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Nurse practitioners

Sir,

The editorial by Koperski *et al* (November *Journal*)¹ represents a comprehensive review of the many issues that need to be resolved in order that nurse practitioners (NPs) can be integrated into general practice. It is a positive contribution to the debate at a time when the United Kingdom Central Council for Nursing, Midwifery, and Health Visiting is about to decide whether the specialist practice framework² can embrace NPs.

Since 1993, we have been researching the role of NPs in general practice via the EROS (extended role of staff) project, which was jointly funded by Northumberland Health Authority and the Northern Regional Health Authority. Our report is available (Bond S *et al*, Evaluation of nurse practitioners in general practice in Northumberland, Centre for Health Services Research, University of Newcastle upon Tyne) and addresses a number of the issues raised in Koperski *et al*'s editorial. In particular, it describes the educational programme that proved of fundamental importance in enabling the nurses to develop the higher level clinical skills necessary to diagnose and manage patients presenting in general practice with undifferentiated illness (a summary can be found at www.btinternet.com/~corbridge.health).

This programme was based in four training practices and consisted of the following elements: enthusiastic learners, a GP mentor identified for each nurse, funded protected teaching time, and strong clinical back-up for the nurse when working in the new role, with increasing responsibility for patient care taken as skills developed. Other factors that assisted the process included a clear agreement at the beginning by all partners about the development of the role, good planning, information given to patients and staff about the role, and a supportive primary health care team.

The number of academic courses that currently aim to develop NPs is mushrooming. Unfortunately, it is our experience that clinical skills training represents the weakest link in the educational chain, depending as it does on the goodwill of GPs to provide mentorship and teaching for nurses in the practice. As a result, the time allocated by practices for these essential tasks ranges from negligible to

substantial. We feel, therefore, that there is a need to forge greater links between academic institutions providing such courses and local training practices that have the expertise to deliver clinical skills training at a consistent and appropriate level. These periods of training should be funded and of reproducible high quality, with nurses being regarded as trainees.

Practice placements of this type will ensure that the education and training of NPs move in parallel with the development of the role rather than lagging behind it (as happened with practice nurses).³

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Sir,

The information about nurse practitioners in general practice given by Koperski *et al* (November *Journal*)¹ is useful for the development of the role of the nurse in primary care. There is sound advice about avoiding problems by planning role responsibilities, job descriptions, protocols, supervision, and much else. If this is followed, it will help to avoid the prolonged gap between the validation of the role in Ontario in 1974² and its revival there and in Britain around about 1995. Much of the USA is further down the road with still unresolved problems.³

Yet is it all too tentative? The question in the title, 'an inevitable progression?', suggests some reluctance, and there are GPs who 'defend their territory'. It is time to progress. The way forward will be found by sharing overlapping work. Patients know what is needed: time to tell their story, air their worries, and ask their questions. Prescribing is less important. There are plenty of doctors doing that instead of listening carefully and advising wisely.

The way to do this can be found by working with nurses. Nurses may be better with some problems than doctors, and

their lack of ready access to drugs may be an advantage. We need to repeat the work of Marsh and Dowes⁴ in different settings to confirm their findings and answer some of these questions:

How does the special relationship of nurses with patients differ from that of doctors and how can it be used best? Many consultations require reassurance and education rather than medication. Can nurses do this better than doctors? Will nurse practitioners doing this allow doctors time to listen to patients more themselves and to use their skills for the complex medical problems now being treated at home?

Finally, many disabled people at home need more attention from doctors, which is best given in partnership with nurses, therapists, and other members of the primary care team.^{5,6} Some specialized nursing skills may be needed here. Various types of nurse practitioners and specialist nurses are emerging. Their roles overlap with one another and with doctors. None of this is reason for delay. 'Come, my friends, 'tis not too late to seek a newer world'.⁷ But it is getting rather late.

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Prescribing formularies

Sir,

Following their study, Avery *et al* (December *Journal*)¹ suggest that prescribing formularies in general practice may favourably alter prescribing patterns.