

Summary and introduction

The work contained in this publication began in June 2000 with the aim of updating the existing Royal College of Nursing (RCN, 1996) position statement on nursing education to include the educational issues discussed at Congress in 2000, namely, the mobility of nurses and the future of nursing education.

This work has also coincided with the creation of an RCN Presidential Taskforce on Nursing Education. Consequently, this document has two purposes:

1. To enable Council to report to Congress 2002 on the work undertaken on the Congress 2000 agenda items
2. To act as a resource for the Presidential Taskforce.

Nursing education: a statement of principles identifies 12 principles the RCN believes should underpin the education debate:

1. Entry gates

The nursing profession must control entry to the profession.

2. Level of award

The level of award on completion of nursing education programmes should be at the level of a first degree.

3. Accountability at the point of registration

At the point of registration nurses are accountable for their own practice.

4. Knowledge development

The creation of knowledge for the discipline of nursing and its application to the needs of society is as integral to nursing education as the communication of knowledge.

5. Practice experience

Appropriate high quality practice experience delivered in partnership with practice is an essential element of nursing educational programmes with a practice component.

6. Teaching nursing

Nursing must be taught by expert nurses who will be supported, where appropriate, by contributions from other academic and professional colleagues and users of nursing services.

7. Continuing professional development (CPD) and lifelong learning (LLL)

All nurses must embrace and engage in the principles of continuing professional development.

8. Support for students

Nursing students at all levels require adequate financial and pastoral support in order to complete their courses successfully.

9. Workforce planning

A rigorous system of workforce planning is essential in order to underpin educational commissioning. There needs to be the right number of nurses and nurse lecturers (with the right skills and knowledge base) in the right location to meet needs, including, but not limited to, the needs of the NHS.

10. Free movement of labour

It is essential that the nursing strategies of the UK ensure free movement across the four countries of the UK.

11. Multi-professional education

Professions who work together should learn together.

12. Nursing in higher education

Nursing must be treated equitably alongside other disciplines in higher education.

It is intended that this publication will stimulate debate that can be shared with all those involved in education, and will also make a significant contribution to the shaping of RCN education policy and practice.

This publication also forms part of Council's report to Congress 2002 on educational issues.

This document will cover:

- ◆ all groups included in the Regulatory Framework of the Nursing and Midwifery Council (NMC)*. Therefore when reference is made to nurses/nursing this should be interpreted to include all of these groups
- ◆ educational issues relating to the four countries of the United Kingdom
- ◆ educational issues that impact on any professional setting in the NHS and the independent and voluntary sectors
- ◆ education from initial preparation through continuing academic and professional development up to doctoral level and beyond, although it should be noted that some of the principles refer to certain aspects of pre-registration education.

* As of April 2002 the NMC replaces the United Kingdom Central Council for Nursing, Midwifery and Health Visiting (UKCC).

Underpinning these principles is the RCN's belief that nursing:

- ❖ is a practice-based professional discipline
- ❖ is essential to the delivery of high quality health care in UK society
- ❖ makes a unique contribution which is fundamental to care and complemented by other health care professions
- ❖ requires quality lifelong education, which supports competent and compassionate practitioners in the delivery of safe and effective care
- ❖ delivers care which is evidence based
- ❖ is responsible for developing its own knowledge base
- ❖ is responsible for exercising governance over nursing educational standards and nursing practice standards through a UK-wide regulatory system.

1 Entry gates

Principle: The nursing profession must control entry to the profession.

Rationale: The hallmark of any professional group is that it decides on the criteria for entry to the profession. This includes the standard, kind and content of its education programmes and the assessment of those prepared for qualification as professionals.

Questions for discussion (initial list)*

- ◆ Who should be party to the contract and what role should they play?
- ◆ Does the current selection process identify the personal attributes that make a good nurse, for example, what makes a good children's nurse?
- ◆ How far should nurses control entry to the profession?
- ◆ Is the contracting mechanism that was introduced in 1991 an appropriate method for determining and controlling nursing education?
- ◆ In what way will the changing framework for education provision compromise the ability of the profession to determine and control the quality of the standard, kind and content of educational programmes?
- ◆ How can nursing contribute to the contracting dialogue?
- ◆ Since professional standards are set by the NMC and academic standards by higher education (HE) authorities, what role should nurses have in the development of these and their effective integration?
- ◆ To what extent do current funding arrangements impact on entry to the profession?

