Nurse education 2015: what is changing?

Quality With Compassion: The Future Of Nursing Education report by Willis (2012) identified that the move to an all-degree nursing profession could not be held directly responsible for poor practice or the perceived decline in standards of care. Nor did it find any evidence that degree-level registration was damaging to patient care. The Commission found the case for moving to an all-graduate nursing profession not simply desirable, but essential. This year, the much anticipated Shape of Caring report (Willis, 2015) has been published and should be an essential read for all nurses. The report was commissioned to focus on care staff and registered nurses to determine if current education and training was fit for purpose. The report highlights that healthcare assistants, who provide approximately over 60% of hands-on care, are vital to the delivery of frontline compassionate care, yet often have little access to training or personal development. Developing an additional role for care assistants, targeted at Agenda for Change band 3 and with a clear training pathway and distinct qualification, will allow registered nurses to be confident in delegating and patients to be confident in receiving care. Willis also recommends that for those experienced care assistants who wish to enter nursing, the system needs to recognise the benefits they can bring to the nursing profession. Care assistants must meet the standards of entry and follow a clear education and career pathway that will promote the development of a local ‘home-grown’ workforce. A further area for exploration in the report was that of undergraduate nurse education. Willis identified the importance of education being flexible. He states that the current four-field pre-registration system (adult, mental health, child and learning disabilities) has worked well but has marginalised mental health and has led to a disjoint between mental and physical health needs. He recommends a debate surrounding current education provision with an aim of achieving greater parity between physical and mental health nursing and a more consistent holistic approach, with a focus on developing more general practice, district and community nurses. Willis is clear that more needs to be expected from the graduate nurse of the future to meet a population-based and integrated community approach. There should be a greater acquisition of skills in the pre-registration programme that were previously considered advanced or post-registration, with attention given to developing decision-making skills, including research and innovation.

For newly registered nurses, universities, employers, regulators, professional bodies and commissioners should work together to build on the existing preceptorship standards in order to explore the development and implementation of a year-long preceptorship programme for newly qualified registered nurses, which will meet requirements for revalidation. For further information regarding revalidation please see: http://bit.ly/1fh86ws. Remember that revalidation will be mandatory for all registered nurses (commencing April 2016). Attendance at Wounds UK conferences, other national and international conferences can be counted towards revalidation but you must reflect on your learning.

For post-registration education, Willis suggests that Health Education England should ensure that funding arrangements for ongoing learning (and ongoing learning and career pathway qualification in speciality learning) for registered nurses should be made more transparent across the system.

Nurse education will be changing to meet the needs of the diverse population and all nurses will be required to be critical decision-makers who understand and engage in research. Registered nurses have a responsibility to mentor pre-registration nurses, assisting them in developing their knowledge and skills, including research and innovation. They should be required to develop their knowledge and skills base and leading by example. In tissue viability, we are constantly striving to implement evidence and research-based practice, with many of us being active researchers. As a speciality, we must continue this and encourage those who are interested in becoming TVNs to become involved in research activities and promote TV as a research and evidence-based speciality.

REFERENCES
