



CHANGE, FOR THE BETTER

In NHS Lothian, the development of advanced nurse practitioners is shifting the way professionals work together. Clinical cultures and patient care are benefiting from investment in new nursing roles



Royal College
of Nursing
Scotland

Like many ambitious nurses, Calum Parker was faced with a dilemma: go for promotion and leave hands-on patient care behind, or stay on a lower pay grade and keep doing the clinical work that he loves so much.

So, when a job arose that allowed him to progress up the career ladder without abandoning hands-on care, he jumped at the chance. Now, following years of tough training, Calum is one of only 64 advanced critical care practitioners in the UK, and working for NHS Lothian.

His role, synonymous with advanced nurse practitioner (ANP), brings him enormous professional fulfilment. "It is quite unique," he says. "It's the autonomy of it that makes it so different. When I started out nursing I could never have imagined being involved in such extended practice."

Calum works in the Intensive Care Unit (ICU) at the Royal Infirmary of Edinburgh at Little France. The morning we talk, he has just come out of the unit's weekly multi-disciplinary morbidity and mortality review meeting, where the care of each of patient is discussed in detail to identify any improvements that can be made.

On Calum's caseload is a patient with invasive necrotising fasciitis who has undergone an emergency amputation and is on dialysis and ventilation; a patient embarking on the rehabilitation phase of a severe digestive tract infection, and a post-operative patient who has just had their oesophagus removed and still has an epidural and chest drains in place.

"I take personal responsibility for keeping my patients safe," says Calum. "An experienced nurse would know what needs to be done, but they wouldn't be able to start a drug, make a change, order an investigation or initiate a resuscitation. We can act immediately at the bedside: implement, evaluate and then discuss it further. I am learning all the time."

Calum's special interest is cardiac resuscitation. Other ANPs working in critical care specialise in areas such as prescribing and rehabilitation. For fellow ANP Helen Lyall, her research interest is in advanced life support. She trained alongside Calum, qualifying in 1992, then worked in the USA for seven years in intensive care nursing and pre-hospital transport by helicopter.

When she returned to Edinburgh, Helen heard



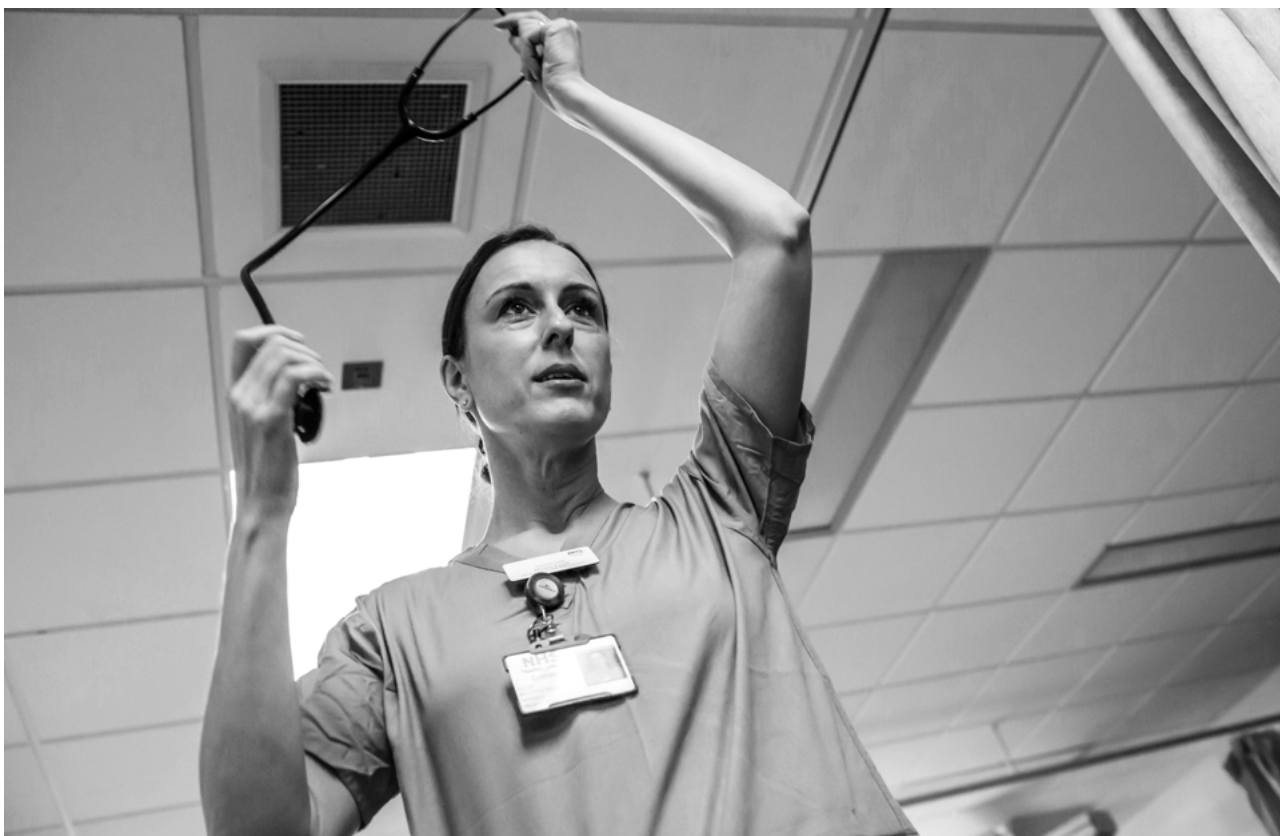
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CALUM PARKER, ADVANCED CRITICAL CARE PRACTITIONER, NHS LOTHIAN