* The questions set out within this publication are not exhaustive and will be changed and added to over time.

2 Level of award

Principle: The level of award on completion of nursing education programmes should be at the level of a first degree.

Rationale: The level of award on completion of nursing education programmes needs to reflect the complexity of nursing and equivalence with other professions. The complexity of nursing requires a knowledge level and the cognitive skills associated with a university degree. In addition, it requires ongoing investment into continuing professional development (CPD) along the lifelong learning (LLL) continuum. This is essential if nurses are to respond effectively and efficiently to the rapidly changing health and social care needs of the populations they seek to serve.

The requirement for equivalence with other health care professions derives from two beliefs:

- ◆ the knowledge base and level of skill required for nursing is not less than that required for the practice of the other health care professions
- ◆ in the multi-professional activity of health care, the nursing contribution is not less than that of other disciplines.

Questions for discussion (initial list)

- ◆ To what extent does the complexity of nursing require a knowledge level and the cognitive skills that equate to degree level?
- ◆ The complexity of nursing requires a rapid response to rapidly changing circumstances. How can nursing education encourage creativity and problem-solving skills whilst also ensuring technical competence?
- ◆ How can we ensure that nursing knowledge is underpinned by nursing research?
- ◆ In what way do public and student perceptions of educational qualifications affect the level of award?
- ◆ How can nursing education achieve equal status with that of other professions?
- ◆ What mix of lecturers is required to ensure the necessary links between theory and practice?

3 Accountability at the point of registration

Principle: At the point of registration nurses are accountable for their own practice.

Rationale: “From the point of registration, each practitioner is subject to the Council’s Code of Professional Conduct and accountable for his or her practice and conduct” (UKCC, 1992). In recognition of the level of competence achieved at the point of registration, the NMC expects that all newly registered nurses, midwives and health visitors are provided with a period of support (normally four months) under the guidance of a preceptor.

Questions for discussion (initial list)

How can the profession ensure that:

- ◆ models of effective clinical supervision are in place?
- ◆ programmes ensure fitness for practice and fitness for award?
- ◆ practitioners and employers are aware of the limits of the competence of newly qualified practitioners and understand the concept of their accountability?
- ◆ there is a period of preceptorship and that the NMC requirement for preceptorship can be achieved?

- ◆ the infrastructure for preceptors and clinical supervisors is robust and effective?

4 Knowledge development

Principle: The creation of knowledge for the discipline of nursing and its application to the needs of society is as integral to nursing education as the communication of knowledge.

Rationale: As a profession, nursing has an obligation to develop its knowledge base and the evidence base for its own practice through research and scholarship.

Questions for discussion (initial list)

- ◆ Should funding for nursing education include provision for the development and maintenance of research and scholarship in the same way as other disciplines in higher education?
- ◆ Given that nursing students need educational support for 52 weeks a year, seven days a week due to clinical and educational components of their courses, how can lecturers in nursing be helped to develop the knowledge base of the profession?
- ◆ How can the need for more time for research and scholarly activity best be reconciled with the work associated with multiple intakes and year round teaching?
- ◆ How should staff/student ratios (SSRs) be incorporated into educational contracts and how can they be set to ensure time for research and scholarly activity?
- ◆ How can workload be distributed to ensure that the contributions of non-research active and research-active tasks are both valued?
- ◆ What arrangements are necessary to help lecturers in nursing to have the same access to sabbatical leave as lecturers of other disciplines?
- ◆ How can clinicians be helped to develop the appropriate tools to apply theory to practice in implementing change?

5 Practice experience

Principle: Appropriate high quality practice experience delivered in partnership with practice is an essential element of nursing educational programmes with a practice component.

Rationale: Good quality practice experience produces safe and competent practitioners.

Questions for discussion (initial list)

- ◆ What is the best way of promoting the personal and professional development of mentors, assessors, supervisors and preceptors?
- ◆ How can the development of collaboration and co-operation between universities, clinical placements and practice settings be supported?
- ◆ What measures must be taken to sustain quality learning environments along the lifelong learning continuum?
- ◆ How can nurses in practice settings be helped to recognise and direct learning opportunities appropriately?

