

Skillmix – new staff roles in health care

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The staffing crisis in the NHS is here already, and will be exacerbated over the coming years by the Working Time Directive and, most physicians believe, the move to the shift system. Skillmix – in the sense of the creation of new health care worker categories rather than the simple delegation of tasks – has an important part to play if meltdown in 2004 is to be avoided. Role extension and diversification may lead to improved service and quality for patients, but only role reconfiguration will lead to the necessary reductions in the physician's workload. The way forward involves a whole systems approach to workforce redesign, allowing health staff to use all of their skills, as well as a new way of looking at regulation and local policies. Any evolution in nursing and allied health profession roles must be matched by an evolution in medical roles.

The physician assistant

The physician assistant was a role created in the USA to meet the increasing demands on health care in the period following the Second World War. Today, applicants for training must usually have some form of clinical experience. They train for two years: the first year is spent studying medical principles with a clinical focus, and the second involves a series of clinical rotations. Upon graduation they work in physician-led teams in all specialties, at a level which can be compared to that of the British senior house officer (SHO). They often see themselves as having a 'delegated' scope of practice, working as 'physician extenders' to improve the doctor's ability to perform duties and provide care for patients.

The post has proved a considerable success, and these workers are now indispensable to those organisations and individuals accustomed to working with them. Doctors see the physician assistant as a fully functioning part of a medical team, freeing time for other duties such as the training and orientation of new interns and residents. They have also achieved full acceptance with patients, who see them as accessible providers of continuous and quality care. The consensus seems to be that the physician assistants are good mediators, good at performing repetitive but necessary (as well as complex) tasks, and excellent at improving efficiency and patient care.

The nurse practitioner

A nurse practitioner is defined by the Royal College of Nursing as somebody who has 'undertaken specific graduate study, who is responsible for autonomous clinical decisions, who uses skills not usually exercised by nurses in differential diagnosis, screens patients for disease, develops preventive care management and who may refer or discharge patients'. Their specific day-to-day tasks have included performing technical tasks such as venepuncture, teaching, trouble-shooting and referring. They work in a variety of locations such as GPs' surgeries, acute and community settings, and mental health.

The position has not been problem-free, however. In the future it is important that a comprehensive review of job descriptions should take place, establishing clinical responsibilities and the boundaries between roles. Nurse practitioners are cost effective

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Clin Med JRCPL
2001;1:413-4

This conference was held at the Royal College of Physicians on 12 July 2001

Conference programme

- **The current pressures on consultant physicians**
Dr Hugh Mather, Royal College of Physicians
- **Evolution in the nursing and allied health professions workforce**
Professor Dame Jill Macleod Clark
- **The physician's assistant in the USA**
Dorcas Atkinson, Physician's Assistant Research Group, Imperial College, London
- **The role of the nurse practitioner**
Ethel Trigg, East and North Hertfordshire NHS Trust
- **Solutions in the Armed Forces**
Surgeon Captain Noel Bevan RN, Royal Naval Medical Services
- **Medical Emergency Assistants**
Dr Tony Davison, Southend Hospital NHS Trust
- **Team Support Nurses**
Dr John Sewell, William Harvey Hospital
- **The work of the Changing Workforce Programme**
Judy Hargadon, Changing Workforce Programme, NHS Executive
- **The future health care work force**
Professor Michael Schofield CBE, Dorset Community NHS Trust, and John Rogers, freelance Human Resources consultant
- **Is there a role for the 'Health Care Practitioner'?**
John Langan, Kingston Hospital NHS Trust

and satisfy the increasing drive towards community care, and for this reason it is also important that legislation should allow the expansion of the role, which it currently does not.

Solutions in the armed forces: medical assistants

Medical assistants have been the Royal Navy's method of providing off-shore health care for many decades. The entry requirements have been kept flexible in order to allow the largest possible range of applicants to try for the posts. Medical assistants spend one year in formal training, and then an extra three months training on the job. During this time they learn how to render first aid and life support, transport casualties safely, diagnose and treat specific illnesses and dispense from a limited formulary. They are also taught preventive medicine and health promotion, basic anatomy and physiology, clinical investigation, medical administration and medical IT. Two to three hundred medical assistants leave the armed forces every year, creating a wasted pool of trained health care workers from which the NHS might in the future be able to draw.

The medical emergency assistant (MEA)

Southend Hospital created the post of medical emergency assistant in 1994, in response to the rising number of emergency admissions and *Junior doctors: the new deal*¹, which had pointed out the unnecessary amount of time that junior doctors spend on clerical and administrative tasks. The duties of an MEA include a range of technical processes, such as obtaining and labelling venous blood samples, introducing and removing IV cannulae, and performing ECGs. They also complete non-clinical information on request forms, take and record messages and participate in resuscitation teams.

The experience of medical emergency assistants at Southend has suggested that they save junior doctors time (in a questionnaire it was estimated at 36% for each patient), that the majority of junior doctors feel comfortable handling their new colleagues (90% of them in the same survey), and that the post is capable of further expansion, both in terms of the locations in which MEAs work and in terms of the duties which they are trusted to perform.

Team support nurses

Team support nurses were created at the William Harvey Hospital in Ashford, Kent, with the aim of supporting junior doctors' educational needs, co-ordinating multidisciplinary teams, providing a focus for information and communication and achieving an optimal length of stay for each patient. Team support nurses work as, in some senses, junior doctor substitutes with a role similar to that of the American physician assistants. They are fully accountable to a nurse manager with clearly defined roles, skills and knowledge.

Health care practitioners

The Future Healthcare Workforce project has suggested two new skillmix roles; the health care practitioner (HCP) and the health care practitioner assistant (HCPA). These are positions which would fit into a new model of health care delivery, providing patients with a responsive, round-the-clock care system and avoiding the current problems of fragmentation between different workers and care settings. It is proposed that the HCP would, among other things, have the power to admit non-complex patients and retain non-complex patients until discharge. HCPAs would deal with patient administration, observation and recording, assessment and mobilisation, as well as diagnostic testing, clinical intervention and various aspects of communication and education.

The two proposed posts will need to be piloted and assessed, but the Future Healthcare Workforce team are confident that HCPs and HCPAs have an important and necessary role to play within the NHS.

Conclusion

The conference believed that skillmix has many advantages beyond those of greater efficiency. Where skillmix models have been established, patients appreciate the more personal and continuous care they receive from knowledgeable practitioners. Colleagues also value the new members of their team. They often act as a first port of call for advice for nursing staff, and doctors appreciate the fact that the new posts free them from some of the more menial tasks they have been asked to perform, allowing them to spend more time on the things that only they have the expertise to do.

Outlook

Professor Michael Orme suggested that although a widespread interest in ideas of skillmix had been proved by the day, many problems still needed to be addressed. Recruitment could prove to be a major problem, as could the possibility of achieving only skill delegation rather than actual 'mix'. He also suggested that it may prove difficult breaking down the tribal barriers within and between professions. However, with the current increases in medical student numbers only likely to make a real impact on career grade staff in twenty to thirty years time, radical processes were necessary. Trusts and district general hospitals have no choice but to consider new ways to make the workforce more flexible.

References

- 1 Department of Health. *Junior doctors: the new deal*. London: Department of Health, 1991.