The future health-care worker: health-care practitioner

Changes in working patterns, advances in technology and changing patients' expectations are increasing the difficulties with recruitment and retention of appropriately skilled health-care staff (Hutchinson et al, 2001). This has resulted in increasing difficulty in meeting the population's health-care needs. Newer ways of working that may attract additional staff into the service and better ways of deploying the resources of new and existing staff may help ease the problem. This editorial considers one such initiative: the health-care practitioner (HCP) model that is being piloted in general (internal) medicine at Kingston Hospital, a district general hospital to the south west of London.

FUTURES PROJECT

The Institute for Public Policy Research (2002) has looked at the health-care requirements of patients over the next 15 years and estimated the likely workforce that will be required to meet those needs. The NHS Modernisation Agency has used a patient-focused approach to make similar predictions. It has been suggested that an 'intermediate' or 'mid-level' professional may be well suited to meeting some of these needs (Alberti, 2000). The status quo does not appear to be an option for the future. In association with the Changing Workforce Programme, Kingston Hospital and St George's Hospital Medical School have designed and are piloting two new health-care roles, the HCP supported by the health-care practitioner assistant (HCPA) (Orme et al, 2001).

The HCP role incorporates elements of many professions, including medicine, nursing, physiotherapy, occupational therapy, speech and language therapy, and dietetics. Individual HCPs come from nursing, physiotherapy or occupational therapy backgrounds. In principle they need not be from a health-care background: the longer academic programme they would require may be considered against the time it takes to train new doctors. The HCPs deliver most of the assessment, care and treatment for a selected group of medical inpatients. In their work they are guided by integrated care pathways (ICP) and supervised by senior doctors, nurses and therapists.

One of the project's aims is to ensure a smoother, faster patient journey. If successful it should help relieve the pressure on the accident and emergency (A&E) department and junior doctors. The roles are designed to reduce duplication of tasks at the level of the patient and improve the transfer of care between services. These benefits should translate into greater service efficiency and effectiveness.

The project team has established new working practices on a ten-bedded medical assessment unit (MAU) that takes these admissions and uses the extended skills of the HCPs and HCPAs.

HEALTH-CARE PRACTITIONER

The MAU employs 13 HCPs, assisted by 14 HCPAs. Patients whose presenting condition falls into one of seven defined disease states and is categorized orange and yellow at A&E using the Manchester triage system (Manchester Triage Group, 1997) are directed to the MAU. These conditions are asthma, chronic obstructive pulmonary disease, acute coronary syndrome, acute upper gastrointestinal bleed, pneumonia, stroke and urinary tract infection. The HCPs and HCPAs have been specifically trained for the management of these conditions, which cover the majority of all acute medical patients admitted to this hospital. Their management from assessment through to investigation, diagnosis and treatment often takes a predictable course suitable for description in an ICP. The ICPs are multidisciplinary, evidence based and meet national guidelines. The use of ICPs ensures clinical effectiveness and efficiency (Kitchiner and Bundred, 1996; Campbell et al, 1998). The ICPs have been produced specifically for this pilot project to describe the first 48 hours of each patient's stay in hospital.

On admission to hospital a HCP clerks the patient, makes a provisional diagnosis and initiates treatment (*Table 1*). They also provide physiotherapy, occupational and speech and language therapy during the patient's hospital stay. This has benefits in terms of providing care at any time of day and frees the patient from the constraints of daytime working and on-call arrangements. For certain groups of patients, e.g. those with stroke, early intervention with speech and language therapy and physiotherapy can significantly improve outcomes (Kwakkel et al, 1997).

Each patient is discussed with medical staff during post admission and

TABLE 1.
Typical duties performed by health-care practitioners

Taking histories and performing physical examination
Making clinical diagnoses
Ordering and interpreting laboratory tests
Basic physiotherapy, occupational therapy, speech and language therapy
Patient education
Nursing care
Identifying the unusual
Coping with medical emergencies

routine ward rounds at other times. This allows confirmation that the ICP selected is still suitable for the patient's condition and tailoring of the management plan where necessary. Patients are seen regularly by senior practitioners and therapists who discuss their progress with the HCPs and offer advice when necessary. Should patients divert from their ICP predicted path, in consultation with the specialists, they are transferred to the traditional model of care elsewhere in the hospital.

EDUCATION AND TRAINING

HCP education and training has been provided through Kingston University and St George's Hospital Medical School. The HCPs followed a tailored Postgraduate Diploma in Healthcare Practice, delivered through a modular format centred on problem-based learning that included practical sessions, case studies, tutorials, and supernumerary clinical placements.

