

# Advanced nurse practitioners and physician assistants: what is the difference? Comparing the USA and UK

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***With the reduction in junior doctors' hours and fewer doctors being trained in the UK, there is a need for other types of health-care practitioners to fill the gap. This article describes some of the background to the present situation and delineates two types of roles, the advanced nurse practitioner and the physician assistant, for consideration as alternatives to address the present and growing shortage of doctors.***

### INTRODUCTION

The NHS Plan (Department of Health, 2000) indicated that there will be a further reduction in junior doctors' hours, and the introduction of physician assistants (PAs). A time frame for action will be published this year by the Department of Health. This follows on from the introduction of nurse consultants (Waller, 1998; Cox, 2000), who are responsible for working at a higher level of practice. An advanced nurse practitioner (ANP) programme in England is presently producing graduates who meet the criteria for working as nurse consultants and PAs, while providing a distinct service for patients/clients and doctors.

### BACKGROUND

Changes are occurring rapidly in NHS trusts throughout the UK as a result of both the reduction in junior doctors' clinical hours and the restructuring of the NHS so that health care becomes seamless. This has direct implications for extension of practice and the assumption of case management by nurses. Thus, the United Kingdom Central Council for Nursing, Midwifery and Health Visiting (UKCC) has addressed the expansion of roles within the *Scope of Professional Practice for Nurses, Midwives and Health Visitors* (UKCC, 1992; Waller, 1998).

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In 1993, Castledine identified activities which may be performed by ANPs, including screening, physical and psychological assessment, health promotion, health education, patient teaching, medical techniques, drug prescribing, medical and diagnostic testing, certification of expected death, counselling and coordination of care (Castledine, 1993). Coopers and Lybrand (1996) and the NHS Executive (1996) made similar observations.

The Department of Health has recommended new approaches in order to: 'shatter the old demarcations which have held back staff and slowed down care' (Department of Health, 2000: 83), by requiring NHS employers to empower appropriately qualified nurses and midwives to undertake a wider range of clinical tasks, including making and receiving referrals, admitting and discharging patients, ordering investigations and diagnostic tests, running clinics and prescribing drugs. City University is assisting NHS employers to meet this goal by developing nurses who can practice in these enhanced/expanded modes through their ANP Masters degree programme.

### WHAT IS AN ANP?

The ANP possesses advanced assessment, diagnostic, prescriptive and technological skills with an acute care and primary care focus. The ANP provides comprehensive health/illness management, consultancy and primary care in a variety of clinical settings.

An ANP works with doctors and other health-care professionals in expanded collaborative relationships

and influences the care provided by all health-care professionals. The ANP can work independently, managing a caseload of patients without supervision, or in a team that is consultant led (Brush and Capezuti, 1997). The model of care provided by the ANP has been identified as making an important contribution to quality, cost-effective care (Dahle et al, 1998). According to research (Mundinger et al, 2000), ANPs in general practice can provide 60–80% of primary care services as well as or better than GPs and at a lower cost. According to the study, patients fared just as well when treated by an ANP as they did when treated by a GP.

### WHAT DO ANPS DO?

ANPs are educated at Masters degree level to practise both independently and interdependently (Hickey et al, 2000). Their practice includes physical examinations, diagnosis and treatment of illnesses, ordering and interpreting tests, establishing preventive health care through health promotion and education, assisting in surgery, prescribing medications and managing caseloads based on a population perspective that ideally includes individuals, families and/or communities (Jacobs, 1998). Their practice also includes cooperative and/or collaborative practice arrangements with other health-care disciplines, as well as working in interdisciplinary health-care teams. ANPs are accountable as direct providers of services. Clinical decision-making is based on critical thinking and diagnostic reasoning.

The National Organization of Nurse Practitioner Faculties (NONPF) (USA) describes ANPs as being able to: '...provide cost-effective, coordinated, and comprehensive clinical care based on the best current knowledge of treatment outcomes. Strategies of care include advocacy for individuals and/or groups, decision-making related to personal health, mobilization of resources, therapeutics (pharmacologic/non-pharmacologic, traditional/non-traditional), health education and counselling, coordination of services, and evaluation of treatment outcomes.' (NONPF, 1995).

### **WHAT ARE THE ENTRY CRITERIA FOR ANP TRAINING?**

Entrants must have a professional qualification as a first level registered nurse, be registered to practise nursing in the UK and have a minimum of 5 year's work experience as a first level registered nurse. Prospective candidates for the MSc should normally hold a first or second class degree in nursing, or a related discipline. However, candidates who do not hold a degree may be considered if they can demonstrate appropriate academic development within their practice speciality.

At City University, most applicants have 10 years of practice experience as registered nurses and already hold a specialist degree qualification.

### **WHAT ENCOMPASSES ANP TRAINING IN THE USA AND AT CITY UNIVERSITY?**

An ANP programme of study consists of a rigorous course of classroom and clinical studies spanning 2 years at Masters degree level. During this time the central core knowledge, skills, competencies and values of advanced professional and clinical practice experience are acquired in:

- Addressing the determinants of 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

- 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
- Managing and continuously using scientific, technological and patient information, which leads to the maintenance of professional competence throughout clinical practice life
- Gaining advanced assessment skills used in the provision of care in primary, secondary and tertiary health-care settings
- Diagnosing, screening, treatment and case management of care in primary, secondary and tertiary health-care settings
- Prescribing and supplying drugs, according to patient group directions, in primary, secondary and tertiary health-care settings
- Providing emotional support, counselling, referral and discharge in primary, secondary and tertiary health-care settings.