about ANP training and thought 'this is for me'. "It pulled together everything I had done and allowed me to forge forward," she says. "But I have to admit it was a very hard-going course."

Two-and-a-half years of postgraduate training was followed by on-the-job ANP learning that Helen describes as "gruelling". Specific competencies such as non-medical prescribing are required; there are mandatory modules, academic dissertations, and assessment is made by senior medics who pull no punches when it comes to feedback. "It stands you in very good stead for practising as an ANP on the wards," says Helen. "Mutual respect has been earned."

So far, NHS Lothian has concentrated its ANP resource on its Hospital at Night service and critical care, which operates across all three of the region's acute hospitals: the Royal



Infirmery, the Western General and St John's in Livingston. Next year the ICU at the Western will be merged with ICU at the Royal when neurosurgery transfers across, meaning that the Royal's current complement of 28 intensive care and high dependency beds will rise to 42. "We rotate regularly between the sites, and act as lynchpins," says Calum. "When it comes to unit amalgamation, we will be able to help ease the transition."

Jane McNulty, NHS Lothian's interim Chief Nurse and a critical care clinician herself, is the driving force behind the health board's ANP programme. Working in close partnership with consultants Dr Tim Morse and Dr Graham Nimmo, she has developed the ANP job description and training framework, and continues to oversee roll-out. So far, 60 ANPs have been put through the Lothian training programme, and many more are required.

Jane's interest in developing advanced nursing roles began in the late 2000s, when it became clear that restrictions on the hours that junior doctors could work would compromise cover unless other professionals stepped in to fill the breach.

A great deal of work went in to sounding out stakeholder groups such as the medical Royal

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DR BRIAN HOOK, MEDICAL DIRECTOR, NHS Lothian

Colleges. "Not all agreed that ANPs were the answer," says Jane. "Doctors didn't want nurses doing doctors' roles. Eventually they were persuaded it wasn't a conspiracy. They realised they could either resist, or come with us and have a say."

It was the threat of swine flu – the virus H1N1 – in the winter of 2010 that was the clincher. "That was when the real benefit of the role kicked in," says Jane. "There were a lot of sick people needing care, and ANPs rose to the challenge."

Medical engagement now underpins ANP training in Lothian. A specially-constructed 30-week masters level training programme follows a competency-based framework that demands clinical sign-off throughout. Three modules cover advanced history-taking and clinical assessment; there are regular masterclasses delivered by local consultants, who also conduct Objective Structured Clinical



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**JANE MCNULTY, INTERIM CHIEF NURSE, NHS
LOTHIAN**

Examination (OSCE) assessments. “We have a lot of input from a lot of clinicians, and rely on their goodwill,” says Jane. “As demand on their time increases we will need to build this into consultant job plans. Discussions are already underway about that.”

At the end of the training there are rigorous panel interviews involving scenarios that demonstrate knowledge and clinical leadership, and of the first cohort of 14 to undertake training, only seven ANPs were appointed. “The ANP training here is exacting, and not everyone makes the grade,” says Jane.

Despite the demands, there is growing interest in Lothian’s ANP roles. Recent advertisement of two training places on the Hospital at Night team brought 35 applications. “They are increasingly attractive jobs,” says Jane. “But people are encouraged to shadow practitioners first to see if it’s what they really want to do.”

Jane concedes that the degree of decision-making and accountability involved is daunting. And expectations are particularly high: doctors have been known to be tougher on the ANPs

in training than they are on medical trainees. “It’s about tolerance of risk,” says Jane. “As an ANP it’s always there in the back of your mind: you have to work within the scope of your practice, your nursing code of conduct and your registration. You have to be very clear where your boundaries are, and not do something if you are not confident. There is never any harm in taking advice.”

