

In support of cardiac physiologists

Jan Keenan outlines the reasons why cardiac nurses should support mandatory professional registration for cardiac physiologists

The National Service Framework (NSF) for Coronary Heart Disease was published in 2000, heralding a new era for cardiac services in England with a powerful policy push to achieve targets. Along with it came the promise of improved quality, efficiency and accessibility for patients. In cardiac services, undoubtedly as in other areas, we have seen a cascade of service redesign, improvement and development that has left many of us in a state of shock at the creativity demonstrated in contrast with the way we worked only a few years ago.

The NSF was not the only push factor for service improvement; in the past few years our teams have risen to the challenge of cutting outpatient waiting times, reducing waiting lists and developing new ways of working that have become embedded in everyday practice.

The same is true of Wales, Scotland and Northern Ireland. In Wales there is a target to bring referral to treatment within 6 months by the end of 2009, in Scotland the whole journey to cardiac intervention has a target of 16 weeks, and in Northern Ireland there is a 13-week target for a first outpatient appointment, with a 21-week target for inpatient or day case treatment.

The important point about the NSF, however, as well as subsequent targets in all four UK countries, is that it allowed nurses to develop, by taking on diagnostic roles, or follow-up clinics, to enable the entire team to work smarter and more effectively. It is not profession-specific. It requires, for example, that a patient with chest pain suspected to have angina be assessed within 14 days—not necessarily by a consultant cardiologist, but by someone with the skills to evaluate and diagnose coronary disease.

A patient presenting acutely with chest pain and diagnosed with ST-segment elevation myocardial infarction must be treated with thrombolysis within 30 minutes



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of arrival at hospital, or within 60 minutes of a call for help. Not necessarily by a physician, but by someone with the skills to diagnose and treat the patient. Later targets such as access to a consultant appointment within 13 weeks, without additional consultant staff, were challenging.

When we looked at the how we could improve access, we looked at the service as a whole, to 'free up' consultant time—by reducing the number of patients followed up by consultant after routine procedures.

Positive policy?

Health policy has led us to the development of nurse-led services—rapid access chest pain clinics, follow-up for patients with coronary disease, thrombolysis, diagnostic and follow-up services for people with arrhythmias, and pre-hospital thrombolysis delivered by paramedics.

More than this, health policy has developed with us to continue to improve accessibility. Policy has supported our service and individual professional development by providing the necessary legislation

and centrally co-ordinated educational standards for nurses and pharmacists to prescribe, for paramedics to treat, and assured quality by continuing to develop professional regulation, to ensure quality of care and excellent governance arrangements. Or has it?

In my celebration of what the NSF and subsequent targets have done for the development of nursing, I exclude a significant and absolutely key group of professionals involved in the cardiac patient's pathway. To whom do I refer if I need to investigate when my patient continues to experience chest pains despite intervention? Or presents with dizzy spells or palpitations? Or has physical signs of heart failure or a murmur following a heart attack? In so many situations this is the role of the cardiac physiologist.

In fact, as nurses we are increasingly reliant on cardiac physiologists, to support both diagnostic and follow-up work. Cardiac physiologists independently undertake echocardiography, exercise testing, arrhythmia analysis, and myocardial perfusion scintigraphy, but have been working in this capacity largely on behalf of physicians for some years. Increasingly, nurses are part of the same team, working in partnership with cardiac physiologists to provide improved access and quality patient-focused services, and increasingly, we appreciate the exceptional skills of this professional group.

Smarter use of diagnostics

Our current challenge in England is to deliver an 18-week wait for patients from referral to treatment. This relies on early access to diagnostic services. If we already run one-stop cardiology or chest pain clinics with instant access to investigation, then why is it so difficult to get everyone diagnosed and treated within 18 weeks? Actually it isn't, but it does need lateral

thinking, smarter use of diagnostic services, and serious consideration to developing the role of our physiologist colleagues.

