"... when demands on the GP workload are increasing and the supply of GPs is falling ... there are only two choices available to GPs, which are either to work harder themselves, or to share their workload with APs."

Advanced practitioners: friend or foe?

The attitude among GPs towards advanced practitioners (APs) has become polarised between those in favour of APs having a greater role in primary care and those who consider APs to be 'just doctors on the cheap' and a threat to both the existence of GPs and the welfare of their patients.[1,2] As someone who has worked as both an AP in the US and as a GP in this country, I can confidently endorse the view that APs are capable of being trained to perform many of the tasks and to care for many of the patients that GPs do at present.

However, having been involved in developing training programmes for APs working in primary care, I do have concerns over the training that APs are given in comparison with GPs and the roles that they are being asked to perform within the practice. Initiatives to increase the supply of APs to primary care must be accompanied by a clear definition of what the role of the AP is in primary care, along with a formal training programme for APs to work in this role. Greater support for practices to implement a more integrated and collaborative model of primary care is also required.

It is difficult for practices to define what the role of the AP is when they are being offered allied healthcare professionals from different disciplines, with differences in the depth and breadth of their training, and with differences in their ability to practise autonomously and write prescriptions.

The lack of a clearly defined role for both APs and GPs within the new primary care workforce makes it hard for practices to adopt a more integrated and collaborative approach to the sharing of the primary care workload, and to link the care of the individual patient to the knowledge, skills, and experience of the individual delivering that care.[3]

So, what might these roles involve? For APs, this might include reviewing the hospital post and interpreting the results of investigations, along with assessing and managing patients with the symptoms of minor illness, chronic conditions, and acute-on-chronic illness, both within the surgery and on visits. They must be capable of working autonomously and prescribing. For GPs, this might include developing and implementing new services and care pathways for patients with more complex medical problems, and providing clinical support to other members of the primary care team, similar to the way in which a hospital consultant works within their team.

Clearly defining the role of the AP would help to determine the training that is required for APs to be able to work competently and safely in this role. An 'Advanced Practitioner in Primary Care' qualification, with a training programme that was similar to and integrated with the GPST training programme, would see GPSTs and APSTs being trained for their respective roles within the primary care team and would also provide a good foundation for the multidisciplinary, collaborative, and interdependent team approach to the delivery of care that the new primary care workforce is aiming to achieve.[4]

It would also allay many of the concerns that GPs have expressed over the competence and safety of APs working in these roles, as well as to encourage GPs to see that APs do not represent a threat to the role of the GP but an opportunity for GPs to re-define their own role within this new model of care and within the new primary care workforce. Freed from a significant portion of their workload by appropriately trained APs, GPs would have the opportunity to develop better services and care pathways within the practice for their patients, and to receive the appropriate training for this.

At a time when demands on the GP workload are increasing and the supply of GPs is falling, it is clear that there are only two choices available to GPs, which are either to work harder themselves, or to share their workload with APs.

APs are not the enemy here; it is the primary care workload that is the enemy. A more integrated and collaborative approach between GPs and APs is the only logical solution to the GP workload and workforce crises.

With the promised army of additional GPs still somewhere over the horizon, a cavalry troop of well-trained APs might just save the day.

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