In the early days it was not just the Lothian medics that needed persuading. The introduction of ANPs was resisted by some nurses too, annoyed that colleagues were being used to fill medical workforce gaps. Others feared that ANP development would deprive nursing management of talent. “It is a very attractive role for charge nurses who might not want to take the route into senior management,” says ANP Helen. “There is a danger of a two-way stream developing, and legitimate concern that there might be a depletion issue.”

That is a challenge that may have to be addressed. But in the meantime, ANPs are relishing their new responsibilities. In Lothian, 5% of the contractual remit is teaching, which both Helen and Calum enjoy.

“It’s informal, real-time bedside nurse training,” says Helen. “Junior doctors benefit from educational theory and practical experience. We meld both.”

Calum agrees: “We know our specialty inside out and we can help them to translate their knowledge.”

There are now 18 ANPs working in critical care across NHS Lothian and they say they feel like a team. “We meet every two months for clinical update, and it is good to get together,” says Calum. “There’s a certain personality that suits the role: proactive, diplomatic and keen. We always have plenty to discuss.”

Dr Brian Cook, now NHS Lothian’s Medical Director, was Clinical Director of Critical Care when the original ANP business case was proposed back in 2007. “They have fulfilled every expectation, and convinced the sceptics,” he says. “We would struggle without them now, and there is lots of potential to take the role further.”

Calum and Helen can identify plenty of areas for further development. “I can see ANPs doing more intensive care unit transfers, to take the

pressure off anaesthetists," says Calum. "What we do will depend on individual ANP's comfort levels, and the ceiling on that is being raised all the time."

Helen is interested in progressing assessment of patient suitability for admission to ICU, and the psychosocial impact of admission on patients and their families. "We are hot on randomised controlled trials, but I would like to take a more qualitative view as well," she says. "Nurses are in a prime position to look at what being in ICU does to you as a person. I don't want to be a doctor, but to develop my nursing skills in a clinically significant way."

Jane McNulty envisages the need for many more ANPs in Lothian. But as health board budgets tighten, so funding for the training comes under threat. She would like to see NHS Education for Scotland step in and authorise a national budget for agreed standards of training.

"We are working with other health boards to see how we can ensure common competency levels and clinical rigour," says Jane McNulty. "Right now, nobody is meeting the same criteria, and a Scotland-wide programme is badly needed."

The Scottish Intensive Care Society and the UK Faculty of Intensive Care Medicine are working on a national curriculum for their field, and both Dr Nimmo and Jane McNulty are advising on that. But when it comes to other important practice areas, there is no sign of clinical consensus.

Even job titles means different things to different people. "It's so confusing. There are advanced practitioners, clinical nurse specialists, senior nurse practitioners, emergency nurse practitioners and nurse consultants," says Jane. "ANPs need to be clearly defined and recognised on the nursing council register. We are asking ANPs to take on a great deal of responsibility and we need to make sure that they are professionally recognised for that."

ANPs have been identified as critical members of the NHS Lothian Hospital at Night service, where they help to co-ordinate and triage calls and supplement medical rotas. But it has been hard to develop a service-specific training programme for them as, by definition, they work at night and cannot easily be released for study leave. High-level clinical supervision is also difficult to organise out-of-hours.

Jane, along with NHS Lothian's Hospital at Night service Clinical Director Dr Tim Morse, is working with finance to secure a training budget that will help to overcome the obstacles. "We have to invest to save," says Jane. "There will not be the numbers of doctors to meet patient need in the future, so we have to be planning ahead. That means double-running costs in the short-term, but ANP training will pay off in time."

Different clinical areas are now recognising the need for ANPs: primary care wants them for the Hospital at Home service, as do respiratory, surgery and the emergency department. Right across NHS Lothian, there is evidence that ANPs are both improving patient care and changing clinical cultures. "I can see traditional hierarchies starting to move because of how they are working," says Jane McNulty. "Power balances are shifting and professionals are becoming more and more collaborative as nurses, medics and AHPs [allied health professionals] start to work together differently."

For Jane, further proof of acceptance of the importance of ANPs came with the nomination of herself and Dr Graham Nimmo as 'Mentors of the Year' in the 2014 NHS Lothian Celebrating Success awards. "The votes of confidence came from the clinical teams, which means such a lot to me," she says. "The Chief Executive and Board Chair gave the award, so they must be aware of what we are doing here, and just how valuable it is."



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