



University of HUDDERSFIELD

University of Huddersfield Repository

Phillips, Stephen and Rawlinson, Mark

The Future Educational Preparation for Specialist Community Nurses

Original Citation

Phillips, Stephen and Rawlinson, Mark (2008) The Future Educational Preparation for Specialist Community Nurses. Research Report. ADNE. (Unpublished)

This version is available at <http://eprints.hud.ac.uk/id/eprint/11570/>

The University Repository is a digital collection of the research output of the University, available on Open Access. Copyright and Moral Rights for the items on this site are retained by the individual author and/or other copyright owners. Users may access full items free of charge; copies of full text items generally can be reproduced, displayed or performed and given to third parties in any format or medium for personal research or study, educational or not-for-profit purposes without prior permission or charge, provided:

- The authors, title and full bibliographic details is credited in any copy;
- A hyperlink and/or URL is included for the original metadata page; and
- The content is not changed in any way.

For more information, including our policy and submission procedure, please contact the Repository Team at: E.mailbox@hud.ac.uk.

<http://eprints.hud.ac.uk/>

The Future Educational Preparation for Specialist Community Nurses.

This paper has been produced by members of the Association of District Nurse Educators (ADNE) in response to several issues impacting on District Nursing practice and education. These include the Nursing and Midwifery Council's (NMC) creation of the third part of the register for Specialist Community Public Health Nurses. This has been embraced in higher education and many programmes of educational preparation for practitioners wanting to register on the third part of the register have separated from the traditional models of specialist practice preparation that include all community nursing pathways.

The other impacts come from Government policy and the need to prepare practitioners to work in the community in a variety of ways and settings and to lead and manage the care of people with long term conditions in their homes away from hospital settings.

There are a number of imperatives that drive the changes that need to be adopted in practice delivery, for example, the focus on Supporting People with Long Term Conditions (DH, 2005a,b,c), The National Health Service Knowledge and Skills Framework (DH, 2004), Advanced Practice (NMC 2005), Practice Based Commissioning (DH 2005d) , Delivering for Health (Scottish Executive, 2005) and Our Health, Our Care, Our Say (DH, 2006). These reinforce the message that keeping people out of hospital and at home is preferable. Additionally, that people have the right to a choice of locally based services from practitioners who are highly experienced and educated members of the health care team, able to diagnose and treat health care needs or refer on to appropriate specialists if necessary (NMC 2005).

In order to reflect these changes, current district nursing practice needs to change, knowledge and skills need to be enhanced and further developed. It is the right time to be reviewing our educational programmes for all nurses working in primary care including specialist community practice.

Considering the implications of the policy context for primary care throughout the United Kingdom and the need to exercise financial constraints, the ADNE recognise the need to move towards a more flexible, cost-effective model of educational preparation.

This paper has three focus areas that will look at the current picture, the future profile of district nursing and the educational preparation required to meet the needs of a new and modern community nursing service.

1. The Current Picture:

- The current position comprises standards for specialist practice for nursing in the home – district nursing (UKCC, 2001). This also incorporates Mode 2 Nurse Prescribing.
- Programmes across the United Kingdom comprise 50% theory and practice and one third shared learning across all the community nursing pathways. Normally they are full time courses taking between

32 and 52 weeks to complete, however some Higher Education Institutes offer a part time programme allowing a maximum of four years to complete.

- Students are normally sponsored by Strategic Health Authorities/Health Boards or seconded by PCT's/Community Health Partnerships (CHP's). In Scotland sponsorship is not standard and varies in each Health Board area with many students being fully or partially self funding.
- The theoretical component of the education is normally provided within a Higher Education Institute. Programmes are normally delivered at Level H (honours degree level) or Level M/Post graduate Diploma level (this varies in Scotland and may include ordinary degree level).
- The practice component is undertaken within the sponsoring Strategic Health Authority/Health Board or seconding PCT/CHP.
- Students are working towards a leadership and management role within a local health care economy.
- Students learning is facilitated and assessed by a qualified practice teacher who has undertaken an approved teaching course.
- The current key drivers changing the pattern of health care delivery can be seen as being governmental / political in delivery of primary health care. This involves professionals having to change working practices, involving patients and the public and being responsive to national targets and standards.
- Other drivers can be societal / demographic in nature, for example, changing population and age structure, reduction in the numbers of available carers, advances in technology and expectation of services being delivered at the point of need.
- The changing organisation of new roles / patterns of working – the expansion and increased responsibilities of the community staff nurse, for example, day to day caseload management, accepting referrals, undertaking assessments, delegating work. These roles can be seen as expanded roles with no recognised training or preparation.
- Existing SPQ District Nurses are increasingly required to manage larger and more diverse teams and functioning at strategic management capacity, in addition to having to develop more advanced knowledge and clinical skills. The current qualification does not prepare for this role.

2. Education to meet the future needs – educational model.

Given that there will be one level of registration for post initial qualification at advanced practice level (NMC, 2005), the educational aims will be to provide a flexible framework of educational modules. This will enable individual practitioners to select appropriate modules in line with the needs of local service delivery and their own professional development plans (PDP). However, the ADNE feels very strongly that advanced practice should have more than a clinical focus. A practitioner working at an advanced level in primary care should be able to develop other roles such as in leadership, education and research.

Within a new educational framework there will be scope for

- accommodating existing district nurses to continue to develop professionally
- enabling qualified nurses to develop a career pathway working in primary health care
- working towards advanced practice standards over a period of time

All educational provision will be in line with current inter-professional learning and one that fosters an anti-discriminatory approach to practice.

