

Health-care practitioners

Sir,

I read with interest the editorial on health-care practitioners (HCPs) (vol 64(10), 2003, p. 574). Changing needs are leading to a number of new health-care roles in the UK, some of which are still embryonic, while others are established and regulated professions in their own right outside this country.

These new roles may address problems in the NHS, but they also create challenges for regulators. Practitioners responsible for patient care must be regulated, but regulation means more than just registration. It also implies a common educational framework and objectives, agreed standards of practice (both within and across professions) and a disciplinary framework, as well as issues of interprofessional training.

While some practitioners will be governed by existing regulators, others will not be regulated at all. It may not be attractive to have individuals doing the same task regulated by lots of different regulators, or to have one individual holding multiple registrations with different organizations (although there are precedents). Nor is it in the public interest to see a plethora of new regulators and registers emerge.

We need to think about how current regulatory models can accommodate these developments in ways which support high standards and protect patients' interests. The General Dental Council and the Health Professions Council have explored different approaches. The regulation of new HCPs, however, remains a topic of interest across the world.

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Sir,

The introduction of the trained HCP offers a welcome way of alleviating the shortfall in clinical staff and developing new ways of working. When the Royal College of Physicians (RCP, 2000) recommended these new roles, it recognized that the NHS workforce needed a

major overhaul. New roles, changes to existing work patterns and shared learning can help match the workforce more closely to patients' needs.

The new roles are needed more now than ever, as we face the workforce crisis precipitated by European regulations to reduce junior doctors' hours. Many hospitals will find it difficult to comply with the directive, but as there are not enough doctors in training to meet the need we must find inventive solutions.

HCPs and health-care practitioner assistants (HCPAs) cannot replace doctors and nurses but can provide a supplementary role. New roles must be appropriate and fulfilling, not just doing mundane tasks formerly carried out by doctors and nurses. I am impressed by the careful organization of the HCP and HCPA training in Kingston, the focus on patients with chronic conditions and careful adherence to integrated care pathways and supervision. I hope that, if successful, the new roles can be adopted speedily across the NHS.

Carol Black

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Royal College of Physicians (RCP) (2000) *Hospital Doctors Under Pressure: New Roles of the Healthcare Workforce*. RCP, London

Sir,

Undoubtedly health-care staff would agree with the view in this editorial regarding the difficulties in recruitment and retention of appropriately skilled staff to meet the population's health-care needs. Newer ways of working may indeed attract extra staff into the NHS.

However, I find nothing new in the HCP and/or HCPA. What is the difference between the HCP and the advanced nurse practitioner (ANP)? It appears that HCPs cannot prescribe medications and cannot work independently, allowing other team members to undertake new case loads.

I am also unclear about the difference between the HCPA role and the NVQ level 3 qualified health-care assistants presently working in the NHS. Are we muddying the waters by using a title that already exists to delineate a new type of HCP?

If the HCP pilot project at Kingston Hospital is aiming to develop physician assistants (like the role that exists in the USA) then let's call them that – the title used in *The NHS Plan* (Department of Health, 2000). If we must create a new role as well as the ANP then their education and training must be standardized and they must be licensed to practice.

The Nursing and Midwifery Council is setting up a task force to delineate competencies for advanced clinical practice. ANPs are presently licensed to practice but will also be regulated on a higher level of the register.

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Department of Health (2000) *The NHS Plan: A plan for investment, A plan for reform*. Department of Health, London

Sir,

We are grateful that our editorial has encouraged discussion about new health-care roles. We are pleased that medicine and nursing seems to agree on the need for streamlined regulation.

The HCPs' training in diagnostics and therapies is designed to allow easy transition across specialities, in hospitals and the community, eased by integrated care pathway specific updates. Once regulations allow, the HCP could be a generic graduate entry point into health care from which progression into more traditional senior nursing, medical or therapy roles would be possible as individual interests and aptitudes allow.

The role could also provide a fulfilling career in itself and we hope will attract applicants who do not see themselves as traditional nurses or doctors. It may expand the workforce rather than simply re-badge it. Parallels with current ANP roles as well as those of junior doctors, therapists and other nurses exist but tell only part of the story.

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