### **WHAT IS A PHYSICIAN ASSISTANT?**

In the USA, a PA is a health-care practitioner who has received a broad education in medicine at Masters degree level and is either licensed in a state or credentialed by a federal employer to practise medicine under the direct supervision of a doctor. PAs provide a broad range of medical and surgical care in a variety of clinical settings that is traditionally performed by doctors. The PA works as a member of a team with their supervising doctor as the leader of the team.

### **WHAT DO PAs DO?**

PAs undertake physical examinations, diagnose and treat illnesses, order and interpret tests, counsel on preventive health care, assist in surgery and can prescribe medications in 46 states. All prescriptions written by a PA must be countersigned by the doctor, who is responsible for the patient within 24 hours of the time the prescription is written.

### **WHAT ARE THE ENTRY CRITERIA FOR PA TRAINING?**

In the USA there are 123 specially designed PA training programmes that are based in medical colleges, universities, teaching hospitals and the armed forces. Entry criteria to most PA programmes require at least 2 years of academic study at Bachelor of Science degree level, and at least 1 year of experience in a health-care setting. However, many PA programmes will accept applicants who have no previous health-care experience. The typical PA student in 1999 held a Bachelor of Science degree, and according to figures produced by the American Academy of Physician Assistants (AAPA, 1999), had approximately 4 years of health-care experience before admission to a PA programme.

### **WHAT ENCOMPASSES PA TRAINING?**

The PA programme consists of a rigorous course of classroom and clinical studies spanning nearly three academic years (31 months for the St Louis University Programme (St Louis University Programme, 2000)). Until 1997, PAs were trained at first degree level. Now, most programmes throughout the USA are at Masters degree level, and those that are not reflect seven consecutive semesters for Certificate/Bachelors students and eight for Masters students.

The core curriculum at St Louis University is divided into three phases:

- Phase I: Pre-clinical sciences/clinical preparatory studies
- Phase II: Clinical studies
- Phase III: Primary care preceptorship.

Phase I consists of lectures, demonstrations, discussions and laboratory sessions. Phase II consists of clinical rotations in the major disciplines of medicine and surgery. Phase III is the culminating 'clinical practicum' (St Louis University Programme, 2000). This is a community-based experience intended to allow the student to practise in a setting and role similar to that of the graduate PA. It is a 12-week experience at one or two locations that provides the student with the opportu-

nity to apply, within a closely supervised practice situation, the knowledge and skills acquired throughout the more structured portions of the programme. In the Masters curriculum the students have an opportunity to perform administrative or supervisory roles and teach in academic or clinical settings. Other students are involved in research studies.

### WHAT IS THE DIFFERENCE? CONSIDERATIONS IN THE USA AND THE UK

ANPs are licensed and can independently prescribe medications in all 50 states and the District of Columbia in the USA. National certification, by examination, is mandatory for all ANPs. This ensures a standard level of knowledge and delivery of services. Because ANPs can practise independently and are regulated through licensure to practise, the accountability and responsibility for services provided rests with the ANP. If a mistake is made, the responsibility rests with ANP, not with the doctor with whom the ANP works. However, PAs are not licensed in all 50 states, and they may not prescribe medications independently.

Although a certification examination has been developed by the National Commission on Certification of PAs in conjunction with the National Board of Medical Examiners, the examination is not mandatory in all 50 states and therefore many of the PAs practising in the USA are not certified. Because PAs do not practise independently, full responsibility for services provided rests with the doctor. If the PA makes a mistake, the doctor is ultimately responsible.

In the UK, ANP education is evolving. The programme at City University has been running since 1997 and early reviews of services provided by its graduates and users indicates health-care institutions are beginning to benefit from the added value that these practitioners provide in primary, secondary and tertiary care. The ANP is considered to be a valuable member of the consultant's team. Because the ANP is a seasoned, experienced nurse

and is licensed to practise, consultants who are including ANPs as members of their team are delegating substantial aspects of their work to these nurses. Subsequent to the Crown Report (1999), the NHS Confederation is taking consultation on nurse prescribing (NHS Confederation, 2000). Presently, ANPs 'prescribe' under limited patient group directions and supply accordingly. However, following consultation it is predicted that ANPs will have expanded prescribing privileges.

Discussions are taking place about the introduction of PAs in the UK (Department of Health, 2000). It is speculated that PAs in the UK would be trained and practise in a similar way to PAs trained and practising in the USA. Consideration must be given to the length of time it will take to prepare these individuals to practise. Consideration must also be given to regulation by a statutory body. This means some form of licensure.

Too often the UK has followed in the footsteps of the USA in relation to health-care management and delivery of services, only to find that the lessons learned from mistakes made in the USA were not considered before implementation was taken in the UK. Before PA programmes are developed, the following question should be asked. If the UK is already developing a practitioner (ANP) who can meet the needs of service within a team that is consultant-led and also practise independently, do we need PAs? More importantly, if the answer is 'yes' then let us ensure we have the curricula and level of education and practice standardized throughout the UK, and finally, that licensure is mandatory. **HM**

*Conflict of interest: none.*

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### KEY POINTS

- Advanced nurse practitioners prescribe independently but physician's assistants do not.
- Advanced nurse practitioner training takes 2 years while physician assistant training takes 3 years.
- Advanced nurse practitioner education, certification and licensure is standardized, whereas physician assistant education, certification and licensure is not.