

FAST FORWARD NEWSLETTER

www.rcn.org.uk/npa

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Further information

Send contributions for the next issue to the Editor:

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Letter from the Chair: JENNY ASTON

I hoped to have good news on the regulation front following the Department of Health meeting in November, but three months on we've still had no report from the Extending Regulation Working Group and no position statement on advanced practice from the RCN.*

It appears that the decision on regulation of advanced practice has been given to the Council for Healthcare Regulatory Excellence. They will report to the Privy Council who will then decide on the next steps in the spring. Health Minister Ben Bradshaw confirmed in a letter that this is the current state of play.

Although those of us who understand the depth and breadth of advanced nursing roles agree that a nationally enforceable standard (regulation) is mandatory to protect the public from unqualified practitioners, it is not, sadly, a universal view. Katrina Maclaine and I are attending any meetings that present an opportunity to engage and so influence the understanding of the

complexity of the ANP role. It seems clear to me that we cannot rely on employers to self-regulate, especially where we have increasing numbers of independent health care providers.

But what *is* competence?

In recent discussions we expressed concern that the Nursing and Midwifery Council may not be able to provide protection where advanced nurses are “unconsciously incompetent”. Though the NMC Code of Conduct is firm that nurses should only work within their competence, this is not always clear-cut or easy to judge without statutory regulation and agreed standards. One angle we might pursue is the right of patients to know what level of training an ANP has to be able to treat them safely. We fight on!

There is still a lot we can all do to drive things forward. The more demand for nurses working in advanced roles, the more opportunity we have

LETTER FROM THE CHAIR CONTINUED ON PAGE TWO

Browsing online for material for a workshop, JACQUELINE THOMPSON came across a website which would end up taking her halfway around the world: Change Champions (www.changechampions.com.au) runs conferences and seminars aimed at managers and health care staff at the forefront of clinical practice – never mind they're in Australia, she decided to have a bash!

CHANGE CHAMPIONS: Advanced nursing practice packs a punch ‘down under’!

I work as an advanced nurse practitioner in Acute Medicine at Manchester Royal Infirmary. Since January 2007, I've worked with two medical consultant teams, heavily involved in managing 14 acute medical patients. This includes their daily assessment and review, construction of a daily management plan and independent prescribing.

The individual assessment and management plan encompasses diagnosis, selecting diagnostic investigations and determining the care pathway, referring to another specialty where appropriate. The process requires active communication during hospitalisation

between myself and the patient's community case manager, GP and carers or relatives. There's always a sharp focus on the discharge destination and predicted discharge dates are offered to patients, carers, the nursing team and ward pharmacist as soon as medically possible.

I also have a developmental and educational role with both junior doctors and nursing staff.

For all those reasons, Change Champions' call for abstracts for a forthcoming conference resonated with me. I felt that some outcome

CHANGE CHAMPIONS CONTINUED ON PAGE TWO

Letter from the Editor: GHISLAINE YOUNG

First, welcome to a new NPA Committee member: Wendy Fairhurst, a wonderful trailblazer for ANPs! Wendy was one of the first in the UK to qualify as a nurse practitioner and has combined her clinical work in general practice with a distinguished academic career. We'll introduce her more thoroughly next time, and meanwhile we're already profiting from the experience and expertise she brings to the forum team.

Benny Harston, previous NPA Chair, is standing down from the committee after eight years of dedication and unflinching

enthusiasm. Benny, we will miss you, but we're happy that you will continue to help organise our national ANP conferences.

This issue is packed full of news from home and abroad, and there's much to be positive about despite the present economic climate and the fact that regulation remains a goal to be fought for with asperity and determination from us all! The battle is far from won and we need to think of new ways to make DH nursing policy advisers understand our role and why regulation is mandatory.

On a brighter note it appears our medical colleagues share our concerns and deplore the lack of regulation. There's been much in the *BMJ* recently about advanced nursing practice – with a more balanced and positive perspective than ever before.

What patients can teach us

I'd like to say how moved and privileged NPUK readers have been to share Cherry Cullen's "Tale of Woe" about the final illness and sad death of her mother, Joy – by all accounts a fine and indomitable spirit! Cherry, as ever, writes with total candour and her descriptions of the nursing care she and her mother received provided us with an insight into the state of modern nursing

LETTER FROM THE CHAIR CONTINUED FROM PAGE ONE

to be there, demonstrating excellence and safe, effective practice. We need more ANPs getting involved locally with education and commissioning, and making their voices heard. For example I recently met with the Royal College of GPs who are keen to involve nurses in discussions about education in general practice.