The HCP role has been defined and the training needs analysed and mapped in detail. Clinical competencies have been included in the training programme that enables new staff to demonstrate their skills and abilities. Each module has been based on a single clinical diagnosis or related range of differential diagnoses. By working through a module, students can consider the underlying theory and evidence base relevant to a condition's pathophysiology. They also need to consider its psychological and practical impact on patients and their families.

Students have learned what clinical management options are available and the benefit and risk associated with each. They have covered a total of seven modules, which correspond to the seven ICPs. Students complete the diploma through hands-on supervised clinical practice on the unit they run, having had regular assessments throughout. Following successful completion of the modules, an objective structured clinical examination and the period of hands-on work on the MAU, they should graduate with a postgraduate diploma. Their training will have lasted 1 year.

PROFESSIONAL REGULATORY BODY

The NHS Plan proposes the formation of an UK Council of Health Regulators to coordinate and act as a forum for the bodies which regulate individual health professions. The final report of the Bristol Royal Infirmary Inquiry supported such a concept (Bristol Royal Infirmary Inquiry, 2001).

It is hoped that the proposed Council will be empowered to build and manage a framework of self regulation that can accommodate new and emerging roles, consider the concept of the 'licensed practitioner' and support the delivery of interprofessional learning in all preregistration programmes (Department of Health, 2000). The authors envisage that HCPs will come under this regulatory body once it is established. Meanwhile each HCP remains accountable to his or her regulatory body of first training, i.e. the Nursing and Midwifery Council for those from a nursing background.

EVALUATION AND AUDIT

A detailed assessment and evaluation of the roles is underway. Specific success criteria have been set, against which the project's achievements will be judged. These include improved efficiency in service delivery, improved quality and effectiveness, improved recruitment and retention of staff, and compliance with working time directives.

CONCLUSION

The NHS is facing a shortage of clinical staff. This situation may become worse over the next few years. The authors have developed and are piloting two new roles, HCPs supported by HCPAs. The aim is not to replace traditional clinical roles but to complement them. This new role may even appeal to some who at present do not see themselves in traditional roles such as doctors or nurses and so widen the pool of those attracted to a career in health care.

Data collection for the project's evaluation has started. Its success will be measured against criteria relevant to patients, managers and the context of the NHS Modernisation Agenda. HM

Kevin KY Yoong/Sian Clarke
Research Fellow/Healthcare Practitioner
Kingston Hospital NHS Trust
Kingston upon Thames KT2 7QB
Tim Heymann
Honorary Senior Lecturer
The Business School
Imperial College
London SW7 2AZ

Alberti G (2000) We need a new breed – the medical assistant. *Daily Telegraph* **Jan 20**
Bristol Royal Infirmary Inquiry (2001) *Learning from Bristol. The Final Report.* Stationery Office, London
Campbell H, Hotchkiss R, Bradshaw N, Porteous M (1998) Integrated care pathways. *Br Med J* **316:** 133–7
Department of Health (2000) *The NHS Plan: A plan for investment, A plan for reform.* Department of Health, London
Hutchinson L, Marks T, Pittilo M (2001) The physician assistant: Would the US model meet the needs of the NHS. *Br Med J* **323:** 1244–7
Institute for Public Policy Research (2002) *Future Health Worker Project: Shaping a vision for a 'new generation' workforce.* Institute for Public Policy Research, London
Kitchiner D, Bundred P (1996) Integrated care pathways. *Arch Dis Child* **75:** 166–8
Kwakkel G, Wagennar R, Koelman TW, Lankhost GJ, Koetsier JC (1997) Effects of intensity of rehabilitation after stroke: a research synthesis. *Stroke* **28:** 1550–6
Manchester Triage Group (1997) *Emergency Triage.* BMJ Publishing Group, London
Orme M, Bloom S, Watkins P (2001) Skill mix in clinical care. *Clin Med* **1:** 259–60

KEY POINTS

- There are difficulties with recruitment and retention of appropriately skilled health-care staff.
- Kingston Hospital is attempting to tackle this problem by piloting two new roles: health-care practitioner and health-care practitioner assistant.
- Kingston University and St George's Hospital Medical School have come together to facilitate the new ways of working.
- The use of integrated care pathways is an integral part of the role.
- A comprehensive outcome-based evaluation is in progress.