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Preface

Roswyn Hakesley-Brown, President, Royal College of Nursing

This position statement has been developed by members of the RCN. It outlines the results of the work of the Presidential Education Taskforce established during 2002 to provide recommendations to RCN Council for future nursing¹ education policy.

“Reassuring patients is a hard thing to do – a knowledgeable nurse is welcoming, knows who you are and why you are there, stands out when you are feeling insecure, anxious, uncertain and afraid.”

The purpose of this position statement is to reinforce existing educational policy, identifying any gaps and creating new policies that will ensure a

comprehensive agenda for influencing the future of nursing education over the next five years. Our ultimate aim is to work with RCN members in partnership with other key stakeholders from all four countries to create a momentum to achieve policy change.

The recommendations are presented against a backdrop of continuing devolution in the UK, local education policy, an increasing awareness of patients’ and users’ voices and needs, and a realisation that no profession or organisation can achieve its goals alone. There are many matters that are the business of every nurse – education is one that is high on the agenda.

I commend this position statement to members of the RCN, to the profession as a whole and to colleagues in government, in the NHS and independent and voluntary sectors who are concerned with raising standards and who have as their goal healthier outcomes for patients and clients in the context of a modernising health service.

“As a patient I have a right to expect nurses to continually develop their skills to meet the needs of me and my family.”

¹ This policy document covers all groups included in the regulatory framework of the NMC. Therefore when reference is made to nurses/nursing this should be interpreted to include nurses, midwives and health visitors.

Introduction

The RCN strongly believes that nursing education is central to enabling skilled expert nursing care in order to improve outcomes for patients and staff. A better-educated nursing workforce, which has equity in terms of opportunities, will lead to higher standards of patient care and improved health outcomes (RCN 2001, RCN 2002).

The RCN's overarching policy goal is to ensure that nursing education is recognised both within the profession and with key external stakeholders as central to improving the quality of patient care and the health of the public.

This position statement covers four areas, pre-registration nursing education, continuing professional development (CPD) and lifelong learning, professional regulation and higher education workforce issues. These areas were identified by RCN members and confirmed by external stakeholders as central to creating a comprehensive nursing education policy agenda.

Pre-registration

Context and issues

The context in which health and social care is delivered will influence the nature of the nursing workforce and the initial educational preparation that nurses require. In response to this changing context, the Commission for Education made clear that the current programme model of four branches of nursing needs reviewing (UKCC 1999). The level of award on completion of nursing education programmes in all four countries also needs to reflect the complexity of nursing and equivalence with other professions².

The recruitment and retention of nurses remains an issue and nurses must be recruited and educated to reflect the diversity of the population they serve. Nursing students also require adequate financial and pastoral support in order to complete their studies successfully.

² Northern Ireland, Scotland and Wales have all made a firm commitment to an all graduate nursing profession at the point of registration. Their identified timescales vary. England has not yet made a commitment to this.



Members' views

Members felt that the current model of four branches of nursing needs to be reviewed in light of changing health care needs, although some were keen to retain elements of the current model. There were strong views that there needed to be equality between nurses and other health care professions at the point of registration.

“Students will never be properly supported until we begin to value the mentors. At the moment this just doesn't happen.”

Lack of support for students was a great concern, and it was believed that this was a factor resulting in high attrition rates. Service providers still felt they were not sufficiently involved in recruiting students despite recent policy recommendations (UKCC 1999). This was also felt to be the case in workforce planning. In addition, issues of funding caused concern. There is current inequity across the four countries and members felt this needed to be addressed³.

³ Non means tested bursaries are awarded to students undertaking either a diploma or degree programme in Northern Ireland, Scotland and Wales. Non means tested bursaries are awarded to diploma level students only in England with means tested bursaries being awarded to students undertaking degrees.

The RCN will pursue policies to ensure that:

- ◆ the issues raised by RCN members about the current pre-registration programme are considered within the NMC consultation on the future shape of the register
- ◆ graduate preparation at the point of registration is expanded to all of the four countries of the UK
- ◆ recruitment strategies achieve cultural diversity and the content of pre-registration programmes ensure cultural competence
- ◆ recruitment and selection continues to develop as a joint responsibility between service providers and HEIs using the expertise of selectors appropriately
- ◆ non means tested bursaries are made available for nursing students across all of the four countries of the UK
- ◆ student career pathways are flexible and take into account different learning rates

“Arguing that more flexibility will recreate second level nurses is a red herring, it's about being provided with opportunities, so, if we do have different levels then we must have the career progression to go with it.”

- ◆ the planning of future workforce requirements actively involves all relevant stakeholders including patients.

Continuing professional development (CPD) and lifelong learning

Context and issues

The specific purpose of CPD and lifelong learning is to equip nurses to develop expert skills and knowledge to support their insights into patient need, service development and health improvement. Both professional and government strategies emphasise that health care professionals have a duty to the public to keep their knowledge and skills up to date (UKCC 1994, DHSS 1998, DH 1999, Scottish Executive 2001, National Assembly for Wales 2001).

Access to CPD however is not always easy, funding streams are not clear either for employers obtaining government funding or

for individual nurses accessing CPD funds within organisations. The value of CPD is often not recognised by employers and there is little evidence available on the impact of CPD on patient outcomes or recruitment and retention.