One thing we really lack is good quality research to demonstrate the improved outcomes on patient care delivered by ANPs. If you are considering studying for a PhD our committee has several suggestions which might help you demonstrate your worth in a measurable way. Dr Molly Courtney is inviting people to take part in research, which may help demonstrate effective nurse prescribing practice (see page six). I hope this newsletter will inspire you to promote your role and fight for everything you believe in.

**At the time of going to print, the RCN is still waiting to receive the report from the DH Extending Regulation Working Group and for the RCN position statement on advanced nursing practice to be placed on the RCN website.*

Important news on the Forum Transition project

RCN forums are groups of RCN members working in a similar nursing specialty or with like interests.

RCN forums:

- provide networking opportunities
- help members enhance their practice knowledge and skills
- provide an expert resource
- support RCN Council
- shape, drive and develop nursing practice
- identify and support nurse leaders in their field
- influence current and future health and social policy in the UK and beyond.

In 2008 RCN Council decided that RCN forums should be streamlined to create 41 stronger, more fit for purpose forums. They will have a revised governance structure and will be supported with new on-line systems to help them meet the challenges of the 21st Century.

The RCN Nurse Practitioners Association

remains the same during the transition, but there will be changes to how your forum works and how it communicates with you, the members. You can find more detail on the forums website www.rcn.org.uk/forums

Thousands of RCN members throughout the UK already work together in forums to develop and improve nursing care in a range of settings and they remain an essential part of RCN membership. By joining an RCN forum you will be kept up to date by email with the latest developments in your key field of interest. There are also online communities in different specialisms and interests, see www.rcn.org.uk/communities for further information.

Don't forget to update your details at www.rcn.org.uk/myrcn and give us your email address to ensure you continue to receive information and updates from your new Forum.

CHANGE CHAMPIONS CONTINUED FROM PAGE ONE

measures I'd demonstrated in my role were aligned with the aims of *The healthy hospital – improving safety, quality and throughput* (13–14 November 2008). They wanted culture change strategies that have impacted positively on quality, safety, patient flows and workforce.

I submitted an abstract and was delighted to be successful – even more so when the organisers offered to sponsor most of my travelling to Adelaide to present. It's laudable that they extend this financial support to international speakers.

My oral presentation – *Fostering a culture of excellence: advanced nurse practice in acute medicine* – is at www.changechampions.com.au along with other PowerPoint presentations from the two-day conference.

Another discovery!

During seminar intervals, video clips of interviews from health care professionals from "Passion for Health" were displayed on the central screen. Their ethos is to "capture inspiring insights from those who've found a way to maintain their passion for health". I urge you to have a

look at this website (www.passionforhealth.com.au) to reconnect you with your nursing roots! They welcome additional interviews for their collection – email pjn@passionforhealth.com.au if you're interested.

My conference highlights included David Parkin's address *What makes teams work*, in which the former Australian Football League coach gave his views on how elements of coaching winning teams in sport can be translated into health care teams. Organisational psychologist Kathryn McEwen's *Teams in trouble: restoring capability* featured fascinating case studies of transforming teams in health care settings. And Linda Bardo Nicholls, a corporate

which has been much debated on the website. We offer Cherry and her family our warmest condolences and will drink a toast to the memory of Joy.

On page eight I've started what I hope will become a regular column in *Fast Forward*: "Lessons from my patient". If you have any patient scenarios to share with us next time, do email me at:
ghislaine.young@bradford.nhs.uk

Conferences are a hot topic in this issue, both at home and abroad, with Australia on page one and more reports starting on page four. I hope this tempts you to attend the next NPA annual conference on 20–21 November at Buxton in Derbyshire. The theme will be ANPs in acute care, managing risk and responding to patient need whatever the setting, whether A&E, hospital, walk-in or out-of-hours, general practice or the community. As government and public expectations on the quality of care increase, this conference is an opportunity for you to come and update your practice through our range of workshops. Not to be missed!

You might be interested in the International Council of Nurses **NP/APN Network's** definition of advanced practice: "... a registered nurse who has acquired the expert knowledge base, complex decision making skills and clinical competencies for expanded practice, the characteristics of which are shaped by the context or country in which the APN is credentialed to practise. A master's degree is recommended for APN practice."

