Advanced Practice

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collaboration  trust  respect  innovation  courage  compassion
multiprofessional
Leadership is always an improvement journey


Delays Associated with Emergency Surgery
May 1998 - May 1999

785.2 hours - 15.4% of Staffed Operating Time
Missed opportunity for 392 Fractured Neck of Femurs?
Risk taking

• Objective vs Subjective Dangers

• Remember, there are old climbers and bold climbers, but no old, bold climbers. That risk is always there.
Dynamic risk assessment
Organise clinical review

CNS in emergency surgery

Patient assessment

ASA 1 or 2
- Minor or INTER procedure
- Prepare for theatre
- Identify appropriate theatre slot

ASA 1 or 2
- Major or above procedure
- Ensure appropriate PREOP Ix
- Institute optimisation if required

ASA 3 or 4
- Any procedure

On call anaesthetist
48 % reduction in ‘patient not prepared’
‘The Ideal Nurse’

‘No matter how gifted she may be, she will never become a reliable nurse until she can obey without question. The first and most helpful criticism I ever received from a doctor was when he told me I was supposed to be simply an intelligent machine for the purpose of carrying out his orders’

– SD (1917)
Contemporary model of Care

Modern Hospital

- Medical Lead, Senior Nursing support.
- Power delegated to Juniors
- Horizontal interdisciplinary power sharing
- The ‘have nots’
  - HO and Junior Staff Nurse
  - Students

Radford, 2012. Power dynamics and professional expertise in the communication between specialist nurses and doctors in acute hospital settings., PhD
Interprofessional working models

Typology and practice sphere; Vertical, Horizontal and team

Clinical environment

1. Therapy Assistant
2. HCSW (NA & Band 4)
3. AHP, RN, Snr RN
4. FP Dr, ACP/PA, ACP/PA, Consultant, StR, ACP
Division of labour in healthcare

- **Macro Division of Labour**
  - **Corporate**
    - Business model
    - Productivity and Performance
    - Finance
    - Governance (Policy and Procedure)
  - **Profession**
    - Licensing
    - Regulation
    - Educational requirements
    - Knowledge and Expertise
  - **State**
    - Legislation
    - Policy

Radford, 2012  PhD
Skills/knowledge adaption

Examples include cannulation, venepuncture and catheterisation.

- Redundant Medical
- Adaptive medical
- Professional medical
- Technical Medical
- Nursing
- Care

Examples include PIC, CVP, arterial lines, ultrasound scanning.

History taking, examination, diagnosis and ordering tests and investigations such as radiology tests.

Conducting assessments on junior doctors, conducting audit on the medical process or outcomes. Clinically, giving diagnosis, prognosis and referral.

Radford, 2012. PhD
Unwarranted variation in scope and cor
The ECG is a routine test for elective and emergency patients.

The task can be broken down into several component features that are then routinely allocated to members of the Healthcare team depending upon training.

Traditionally many aspects of ECG work were the domain of Medical staff.
You are never ‘just a’ ......
Vision – to enable a skilled and knowledgeable Advanced Practice workforce to be used effectively to enhance the capacity of the existing health workforce to ensure a quality service for patients, now and in the future.

Academic Framework

Curriculum diversity

Competence diversity

Regulation and management

Deployment challenges

Role Diversity

Academic and Professional uncertainty of ACP
ACP Program HEE(WM)

**Aims**

- Single model
- Common training
- Common curriculum
- Skill standardisation
- Deployment consistency
- Map to workforce shortages

- UHCW led program
- 15/16 - £500k
- 16/17 - £600k
- Future ongoing support as a key priority
• Curriculum and training

• Consensus across all HEI’s
• Clear model and framework deployed
• Defined 80% core curriculum
• Covers Primary, Secondary, (Nurse, Midwife and AHP) MH and LD
• 20% local academic and speciality variation
• Agreed competence (Health assessment, prescribing, diagnostics)
• Single course title (ACP)
• Aligned to HEI expertise
Profession | No.
---|---
Nurses | 171
Paramedics | 4
Occupational Therapists | 8
Physiotherapist | 13
Radiographer | 1
Physiologist | 2
Pharmacist | 17
Psychiatrist | 1
Orthoptist | 1
Podiatrist | 2
MH Practitioner | 2
Total | 222
NHS I & HEE national framework

collaboration  trust  respect  innovation  courage  compassion
The UK context
National ACP framework

A new comprehensive national framework
Alignment with devolved nations
Co-produced with system, academics, patients, services users and policy leads
Multiprofessional focus and support
For the NHS
Impact on wider system of practice

“New solutions are required to deliver healthcare to meet the changing needs of the population. This will need new ways of working, new roles and new behaviours.”
Definition & pillars

Advanced clinical practice is delivered by experienced, registered health and care practitioners. It is a level of practice characterised by a high degree of autonomy and complex decision making. This is underpinned by a master’s level award or equivalent that encompasses the four pillars of clinical practice, leadership and management, education and research, with demonstration of core capabilities and area specific clinical competence.

Advanced clinical practice embodies the ability to manage clinical care in partnership with individuals, families and carers. It includes the analysis and synthesis of complex problems across a range of settings, enabling innovative solutions to enhance people’s experience and improve outcomes.

• Clinical practice
• Leadership and management
• Education
• Research
We are the NHS
#nursingnhsi