6 Teaching nursing

Principle: Nursing must be taught by expert nurses who will be supported, where appropriate, by contributions from other academic and professional colleagues and users of nursing services.

Rationale: The education of nurses must be shaped and delivered by lecturers who are experts in their field. There is a requirement from the regulatory body (UKCC, 2000), for potential nurse lecturers to have a “minimum of three years full-time experience... in relevant professional practice during the last ten years” (page 5).

Questions for discussion (initial list)

- ◆ How can the requirements to achieve a formal teaching qualification and to develop subject expertise through doctoral study be reconciled?

How can we ensure that the following have a key role in the shaping and delivery of appropriate professional/academic educational programmes:

- ◆ the preparation and continuing professional development for lecturers in nursing and other associated teaching team members?
- ◆ the integration of theory with practice?

- ◆ the need for evidence-based teaching and practice?
- ◆ the development of integrated inter-professional teaching teams?
- ◆ the development of roles and relationships for mentorship and practice supervision?
- ◆ the recruitment and development of career pathways for lecturers?

7 Continuing professional development (CPD) /lifelong learning

Principle: All nurses must embrace and engage in the principles of continuing professional development.

Rationale: The rationale for this principle is implicit within the UKCC Code of Professional Conduct (1992) and is fully set out in the UKCC documents on PREP (UKCC, 1994), and in the RCN's responses to it.

Questions for discussion (initial list)

- ◆ How can professional portfolios, and professional knowledge and competence be maintained and assured?
- ◆ How can the relevance of CPD to specific areas of nursing be ensured?
- ◆ Should there be an evaluation of how CPD enhances quality and standards?
- ◆ How can transferability and consistency of CPD be achieved across the four countries of the UK and the different fields of practice?
- ◆ How can appropriate resources, for example, time and funding be secured for CPD?
- ◆ How can CPD be made accessible to all?

8 Support for students

Principle: Nursing students at all levels require adequate financial and pastoral support in order to complete their courses successfully.

Rationale: The special requirements of studying nursing places additional stress on the student because of the intensity of the programmes, the clinical practice requirements and the combination of study with employment and with family commitments.

requirements of studying nursing, for example, the combination of study with employment and family commitments?

Questions for discussion (initial list)

- ◆ Are full-time students able to commit themselves fully to their programme of study without having to undertake additional paid employment?
- ◆ How can the diverse needs of students in different parts of the four countries of the UK be met?
- ◆ How can the present anomalies in financial support across the four countries of the UK and between different types of programmes be resolved and equity achieved?
- ◆ How can appropriate levels of pastoral support be reconciled with the current high workloads of nurse lecturers?
- ◆ How can programmes of study be developed to meet the special

9 Workforce planning

Principle: A rigorous system of workforce planning is essential in order to underpin educational commissioning. There needs to be the right number of nurses and nurse lecturers (with the right skills and knowledge base) in the right location to meet needs, including, but not limited to, the needs of the NHS.

Rationale: To ensure that sufficient numbers of nurses with appropriate skills are educated to deliver care in changing care settings, educational provision must respond to the above essential elements.

Questions for discussion (initial list)

- ◆ To what extent is the purpose of nursing education to meet the workforce needs of the NHS only, or is it, as with other professions, for professional practice in general?
- ◆ How can the workforce planning exercise best respond to changes in demand, for example, an ageing population?
- ◆ What are the best ways of ensuring that the needs of clients/ populations in diverse care settings are met?
- ◆ How can we ensure that knowledge and competencies acquired in one of the four countries of the UK are directly transferable to another?
- ◆ How can the different levels of teaching that students require for different levels of practice be incorporated into workforce planning?
- ◆ Who should be involved in the process of workforce planning and what role should the nursing profession play?
- ◆ How can the current paradox between the recruitment of qualified nurses from overseas be reconciled with the exclusion of overseas students from pre-registration preparation?
- ◆ To what extent does the utilisation of workforce confederations in England compromise medium/long-term economic investment in professional education initiatives?
- ◆ How do we ensure that all aspects of nursing education are cost effective and open to scrutiny?