Note that we should be "credentialed to practise"! Maybe we can use the ICN definition to help us in the UK move closer to our goal of statutory regulation of our role? I invite you to take up Dr Ferguson's challenge (see page four) that each and every one of us should become powerful change agents.

adviser, challenged me to consider how we respond to change in large, public institutions like the NHS in her stirring address, *Building a culture of high performance and achievement in health care*.

I had wonderful feedback on my presentation and since returning home I've had a number of emails from delegates wishing to find out more about innovative changes in the NHS and how we've achieved them.

No wonder I heartily recommend exploring the resources on the Change Champions and Passion for Health websites!

Contact: jacqueline.thompson@cmc.nhs.uk

Letter from the RCN Adviser: LYNN YOUNG

Transforming Community Services is the name given to the latest round of health reforms in England. Similar reforms are also on the agenda for Scotland, Wales and Northern Ireland.

The aim is to develop a larger number of more effective community services and plan them in accordance with people being more knowledgeable about maintaining both their own health and that of their families, with the desired end being far less need for hospital care.

The call is for public health departments to work in partnership with local government to develop joint initiatives with local people, encouraging more involvement at all levels. More health enhancing activities are on the cards: a better and longer life is the great aspiration. Historically, the NHS has done a wonderful job in fixing us when we become ill, but has simply not been good enough at making sure we enjoy a healthy lifestyle.

Promoting excellent health has, for the main part, been the business of nurses working in the community, but this must change. Hospital-based nurses will also be expected to work with their patients on health-enhancing opportunities before they are discharged. This is quite a challenge when we consider both the pressure that hospital nurses work under on a daily basis and the fact that patients are generally only in hospital for a short time.

Changing lifestyle is tough

But so is the experience of people living in the most deprived socio-economic conditions. They lead the unhealthiest lives and they die far too young. Premature death is generally preceded by years of ill health and poor quality of life.

People deserve better and with nursing expertise and psychological support focused on the least healthy people in our communities, we could start to see

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In England, apart from Transforming Community Services there are a number of other national health initiatives scheduled for implementation from April onwards. The cardiovascular assessment programme entitles everyone between 40 and 74 to have an annual health check, while the usual tests will be available to all. Blood sugar, cholesterol, weight and blood pressure will be assessed, generally within general practice, but not necessarily so in all areas.

PCT commissioners are charged with commissioning services for their local people, meaning that other service providers, apart from general practice, may enter the tendering process.

We will also soon be seeing the Improving Access to Psychological Therapies Programme (IAPT) in place, which we hope will benefit people suffering from anxiety and depression, as well as those trying hard to manage their long term conditions better.

So, as the number of over-65s is close to outstripping our youngsters by three times, we must all start to breathe, sleep, think and act in line with enjoying the very best of personal health.

See: www.rcn.org.uk/support/transforming_community_services

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MORE CONFERENCE REPORTS STARTING ON PAGE FOUR.

CONFERENCE ROUNDUP



Flying the flag for nurse practitioners, the RCN and Britain!

NPA Chair Jenny Aston trooping the colours in Toronto

GHISLAINE YOUNG reports from Toronto.

Maximising health and global development of the APN role

SEPTEMBER 2008

NPA Committee members joined 600 delegates from 30 other countries at the fifth International Council of Nurse Practitioner/Advanced Practice Nursing Network Conference, sharing a strong current of emotion at the opening ceremony as we recognised that the family of nursing represents a global power for good, united by shared aspirations and ethos.

The Director of the Canadian Nursing Association set the scene by emphasising the role of nursing as the foundation of health promotion and the delivery of equitable health care in a dynamic, ever-changing society.

Right at the outset the key elements of advanced nursing practice were boldly stated: **regulation, robust education and evidence-based practice.**

Rosemary Goodyear, representing the ICN,

expanded on this theme, emphasising the need first and foremost for a permissive regulation that protects the public, ensures a high quality service underpinned by sound academic investment and, finally, offers fair rewards and incentives for nurses to deliver these services with a career structure that encourages and supports such developments.

This was music to our ears yet throughout the conference we faced NPs from all over the world who regard the UK as a bastion of light in recognising advanced nursing practice. They were astonished to hear that we still lacked the number one key element, namely a robust regulatory process!

Agents for change!

Leadership was the theme for the inspirational and feisty Dr Stephanie Ferguson, ICN Consultant in Nursing and Health Policy, who worked at a high level at the White House during the Clinton administration.

