
Evidence in brief

REVISING HEALTH PROFESSIONALS' ROLES

An answer to today's challenges?

The logo for The Health Foundation, featuring the text "The Health Foundation" in white, stacked vertically, inside a grey, rounded, irregular shape.

The
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Introduction

An increasingly common response to the challenges facing healthcare has been to extend the role of non-medical clinicians into areas that were previously the domain of doctors. The rising demand for healthcare, variations in access and quality, pressure to contain costs and medical workforce shortages have led to increasingly prominent roles for other professionals in the provision of patient care. The expectation is that such revision of roles will improve the effectiveness and efficiency of healthcare. **But does it?**

...there is no detrimental effect of revising or extending the roles of non-medical professionals, and in some cases there is a positive effect on the quality of patient care.

A recent report from the Health Foundation, *Revision of professional roles and quality improvement: a review of the evidence*¹, considers the impact of professional role revision on quality of care.

It focuses on two types of changes to professional roles:

- **Substitution** - exchanging a doctor with a non-medical clinician.
- **Supplementation** - extending the range of service provision within one health delivery system by adding a non-medical clinician.

This report focuses on the revision of roles between doctors and:

- advanced practice nurses such as nurse practitioners, specialist nurses, clinical nurses and practice nurses
- physician assistants
- pharmacists
- allied healthcare professionals such as physical therapists (referred to as physiotherapists in this review), speech and language therapists, dietitians and paramedics.

Professional role revision has a number of aims: to reduce the medical workload; to increase capacity and extend the range of services available to patients; to improve the quality of care; and/or to reduce costs.

Our report finds that there is no detrimental effect of revising or extending the roles of non-medical professionals, and in some cases there is a positive effect on the quality of patient care. Gains in service efficiency may be achieved if doctors stop providing the services that are transferred to other health professionals and instead invest their time in activities that they alone can perform.

We know that service developments are quite some way ahead of the research-based evidence in this area. Practitioners are already extending and enhancing professional roles.

Based on our review of the evidence, the Health Foundation believes that role revision is a viable strategy to consider when addressing the challenges facing healthcare.

This briefing summarises the nature of professional role revision and identifies factors that are most likely to lead to successful implementation.

These factors should enable healthcare organisations to optimise the gains to be made from revising professional roles.

¹ Laurant, M. et al (2010). *Revision of professional roles and quality improvement: a review of the evidence*, The Health Foundation, available at: www.health.org.uk

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The big picture

The quality and productivity challenge

The NHS employs 1.3 million staff with a pay bill that accounts for around 40% of its budget. In 2009, the Chief Executive of the NHS, David Nicholson, warned the NHS that it would have to make savings of £20bn over the next three years and would be faced with zero growth in the budget for the subsequent three-year period. Organisations now face considerable pressure to reduce staff numbers at a time when demand for services is growing.

This demands that alternative solutions are explored.

Cost-effective solutions

The Department of Health has asked each strategic health authority (SHA) and primary care trust (PCT) to review and cost local strategies. While being asked to make substantial savings, the NHS is also being challenged to maintain quality, safety and value for money. Cost-effective solutions that ensure the highest standards of patient care must be explored as a matter of urgency.

Workforce

A number of factors are putting pressure on the current supply of medical practitioners and the demands upon them: an ageing workforce; changes in immigration rules; and the EU Working Time Directive.

New and growing demands are being placed on the NHS as the population ages and more people live with chronic illnesses. The policy shift that aims to provide care away from the acute sector and closer to people's homes is placing different requirements on clinical and medical staff.

The nursing profession will undergo significant changes in 2010, with new registration intentions announced and the forthcoming report from the Prime Minister's Commission on the Future of Nursing and Midwifery.

Our findings

New and growing demands are being placed on the NHS as the population ages and more people live with chronic illnesses.

Nurses

There is a substantial amount of evidence about the effectiveness of nurse role revision, from both the UK and the USA, and in a range of healthcare settings. Supplementary roles tended to be within a specific specialty, whereas substitution also included generalist care.

The findings suggest that nurses frequently provide more advice and information to patients and can improve access to healthcare services and treatments compared with doctors. There is evidence to suggest that patients are equally or better satisfied with the care provided by nurses compared with doctors, and clinical outcomes for patients may be improved. Mortality rates were no different from those of doctors.

The overall effects on the costs of healthcare and cost-effectiveness often varied according to the specific context of care. There is some indication that the volume of resources used was larger with nurse-led care than with doctor-led care, which offset savings made on salaries. In particular, nurses seemed to order more tests and investigations. The duration of nurse consultations was significantly longer than doctor consultations, particularly in primary care settings. The results give some indication that nurse-led care reduces the number of hospitalisations, but the results are inconclusive regarding the duration of hospital stay.