10 Free movement of labour

Principle: It is essential that the nursing strategies of the UK ensure free movement of labour across the four countries of the UK.

Rationale: The principle of free movement of labour is enshrined in EU legislation and at present this is managed through the sectoral directives (1977) which apply to nursing and some other health professions.

Questions for discussion (initial list)

- ◆ To what extent should knowledge, skills and qualifications be standardised regardless of where nurses are prepared?
- ◆ How will political devolution and the creation of regional assemblies' impact on the free movement of nurses around the UK?
- ◆ How transferable are current pre-registration education programmes across the four countries of the UK?
- ◆ Should the EU specialist directive for professions such as nursing be retained?

11 Multi-professional education

Principle: Professions who work together should learn together.

Rationale: Collaboration and co-operation across health care disciplines is fundamental to maintaining high quality care.

Questions for discussion (initial list):

- How can the difficulties associated with the different organisation, funding arrangements, and levels of education of the different health professions be solved?
- ◆ How can the unique contribution of nursing be reconciled with the current multi-professional agenda?
 - ◆ What is meant by the terms multi-professional education, inter professional education, shared learning and interdisciplinary learning?
 - ◆ What is the relevance of each of these definitions to the current inter-professional agenda?
 - ◆ What is the value of having inter-professional education in pre-registration preparation in helping attitudes to teamwork and multi-professional practice?
 - ◆ How can we ensure that developments in education and

training arrangements are sufficiently inter-professional to aid switching of career paths?

- ◆ How can we prepare students to work in inter-professional teams?
- ◆ How can we ensure that members of the public, as users, are involved in the developments of inter-professional education?

12 Nursing in higher education

Principle: Nursing must be treated equitably alongside other disciplines in higher education

Rationale: The transfer of nursing education to higher education has required a re-orientation of its traditional goals and values, and a major expansion in research capacity - particularly in relation to the research assessment exercise (RAE). However, these requirements have not been supported by current financial or administrative arrangements. The different arrangements for funding and organising nursing education, compared with other disciplines in higher education, makes full integration within higher education difficult. Both students and lecturers of nursing are currently disadvantaged by their exclusion from many of the facilities available to students and lecturers of other disciplines.

Questions for discussion (initial list)

- ◆ Do the different arrangements for funding and organisation of nursing education, compared with other disciplines in higher education, make full integration within higher education difficult?
- ◆ How can the anomalies and inequities between students and

lecturers in nursing, and students and lecturers in other disciplines be resolved?

- ◆ To what extent do the current different funding arrangements across the four countries of the UK create equity?
- ◆ How can the need for the investment of resources to support both the delivery of educational services and the development of a professional /academic evidence base be achieved?
- ◆ To what extent does the utilisation of workforce confederations in England compromise medium/long-term economic investment in professional education initiatives?
- ◆ How can access to equitable support and resources for both education users and providers be achieved?

References

UKCC (2000) *Standards for the preparation of teachers of nurses midwives and health visitors*. London: UKCC (available on the NMC website: www.nmc-uk.org).

RCN (1996) *A principled approach to nurse education – the rationale: a document for discussion*. London: RCN.

UKCC (1994) *The Future of Professional Practice: The Council's standards for education and practice following registration*. London: UKCC (available on the NMC website: www.nmc-uk.org).

UKCC (1992) *Code of Professional Conduct*. London: UKCC (available on the NMC website: www.nmc-uk.org).

Official Journal of the European Communities (1977) *Legislation: directives 77/452/EEC – 77/455/EEC - Concerning the recognition of qualifications of nurses in general care*. Vol 20 no. L176 15 July 1977. Luxembourg: office for the official publications of the European communities.

Appendix 1

List of abbreviations

CPD Continuing Professional Development

DH Department of Health

HE Higher Education

LLL Lifelong Learning

NMC Nursing and Midwifery Council

PREP Post-registration education and practice

RAE Research Assessment Exercise

RCN Royal College of Nursing

SSR Staff/Student Ratios

UKCC United Kingdom Central Council for Nursing Midwifery and Health Visiting

Appendix 2

Working group members

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