BENNY HARSTON reports from Aintree.

Advanced nurse practitioners and doctors: Combining talents and abilities to create excellence in patient care

14-15 NOVEMBER 2008

This was one of our best NPA conferences ever, with a healthy number of enthusiastic nurse practitioners coming along despite the economic downturn (was it the lure of a quick flutter at Aintree?). They joined in an interesting and pertinent programme of talks and workshops focusing on partnerships and

relationships with our medical colleagues.

I always feel slightly nervous about the programme ... did we get it right, will we stimulate discussion, will we satisfy the learning needs of a diverse range of nurses? A resounding yes! Everywhere in the conference halls groups of people were talking, laughing and smiling – a real buzz!



NPA Committee enjoying time-out at Aintree (from left) Clare Morran, Liz Davidson, Jenny Aston, Ghislaine Young, Katrina Maclaine, Linda Penney (almost hidden!), Benny Harston and Noeleen Fearon

Nurses, she said, need training to take their place as shapers of health care by developing transformational and visionary leadership skills. We must spearhead change and take an active part in a collaborative model of working, emphasising the need for flexible negotiation skills.

She challenged nurses to become involved in high level policymaking, using whatever tools are at our disposal, be it research, communication, fundraising or the media. Make nursing visible and valued, she said, calling on us to “**lead, collaborate, innovate and network**”.

Our NPA colleague Liz Davidson (Scottish representative) and I gave presentations at breakout sessions. Benny Harston presented a stimulating poster on her specialist interest in the care of rheumatology patients in general practice (ably supported by her husband and mine, nifty with scissors and tape, who were delegated the onerous task of setting it up).

All in all there was so much to see, hear and do. The networking was invaluable as was coming away feeling totally energised and motivated, and proud to be ANPs delivering and shaping health care in our own country.

Keynote speakers included our very own Ghislaine Young, who spoke personally and eloquently of her professional journey on the ANP road, exploring the nature of nursing and medicine, and their relationship to each other – a truly inspiring session and deserving of her standing ovation.

Dr Michelle Drage looked at medicine and nursing’s common goals, discussing the different ways we approach problem-solving and management of our patients, and how to identify opportunities to improve patient care.

Not just work ...

The evening celebrations were great fun with a live band, a full dance-floor and a high noise level! Julian Barrett kindly organised a quiz which only served to highlighted my ignorance – thanks to Dr Ketan Dhatariya and some bright nursing colleagues for their help with the trickier answers!

If you’ve not managed to get to conference yet, do try for next year – it can be lonely out there in NP-land and there’s much to gain from meeting others and sharing experiences, highs and lows. The camaraderie, mutual respect and friendships will, as always, keep me going until next time.

Here’s a profile of an important forum for NP educators, including reflections on their recent conference from KATRINA MACLAINE, AANPE Deputy Chair and Principal Lecturer in Advanced Nursing at London South Bank University.

Advanced Nursing Practice Educators united!

The Association of Advanced Nursing Practice Educators, established in 2002, initially grew from RCN-accredited NP programme provider meetings, where we recognised the need to link up with other universities that were developing NP programmes. The aim was to promote high quality NP education across the UK and support each other in achieving that goal. Today there are 47 universities and over 170 educators in the membership from across the four UK countries, led by a committee chaired by Dr Dave Barton from University of Wales, Swansea.

AANPE is a forum for collaborative curriculum development and sharing of information pertinent to advanced practice education, both nationally and internationally. We lobby for establishing advanced nursing roles and setting educational standards, and act as an expert advisory group for consultation, professional advice and policy development.

AANPE therefore has responded to key consultations, such as one on extending professional regulation to non-medical regulation (UK) and those proposing post-registration career frameworks (Wales and England). We have also written to the chief nursing officers to highlight the impact of ongoing uncertainty regarding advanced practice, and participated in discussions at the ICN Advanced Nursing conference.

Details of AANPE activities are at: www.aanpe.org but check that your local programmes are included on the membership list and if not, encourage them to join!

A key outcome for 2008 was endorsement of the principles outlined in the Advanced Practice Toolkit produced by NHS Scotland as part of their Modernising Nursing Careers objectives. This has subsequently been formally endorsed by all four CNOs and we hope it will provide the much needed framework from which to explain what advanced nursing practice is, once and for all! It’s at:

www.advancedpractice.scot.nhs.uk

AANPE conference on regulation

AANPE has held two conferences to date, the most recent at the end of February at the University of Leeds. Over 80 delegates heard updates from key national leads on current discussions regarding the regulation of advanced practice and ways in which the four countries are taking forward their plans for post-registration nursing careers.

