

Expanding nurses' roles: from vision to reality

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I welcome this opportunity to communicate the Royal College of Nursing's (RCN) views on core issues for nursing to the influential readership of *Clinical Medicine*.

Health care – its quality, accessibility and accountability – is at the top of the public agenda. Given the breathtaking pace of change in health care in the UK, it seems we are having to adjust to at least one major policy initiative every few days. Each new announcement is broadcast, analysed, and criticised in depth. It can feel as though we have very little time to spend on implementation, let alone on monitoring progress. Expanding roles for nurses in our modernising health services are a case in point.

Back in 1998, the Prime Minister, Tony Blair, took the opportunity of presenting the awards at the *Nursing Standard* Nurse of the Year ceremony to launch the concept of the consultant nurse. Mr Blair said the new nursing consultant grade would offer 'an alternative career path' to nurses. The RCN welcomed the move, pointing out that recognition that these nurses were effectively working like consultants was long overdue. At the same, we added, it was vital to ensure that all nurses are valued properly, in terms of pay, conditions and support.

A clear career pathway, from newly qualified nurse to expert practitioner, is crucial to recruiting and retaining nurses. Consultant nurse posts provide an alternative career path for senior and experienced nurses who might otherwise enter management. This means they can advance their careers whilst retaining day-to-day contact with patients. That continuing clinical contact is a real strength in medical career pathways.

Coming from the USA to the UK, I am impressed by the diversity and expertise of nurses and colleagues who provide care. The challenges and issues are real and shared with US colleagues, but I am delighted to be part of an endeavour which believes that quality health care is a right, not a privilege.

Nurses are working across professional boundaries, forging new links with other health care professionals and colleagues in social services, housing and education. Many of the most innovative developments in nursing rely on a combination of nurses' skill, knowledge, close relationship with patients and understanding of the community.

It is crucial to work in partnership with patients

and colleagues to improve care. As far back as 1996, the RCN and the Royal College of Physicians worked together to produce a joint statement on skill sharing – changing the role of individuals as well as the way in which health care teams work, to meet the needs of patients and enhance the quality of their care.

Nurses are central to the modernisation – and reform – of the NHS. The NHS Plan¹ sets out ten key roles for nurses:

- ordering diagnostic investigations such as pathology tests and x-rays
- making and receiving referrals direct, for example to a clinical psychologist, therapist or a pain consultant
- admitting and discharging patients for specified conditions and within agreed protocols
- managing patient caseloads, for example those suffering from diabetes or clinical depression
- running clinics, for example for ophthalmology or child development
- prescribing medicines and treatments
- carrying out a wide range of resuscitation procedures, including defibrillation
- performing minor surgery and outpatient procedures
- triaging patients, using the latest IT, to the appropriate health professional
- taking the lead in the way local health services are organised and in the way they are run.

Nurses around the UK are beginning to take on these new roles and responsibilities. There are now several hundred consultant nurses in post around the UK, both in acute and primary care. In Rotherham, the first nurse consultant for intravenous therapy is focusing on training, reviewing and auditing procedures as well as building a vascular access team. A consultant midwife in north-west England is developing an innovative midwifery service for women who are dependent on drugs and alcohol.

At the same time, the NHS is undergoing major restructuring. *Shifting the balance of power within the NHS: the next steps*², published in January, sets out the framework for the new NHS structures in England. The new primary care trusts are to hold 75% of the NHS budget by 2004. The RCN continues to press for adequate nurse representation at strategic

level; nurses must participate in shaping health care, as well as in delivering it.

Many new opportunities are becoming available to nurses. However, the continuing nursing shortage, with an ageing nursing workforce and dependence on international recruits, continues to be a barrier to development. Almost a quarter of registered nurses will be eligible to retire in the next five years.

Progress has been made on recruitment, but retention of the nursing staff we already have is vital; otherwise we shall see nurses leaving by the back door as fast as they come through the front door. One of the key factors in improving recruitment and retention of nurses is pay. Until nursing pay is improved in line with comparable occupations such as teaching and the police force, the nursing shortage is likely to hamper plans to improve services.

Indeed, nurses and colleagues believe it is impeding the delivery of current services. The RCN's annual membership survey is the UK's largest annual survey of nurses and forms the basis of the RCN's evidence to the independent Pay Review Body for nurses. The 2001 survey showed that almost two-thirds (63%) of NHS nurses feel that staffing levels where they work are insufficient to meet patient needs³.

The pay and career modernisation that *Agenda for change*⁴ has the potential to deliver is, we believe, vital to the long-term future of the NHS. It offers the possibility of real benefits to patients, facilitating the redesign of jobs around more responsive and innovative patient-centred services staffed by people with the appropriate knowledge and experience.

My vision is of a nursing workforce – whether pioneering modern matrons or nurses combining caring commitments with a few hours nursing work a week – that is valued and rewarded in terms of pay and career prospects. Recruiting and retaining that nursing workforce is central to ensuring the patient-centred quality care which all of us in the health services want to provide.

References

- 1 Department of Health. *The NHS plan. A plan for investment. A plan for reform*. London: DH, 2000.
- 2 Department of Health. *Shifting the balance of power within the NHS: the next steps*. London: DH, 2002.
- 3 Royal College of Nursing. *Time to deliver*, RCN Membership survey. London: RCN, 2001.
- 4 Department of Health. *Agenda for change: modernising the NHS pay system*. London: DH, 1999.