Support for these developments is stated very clearly in a document published by the Department of Health in June last year, *Transforming Cardiac Diagnostic Services to Deliver 18 Weeks* (DH 2007), which challenges cardiac physiologists to review traditional ways of working, and in particular gives vocal policy support for role development.

I would contend, though, that cardiac physiologists have already risen to the challenge that this document lays out for them. Unlike other professional groups however, they are not supported by the professional regulatory structure that supports nursing development. There is no mandatory professional registration for cardiac physiologists, and this is holding back service development, allowing a very small minority of poor practitioners to continue to practice, and because of that, is a significant patient safety issue.

No legal framework

Let's put it in black and white. If a patient has an exercise test and develops ST-segment elevation on the treadmill, the cardiac physiologist is better placed and more experienced than a junior doctor to declare that the patient is within a hair's breadth of a heart attack. What can he/she do? Leave the patient to get a doctor? Would you? Give oxygen, GTN and 300 mg aspirin. Right? No. It can't be done—without mandatory registration, a cardiac physiologist cannot use a patient group direction, or train to prescribe, so can therefore diagnose the problem, but finds his/her hands are tied when it comes to first-line, low-risk, time-dependent treatment.

What about administration of drugs in the context of transoesophageal echocardiography, or perfusion scintigraphy, or stress echocardiography? The same applies. While

not all registered professional groups have access to legislation that supports the use of patient group directions for the independent administration of medications, non-registered health professionals can not under any circumstances use a patient group direction. It could be argued that a local agreement can be made for staff to be supported in administration of medications, although without the legal framework that supports other professional groups, organizations are understandably nervous about the governance and risk implications of this and this is a significant limiting factor.

Delivering the 18-week target will rely on access to diagnostic services. There is a bid for clinical physiologists to work closer to patients, for example in primary care settings. There has been an increase in the number of independent sector providers offering diagnostic services currently provided by clinical physiologists. In secondary care where teams work together, there is a structure that supports quality and governance, but this is not guaranteed in the independent sector.

Regulation offers protection

Regulation of professions offers public protection. It also offers support for professional working. It is about 'sustaining, improving and assuring the professional standards of the overwhelming majority' (Hewitt, 2007). It means an agreed common set of standards for training and education, mandatory registration, and an agreed level of competence. It exists to provide safety and quality. The Department of Health strategy document *Making the Change* (DH, 2001) stated that during 2002, there would be consultation by the Health Professions Council on extending professional regulation to all groups of healthcare scientists.

Currently there is voluntary registration for clinical physiologists (that is cardiac

physiologists, audiologists, gastro-intestinal physiologists, neurophysiologists and respiratory physiologists) via the Registration Council for Clinical Physiologists (RCCP), who presented an application for regulation to the Health Professions Council in 2003, which was accepted. A letter from the Health Professions Council to the Secretary of State for Health recommending regulation followed in 2004. Yet four years on, clinical physiologists are still waiting for mandatory professional registration.

There is an overwhelming sense of frustration among our physiologist colleagues at the fact that lack of registration is holding back service and professional development, and quite rightly, a serious concern that there is no mechanism for stopping poor practitioners from offering their services.

As nurses, we need to stand alongside our colleagues and offer support, not just in local mutterings and sympathy, but as actively as possible, for the continued improvement of services and for patient safety. Write to the Health Minister, write to your MP, use whatever means possible, to support their cause.

At BANCC, we will continue to work with our nursing and physiology colleagues to campaign as widely and vocally as possible, to support the mandatory professional registration of cardiac physiologists. The louder we are heard, the less we can be ignored.

Hewitt P (2007) *Trust, Assurance and Safety—The Regulation of Health Professionals in the 21st Century*. The Stationery Office, London

Department of Health (2000) *National Service Framework for Coronary Heart Disease: Modern standards and service models*. Department of Health, London

Department of Health (2001) *Making the Change: A Strategy for the Professions in Healthcare Science*. Department of Health, London

Department of Health (2007) *Transforming Cardiac Diagnostics Services to Deliver 18 Weeks*. Department of Health, London