On the basis of the evidence it is reasonable to conclude that, regardless of the healthcare setting and type of role revision, nurses provide the same quality of care and establish similar outcomes to doctors.

Physician assistants

Evidence on physician assistant role revision is limited to US-based studies. Physician assistants worked in various healthcare settings, predominantly in specialist roles.

The findings suggest that both access to and productivity of healthcare services increased. Furthermore, physician assistants reduced the workload of doctors.

There is some evidence that physician assistants gain similar clinical outcomes to doctors. However, despite these positive findings, one study showed that, in general, physician assistants adhered less often to guideline recommendations than doctors working alone.

Patients seemed very satisfied with the care provided by physician assistants, and yet there was little evidence regarding the impact of physician assistants on quality of care and outcomes. Because of this, the report can only tentatively conclude that physician assistants provide the same quality of care and establish similar outcomes to doctors. There is some suggestion in the findings that physician assistant role revision results in cost savings.

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Allied health professionals

The evidence on allied health professionals is extremely scarce. The few studies available showed that paramedics, physiotherapists and radiographers when suitably trained, appeared to assess, diagnose and treat patients as safely and effectively as doctors. For example, there was a reduction in mortality when paramedics administered pre-hospital thrombolysis. Other evidence found that patients were more satisfied with physiotherapists.

No conclusions can be drawn on whether allied health professional role revision is cost-effective. But despite the limited evidence base, the report does conclude that within a hospital setting, paramedics, physiotherapists and radiographers provide the same quality of care and establish similar outcomes to doctors.

Pharmacists

The report considered four reviews of extended pharmacist roles by assessing the effectiveness of pharmacist interventions to improve healthcare delivery. In particular, they considered the impact on prescription and medication use.

The findings show that pharmacists improved the quality of care and, in particular, reduced the rates of inappropriate prescribing. Doctors appeared to accept the involvement of pharmacists and to change their prescribing behaviour according to pharmacists' advice. Studies showed that reducing unnecessary drug prescriptions resulted in cost savings.

While there is a lack of evidence on improved clinical outcomes, patients in the reviewed studies were satisfied with the involvement of pharmacists, but the effects on patient compliance regarding medication intake remained inconclusive.

Based on the available evidence, extending the role of pharmacists is a promising strategy to improve the quality of healthcare. It may even improve clinical outcomes and result in cost savings.

Using the evidence

The findings of our evidence review indicate that revision of professional roles does not jeopardise patient care and may sometimes even improve quality of care. Only in the case of pharmacists does the evidence show that role revision has the potential to create cost savings, suggesting it may not be an answer to the immediate productivity challenge facing the NHS.

However, given the potential of role revision to improve the quality of care, it is a viable strategy to consider when addressing shortages of medical professionals and other challenges in the wider healthcare environment – such as an ageing population, new technologies and rising demand – which may threaten the quality of healthcare delivery.

Our report identifies a number of key issues that healthcare policy makers, professionals, providers and commissioners should consider in order to maximise the benefits of role revision, for health professionals and patients alike.

Recommendations for policy makers and NHS managers

A number of factors influence successful implementation of role revision. It is most effective when professionals working in revised roles:

- have clearly defined functions, levels of autonomy, lines of accountability, and levels of experience and qualifications
- benefit from specially developed training programmes
- operate within clear systems for accreditation and licensing
- have clear regulations regarding their scope of practice (for example, extending prescribing rights).

In addition, managers should ensure that:

- professional indemnity insurance is in place for professionals working in revised roles, coupled with clarification of the vicarious liability to employers
- excellent change management skills are deployed to address professional resistance to change
- payment systems provide sufficient reimbursement to encourage multidisciplinary working and collaboration between non-medical clinicians and doctors.

Organisations must be alert to the potential impact of role revision on other parts of the healthcare system, including any unintended consequences. For example, role revision will generally increase the size of healthcare teams as doctors are joined by the non-medical professionals who take on some of their tasks. Larger team sizes may, in turn, increase the difficulties of coordinating care among the various professionals. In general practice, larger team sizes have increased patients' speed of access to care, but have also reduced continuity of care with a preferred doctor.

Recommendations for healthcare professionals

Professionals must be willing to renegotiate the boundaries between different disciplines if change is to be successful. Cooperation will be improved with further evidence that the extension of the role of other healthcare professionals can have marked benefits to patient care.

Recommendations for future research

The report includes a number of recommendations for future research. As the revision of roles has an impact on the healthcare system as a whole, such research should look at the system-level factors that may influence the success of change – for example, team size, continuity of care, coordination of care and care pathways

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