The ADNE recognise the need to retain the core aspects that are essential for practice such as leadership skills, research awareness and a public health approach to practice. Additional areas will need to include an ability to:

- Undertake a proactive health needs assessment of individuals, groups and communities, involving other members of the health care team as appropriate.
- Take a comprehensive patient history and undertake advanced physical and clinical assessment skills in the context of their role.
- Utilise expert knowledge and clinical judgement to identify a potential diagnosis, based on best practice.
- Prescribe appropriately within their sphere of competence and refer on to specialists when necessary.
- Ensure the continuity of care and assess and evaluate with patients the effectiveness of health care interventions and make changes as needed.
- Provide leadership.
- Understand business skills, marketing and budget setting that utilises resources appropriately and cost effectively.
- Work in a variety of settings
- Articulate the impact of social policy on practice.

Any modules developed in higher education institutes will need to map against the NMC advanced practice standards and the KSF dimensions and level descriptors.

The following educational model will include an identifiable route for the development of nurses band 5-6 (Agenda for Change) as well as a framework for practitioners working beyond band 6 (Agenda for Change) in order to develop new roles and working practices in primary/community settings. It is proposed that the existing specialist practitioner standards be reviewed in order to identify appropriate proficiencies for practitioners working at bands 5-6 that are appropriate for their role in practice.

Please refer to the Proposed Educational Model.

Explanation of the Educational Model:

Framework A denotes the range of banding according to Agenda for Change (AFC).

Framework B is the proposed framework for nurses working on banding 5-6 (AFC). Nurses would have to demonstrate they have met proficiencies determined by the NMC, replacing existing specialist practitioner qualification standards. This will entail a flexible mode of delivery in a modular format. Specialist practice regulations will also need to be disengaged since they will not be applicable to this route. This will generate the flexibility to develop individual programmes which are responsive to the local health care economy needs. Public safety will be maintained through practitioners having to meet updated proficiencies as determined by the NMC. This may involve core modules and the use of optional or work based learning units. The delivery of the programme could be modular, full time or part time, over a maximum of 4 years. Academic level will normally be at honours or masters.

Framework C denotes non-medical prescribing. In accordance with current department of health directives, this will not form an integral part of the proposed framework. It can however be delivered alongside existing proposed provision. Mode 2 prescribing could be an option within framework B.

Framework D is the proposed framework for the achievement of advanced practice standards and is an appropriate/attractive option for a variety of roles, for example, community matrons, first contact practitioners or advanced primary care practitioners.

Practitioners would be required to have met the proficiencies of advanced practice as defined by the NMC. This could be developed around a mixture of core, optional and work based learning modules. The academic level would be at master's level. The delivery of the programme could be modular, full time or part time, over a maximum of 4 years. Health education institutions may wish to offer the option of completing a dissertation to complete a MSc Qualification.

Recommendations

1. The specialist practice regulations will be disengaged and the title of specialist practice (District Nursing) is no longer used.
2. Practitioners completing framework B have an additional recording on part 1 of the professional register.
3. The proficiencies be reviewed through consultation with appropriate organisations, for example, ADNE, QNI and CNDA.
4. Practitioners on framework D have a registration of advanced practice on part 1 of the register.
5. Advanced practice standards be revised to reflect the diverse needs of new roles in primary and community settings.
6. The advanced practice standards be revised through consultation with appropriate organisations, for example, ADNE, QNI and CNDA.

Conclusion

We hope that this paper will begin a debate on the future education for all community nurses, a future that has positive opportunities for both current and future practitioners.

There is a lot of discussion about the future role for district nurses. As District Nurse educators, we strongly believe that their future is positive and that their role will further develop and change to enable them to actively case manage people with long term conditions as well as to lead teams of community nurses who carry out the whole range of nursing care that is and could be carried out in the home. A debate is needed about how all this can be managed, with education working in partnership with practice who will remain responsible for work-based learning supported by practice teachers and educators and these roles need clarification.

References

Department of Health, 2004 The NHS Knowledge and Skills Framework and the Development Review Process, London, DH.

Department of Health, 2005a Supporting People with Long Term Conditions: Liberating the talents of nurses who care for people with long term conditions, London, DH.

Department of Health, 2005b The National Service Framework for Long Term Conditions, London, DH.

Department of Health, 2005c Competence Framework for Long Term Conditions, London, DH / Skills for Health.

Department of Health, 2005d Practice Based Commissioning: Promoting clinical engagement, London, DH.

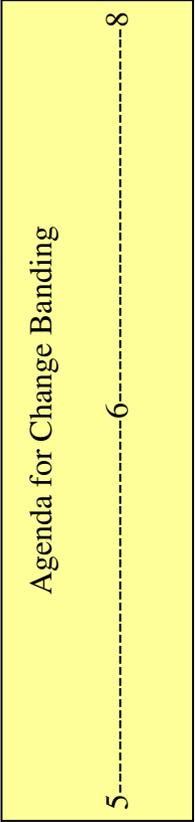
Department of Health, 2006 Our Health, Our Care, Our Say, London, DH

Nursing and Midwifery Council, 2005 NMC Consultation on a proposed framework for the standard for post registration nursing, NMC.

Scottish Executive, 2005 Delivering for Health, Edinburgh: Scottish Executive.

United Kingdom Central Council, 2001, Standards for Specialist Education and Practice, UKCC

Proposed Educational Model



KEY