What was readily apparent to all was the increasing complexity surrounding everything to do with advanced nursing and how the UK is a different place to what it was when the NMC consulted on the regulation of nurse practitioners in 2004/2005. It’s hard to capture this here, but these key issues may help explain:

- Regulation remains a UK-wide activity, however devolution has occurred – not just to Scotland, Northern Ireland and Wales, but also to England’s 12 strategic health authorities. Health policy is now being determined according to the needs of the country/SHA so the number of advanced nurses required for the future and the focus of their practice will be decided at that level and not centrally for the UK as a whole.
- As a result of Shipman, all regulation of health professionals has been reviewed and changes are being implemented. Revalidation is being strengthened and the case for regulation of professions that are not currently regulated (psychologists, support workers) is being examined based on the potential risk to the public. Different models of regulation being considered include strengthening the employer’s responsibility and governance arrangements, voluntary registers and licensing/accreditation through professional bodies. There seems to be a real reluctance to use legislation in law unless absolutely necessary as this can inhibit future flexibility and evolution of roles, and also be costly to individuals and organisations.
- Advanced nursing discussions have

CONTINUED FROM PAGE FIVE

now widened to be called “advanced practice” with the inclusion of allied health professionals. Therefore the Commission of Health care Regulatory Excellence (which oversees the NMC and regulators for other professions) is undertaking a project to consider whether a standard for advanced practice across all non-medical professions can be identified. Alongside this, they are analysing whether practitioners in advanced roles pose sufficient risk to the public to justify additional regulation of their practice beyond their first level registration and if so, what form this should take. AANPE contributed to this work and highlighted uncertainty regarding application of the rules on “lack of competence” to advanced nursing practice.

Many people left reflecting on the new perspectives that emerged and implications for education of advanced practitioners in the future. AANPE will certainly continue to participate in these discussions at local and national level.

One immediate outcome is that AANPE decided to widen its remit to include educators providing advanced practice programmes for AHPs (many members already provide joint advanced clinical programmes of education for nurses and AHPs). We hope this move will not only enable sharing of good practice, but also help ensure the work that has gone on in relation to advanced nurse practitioners forms a central base for standard setting for advanced practice and education in the future.

Here’s news of a new research project from MOLLY COURTNEY, Professor in Prescribing and Medicines Management at the University of Reading.

Can you help with research into non-medical prescribing for patients with long term conditions?



Most nurse prescribers work in primary care (Courtenay and Carey, 2008a) and as the Government predicted, many benefits of nurse prescribing have been reported –

among them, improvements to patient care, easier access and increased choice in accessing medicines, greater use of health professionals’ skills and more flexible team working (Latter et al, 2005; Stenner and Courtenay, 2008).

However, additional benefits include a more holistic patient assessment, resulting in more appropriate treatment (Luker and McHugh, 2002; Bradley and Nolan, 2007). It

has been suggested that improved medicines concordance, improved patient outcomes and more cost effective care also arise out of this new role for nurses (Stenner and Courtenay, 2008).

The Department of Health (2005a) reckons 80 per cent of care for patients with long term conditions is delivered in general practice with the highest cost for care arising from acute episodes for these patients. That makes support enabling patient independence and control of LTCs a priority (DH, 2008).

Ensuring quality

Many nurse prescribers care for patients with LTCs and associated co-morbidities (Courtenay and Carey, 2008b). Although a number of benefits of nurse-led models of care in chronic conditions have been

SUE CROSS highlights an important line of support in the capital.

Overview: Londonwide LMCs

Londonwide LMCs, the brand name of Londonwide Local Medical Committees Limited, is the professional voice for

London’s 6,000-plus GPs and their practice teams.

The benefits:

- National representation and negotiation: Londonwide LMCs is represented on the General Practitioners Committee (the BMA’s national negotiating body), ensuring the voice of general practice across London is heard and respected.
- A local voice: they support 24 local medical committees (LMCs), each elected and chaired by practising GPs. This provides leadership, advice and support for practices in their constituencies and in dealings with their PCT.
- GP Support Service: They give personal one-to-one advice and support for practices on issues ranging from contracts to PCT disputes.
- Training/seminars/workshops are tailored for GPs, practice managers and nurses on all aspects of managing a practice in today’s changing NHS.
- Briefings, newsletters and hot topic alerts keep you informed, listened to and engaged.
- A framework for ensuring effective,

Advanced Nurse Practitioner Degree programmes



Attracting over 390,000 members from the nursing family, the RCN is recognised for actively promoting the art and science of nursing and the value of quality services.