Members' views

Members considered that access, funding and delivery of CPD was totally uncoordinated and the role of mentors in enabling lifelong learning was patchy and needed to be developed and acknowledged. Members felt that they had too little knowledge of the variety of career pathways open to them and didn't understand how they could use CPD and lifelong learning to make learning portable and transferable throughout their careers. Accreditation of CPD was viewed as fragmented, inconsistent and costly.

"CPD needs to be based on a national competency framework in partnership with the professions and public."

Members were convinced that work-based learning and e-learning are keys to the future. The development of clinically based scholarship and research through, for example PhD



portfolios, was viewed as potentially exciting but needed further exploration.

The RCN will pursue policies to ensure that:

- ◆ a UK framework for lifelong learning is developed with an easily understood and transferable accreditation system
- ◆ every service provider is able to demonstrate a strategic plan for CPD
- ◆ a fair and equitable funding system for access to CPD is achieved
- ◆ the impact of CPD on patient outcomes is examined

“There needs to be a real splurge on careers – nurses don’t know what the different options are, if they did we may not lose so many.”

- ◆ CPD is connected to flexible career pathways which enable nurses to achieve their potential
- ◆ recognition and further support and development is given to mentors
- ◆ learning for CPD involves creative approaches including work-based learning, practice scholarships and e-learning.

Professional regulation

Context and issues

The power to regulate standards of education, practice and conduct for health professionals is given by an act of Parliament to independent regulatory bodies. These bodies maintain a register of recognised professionals, setting the educational conditions for entry and determining when names should be removed from the register. The fundamental purpose of this form of statutory regulation is to protect the public by giving assurance that those on the register are fit to practice. There are currently eight regulatory bodies in the health field of which the newly established Nursing and Midwifery Council (NMC) is one. An overarching council of regulators for the health professions will shortly be constituted.

Members’ views

Regulatory issues are not readily understood. Members said that what is a simple and direct purpose – public protection, can

Quality education for quality care

often be hidden by complex statutory instruments and public procedures. Some members questioned whether there was a

“Regulation has lost the trust of the public so systems must ensure that they (the public) know what they are getting.”

role for regulation in relation to CPD whilst others felt that the role of the regulator should be to facilitate members in self regulation of their CPD, for example, in relation to higher level practice. Members were concerned about the lack of clarity over responsibility for setting and monitoring standards of continuing education particularly since the demise of the national boards in 2002. Members also questioned the longer-term implications of inter-professional education for uni-professional regulatory bodies.

The RCN will pursue policies to ensure that:

- ◆ awareness on matters concerning professional regulation is raised within the profession
- ◆ the relationship between regulation and CPD is explored
- ◆ the impact of inter-professional education on the regulation of nurses is assessed

- ◆ there is clarity over the setting and monitoring of standards of continuing professional education.

Higher education workforce issues

The transfer of nursing education to higher education has required a re-orientation of its goals and values and a major expansion in research capacity. A survey carried out by the RCN (Evers 2000) suggests that pressures from increased workloads are damaging morale amongst nurse lecturers and that many feel unable to provide a first class educational experience for students.

Nurse lecturers also commented in response to the survey that different terms and conditions for nurse lecturers have helped generate a sense that nursing education is not treated on a par with, and is not held in the same esteem as, other academic disciplines in universities. These disparities have not assisted the integration of nursing into higher education and have exacerbated a



sense of isolation for many nurse lecturers. The generally lower salary levels of academic staff (compared with other public sector and NHS professionals) and particularly low entry-level salaries are problematic and represent a barrier to recruitment.

Members' views

"The pressures we experienced with the move into higher education have not eased. It is still impossible to balance teaching commitments, research and clinical practice."

Members stated that they experienced enormous pressures during transfers to universities and continue to experience pressures related to workload, hours and role – balancing teaching commitments with research and clinical practice. Many nurse lecturers stated that their contracts failed to acknowledge fully their requirements for student supervision and clinical practice – an essential part of their work. Of concern to members was a view that the best educators and researchers need to be attracted to nursing education. However, comparatively poorer salaries, when compared with the NHS and independent sectors and significant issues surrounding workload and working hours, are constraining recruitment and retention.

Lack of portability and transferability between practice and higher education also seems to be an issue. Career pathways also need to be more flexible, permitting transfers between practice and academia.

"Current systems are not conducive to moving between HE and practice. There are real issues around transferability of pensions."

The RCN will pursue policies to ensure that:

- ◆ workload issues for nurse lecturers are addressed
- ◆ protected time for research, teaching, student support and clinical work within the employment contracts of nurses working in HEIs is approved
- ◆ the significance of practice and practice relevant research for nurses is raised within HEIs
- ◆ career pathways for nurses working in HEIs are flexible allowing transfers between academic roles and clinical practice.

Next steps

This position statement has committed the RCN to working in partnership with key stakeholders to influence the policy changes that are required for nursing education over the next five years. The next steps will involve working with members to publicise the recommendations and set out the lobbying priorities and actions required for robust policy change.

If you would like to work on the next steps with the RCN on any aspect of educational policy then contact:

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Acknowledgments

With thanks to the Presidential Education Taskforce Working Group and the following Council Members for their contribution towards the development of this position statement:

Diane Rawstorne
Bethann Siviter
Sue Jones
Mahama Seidu



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