none where the majority of the workforce were men. Do contact your MP via the RCN link.

We also need you to support your committee so make your feelings known and share your case histories and innovative ideas. You can do it through the newsletter or on our website at www.nursepractitioner.org.uk. We have representation on the committee from

all areas of the country and all parts of the health service.

Finally, I would like to say thank you to the unsung heroes of the newsletter, Antonio Pineda and the team at the RCN and sub-editors Sharon Withey and Robyn Pridey who have been so helpful to me.

Of course you haven't heard the last of Ted and me ... watch out for our letters to the new Editor!

Have you got time for one more course?

Sexual Health is THAT important!

Nurse Practitioners in all areas of care are exemplary in the development of their learning, skills and competencies. Sometimes they face an urgency for undertaking courses specific to their own speciality – especially in these days of shortages in funding. However, David Evans, the *RCN Sexual Health Skills distance learning course* manager says, that not to see the relevance of sexual health in a client's life is tantamount to not addressing the client holistically! Just think: the teenage girl on ‘contraception’ for her acne now starting a sex life; the man with diabetes or heart disease with erectile dysfunction; the back-packer seeking holiday ‘jabs’ but not condoms, or the person depressed over infertility and relationship problems. Sexual health is THAT important to you! This discounted course will only run for one more time, in its current format, beginning in April; it will then be represented and run by the University of Greenwich

Applications are being accepted now, and can be obtained from www.rcn.org.uk/sexualhealthlearning or telephone 020 8331 8692



This newsletter is published by the Royal College of Nursing, 20 Cavendish Square, London W1G 0RN.

Tel: 0845 772 6100 www.rcn.org.uk

For details of forthcoming **RCN EVENTS** go to www.rcn.org.uk/events