The RCN accredits events, courses and resources for a diverse range of clients including pharmaceutical companies, universities, healthcare charities and training companies.

The RCN has been the leader in establishing the competencies for advanced nurse practitioner practice and developing standards for programmes of preparation for Advanced Nurse Practitioners.

RCN accreditation is available to Higher Education Institutions providing advanced nurse practitioner education and, under this model; students will be graduates of an RCN Accredited Advanced Nurse Practitioner Programme.

Applying for accreditation

Please contact the RCN Accreditation Unit, The Royal College of Nursing, 20 Cavendish Square, London W1G 0RN, telephone 020 7647 3647 for information or visit the website at www.rcn.org.uk/accreditation to apply on-line.

email: accreditation@rcn.org.uk • www.rcn.org.uk/accreditation

identified, we still need to ensure that the quality of the service, particularly in terms of clinical outcomes, is at least as good as the traditional doctor-based models of care, and to understand the costs involved.

Changes to policy enabling nurses to prescribe independently for patients with LTCs occurred only two years ago (DH, 2005b) and nurses' involvement with these patients is likely to increase. That's why it is important to understand the continuing professional development needs of these nurses and make sure they have appropriate support to develop the necessary competencies.

Researchers at Reading University will commence a three year study in June to identify the value of nurse prescribing in the care of chronic, co-morbid patients and develop a CPD toolkit to provide nurse prescribers with the necessary competencies for this role. The work will adopt an experimental approach and collect both quantitative and qualitative data.

We are keen to hear from any nurse prescriber working patients with LTCs. Contact: m.courtenay@reading.ac.uk

References on request.

efficient, high quality communication positions Londonwide LMCs as the voice of general practice across the capital.

We want to do more for nurses working in general practice. We're promoting the Working in Partnership Programme (WiPP) Toolkit for General Practice Nurses (GPNs), supporting the development of the WiPP Induction Programme to nurses new to general practice and have employed a General Practice Nurse Adviser (myself) to work alongside them in producing continual professional programmes and other educational tools requested by nurses in the London area.

Workshops on leadership skills and a GNP forum have already been held this year with another five scheduled:

- **21 April** – respiratory conditions
- **2 June** – minor illness and injuries
- **30 June** – GPN forum
- **8 September** – “Making a difference”
- **7 November** – GNP forum

All workshops are on Tuesdays and content is subject to change.

More from:
susancross20032003@yahoo.co.uk

LIZ DAVIDSON reports from Scotland.

APNs in Scotland – feel the force!



Advanced practice nurses in Scotland continue to grow in numbers – exactly how many still remains unanswered, but you get the feeling that with the push for out-of-hours

cover, the skill mix in general practice and the increasing number of advanced practitioners in secondary care, we are definitely here and multiplying! A force to be reckoned with?

I recently attended an RCN roadshow looking at the future of community nursing in Scotland. A cross-section of community nurses came along and the RCN wanted to hear how members felt service provision might change. They are collating all the ideas from workshops throughout Scotland and will present their findings to the Scottish Government this spring.

I hope I managed to get across our concerns about regulation and raised awareness of the need to integrate the AP as part of a career pathway. The advanced practice toolkit has helped identify where ANPs fit into service delivery and how nurses can get there – an excellent piece of work that service providers can refer to.

Top tips and red flags

The Scottish Nurse Practitioners study day will be held on 25 April in Dunfermline with plenary sessions in the morning and a variety of clinical workshops in the afternoon. The theme is “Top 10 tips and red flags – from cradle to grave” so that should prove interesting and informative. This is always a fantastic day and I hope you can be there. We

have managed to secure enough sponsorship for it to remain free to delegates so email me at liz_davidson22@btinternet.com for details.

I attended the ICN/ANP Conference in Toronto with fellow committee members (see page four) and had a fabulous time. I presented a short session on advanced practice in Scotland and, as far as I could see on the delegate list, seemed to be the only Scottish representative there – I literally had to carry the flag for Scotland! Do try and attend at least one of these conferences as there are so many amazing nurses out there, working at advanced practice in so many countries.



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Don't miss out!

From October 2009 all RCN forum newsletters are going to be emailed to members rather than posted. The content of your newsletter from the world of the Nurse Practitioners Association will be just as good if not better as we will be able to include additional information and link directly to useful resources.

A significant number of you have already opted into the electronic versions of the forum newsletters and we aim to continue to enhance our communications with you.

To receive your electronic newsletter simply go to www.rcn.org.uk/myrcn and check we have a current email address for you.

Don't forget that you can also check out the latest information and updates by going to your online community at www.rcn.org.uk/npa

BENNY HARSTON reports.

Danish policy planners starting with clean sheet

On 30 January a small delegation from Denmark visited England to do some fact finding as the Danish Department of Health is looking to set up training for the NP role.

As part of the 2007 negotiations between the Danish government, employers and unions in the public sector, a taskforce was set up to develop a strategy to maximise flexibility in service delivery and break professional boundaries between sectors, achieving better use of specialised skills and appropriate planning of health services. Recognition and appreciation of staff was also a key agenda topic. There was a special focus on care of older people and the potential to use this specialism for the new way of thinking.

We had a really interesting chat and after three hours I was hoarse from talking! They are very lucky in many ways, I think, working on a clean sheet and able to plan their service delivery with all the ideas and lessons learned from other countries.

I did emphasise the need for regulation of the title prior to any courses being set up, and to have all the basic tools to do the job properly, such as the authority to sign sick certificates, prescribing and investigative privileges as a basic standard.

Speaking up for forum members at Congress!

RCN Congress '09 is on for 10–14 May at Harrogate with, in light of recent changes to forum numbers, proposals being put forward to make sure forum members are heard loud and clear. If passed, changes take effect from Congress 2010. More at: www.rcn.org.uk/aboutus/gov/structure/congress_voting_review_consultation

GHISLAINE YOUNG launches what we hope will become a regular column in *Fast Forward*. Will you be next up? Send your story to: ghislaine.young@bradford.nhs.uk

Lessons from my patient It's what I didn't ask ...

Annie (not her real name) is a feisty octogenarian, referred to me for management of hypertension.

Upon initial assessment I detected non-visible haematuria (the preferred term now for microscopic haematuria) on urine dipstick. Further investigation revealed marked renal impairment (CKD stage 4) and associated proteinuria, and an MSU negative to infection, but positive to red and white blood cells. Abdominal examination revealed a possible mass in her left kidney.

I discussed these results with Annie and was honest: I wanted to fast-track her to a urologist as I needed to exclude a malignancy in her kidney. She looked me in the eye and politely, but with steely determination, refused:

“I have lived a long and happy life, dear, and have never been ill. I don't intend to go to specialists or be a hospital patient now, thank you! Apart from anything else I feel absolutely fine so I don't see the need to start messing.”

I asked her to go home and think things over and, importantly, have a discussion with her husband and daughter. I recorded the conversation in her medical records and arranged to review in her in a week or two.

A long wait

Annie persisted in her refusal to be referred for any further care, including an abdominal ultra-sound scan (USS). Several months later, still declaring herself to be feeling well, she finally agreed to go for the USS.

The outcome was that the renal mass was identified as a hydronephrosis secondary to a large prostatic adenoma, and this was in fact

beginning to ulcerate! I'd made the mistake of not asking about any vaginal or vulval symptoms and Annie certainly didn't volunteer this information, preferring to live with what must have been an embarrassing and distressing problem.

She eventually agreed to be referred to a gynaecologist on the understanding that surgery would not be offered. A few weeks later she returned to see me, smiling! A ring pessary had been fitted and she was feeling very much more comfortable.

So what are the lessons learned?

1 If you don't ask you may not be told! As with any medical history you need to include a comprehensive systemic enquiry and be prepared to think laterally. If a patient appears reluctant to be referred for further care, it's worth sensitively exploring possible causes in more detail.

2 If you don't look you won't find. Even older ladies who are corseted and modest can be asked to undress so that full examination can be properly conducted.

3 Patients put up with distressing symptoms (often for considerable time) because they fear the consequences of sharing this information.

Finally, you may be surprised to read that in the same timeframe, another older lady presented with non-visible haematuria and the cause in her case turned out to be a large full thickness rectal prolapsed – and she too had initially failed to disclose this to me!



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