

RCN Policy Unit

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Pre-registration Nurse Education. The NMC review and the issues.

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Introduction

The Nursing and Midwifery Council (NMC) is reviewing pre registration nurse education as part of the *Modernising Nursing Careers* initiative. This review will focus on the content and academic exit level of pre registration education (i.e. diploma or graduate). The NMC will issue a consultation on the first phase of this review in November 2007. The purpose of this briefing is to outline some of the key issues on pre registration nurse education in preparation for this forthcoming consultation.

Modernising Nursing Careers

Modernising Nursing Careers¹ (MNC) is a UK wide development programme to ensure nursing is fit for future health care needs and health care provision. It has four key aims:

- Develop a competent and flexible workforce
- Update career pathways and career choices
- Prepare nurses to lead in a changed health care system
- Modernise the image of nursing and nursing careers

There are five major areas of work within the above:

- Standardise advanced and specialist roles
- Develop a fast track scheme for future nurse leaders
- Enable nurses to lead and co-ordinate care
- Develop a careers framework with post graduate career pathways
- Review the level and content of pre registration education

These five areas will combine to have a significant impact on what registered nurses do and how they are prepared for practice as a registered nurse. The timescale for MNC is to complete all associated work by 2010 with the first 'new' MNC registered nurses emerging in 2014.

¹ Department of Health (2006) *Modernising Nursing Careers: Setting the Direction* Department of Health: London



The Review Process: UK Pre Registration Nurse Education

There are two phases to the current NMC review process:

 Phase 1 will explore and consult on the overarching framework to support new NMC Standards of Proficiency for pre registration nursing education

Phase 2 will develop and publish new standards of proficiency for pre registration nursing education.

The consultation for phase 1 will be launched in November 2007. At the same time a consultation from the English Department of Health on post graduate career frameworks and education will be launched. These two consultations are closely related as the shape of pre registration education must be determined by what registered nurses are expected to do in the future - their domains of practice across the spectrum of health care. The NMC consultation is UK wide and applicable to the four countries.

A Short History of Pre Registration Nurse Education

Pre registration nurse education in the past was based on an apprenticeship model whereby student nurses learnt their 'trade' by direct observation and practice in clinical settings. They were salaried members of the nursing workforce, counted as such in nurse staffing rosters and therefore a significant part of the workforce for care delivery. Ninety eight per cent of all nurse education was organised through schools of nursing which were aligned to a local hospital². Nurse education therefore was strongly linked to the requirements of the local health service.

Assessment of competency for nurse registration was undertaken through practical ward based examinations, some written papers and a national written examination. This model of nurse education was an effective means of providing a very practical 'hands on' workforce for clinical practice³.

However the quest to ensure nurses are fit for purpose is not new and from the 1970's onwards changes have been made to the pre registration

² Ward, M. (2005) 'Student Nurses Perceptions of Health Promotion: A Study' *Nursing Standard* 11 (24) pp 34 - 40

³ Barton, T.D. (1998) 'The Integration of Nursing and Midwifery Education within Higher Education: Implications for Teachers – A Qualitative Study *Journal of Advanced Nursing* 27 (6) pp1278 – 86



curriculum. For example, abolition of the national examination, and evolution of the assessment process to the schools of nursing overseen by the then four National Boards for nursing education⁴.

Later in the 1980's the employee status of student nurses and the framework under which they were educated came under strong criticism, particularly from the RCN. The Judge report also argued that the programmes did not meet changing health care needs, particularly in relation to the community setting which was becoming an area of growing importance⁵.

The key argument for change centred on the evolution and extension of the nurses' role which required different knowledge and clinical decision making skills. Parity of the level of education preparation and subsequent qualification in line with other professions was also seen as important especially in terms of recruitment of school leavers. The RCN recommendations for change were radical and included the "uncoupling of education from direct and persistent control by service"⁶.

The above ultimately led to the development of the Project 2000 framework for pre registration nurse education which "represented a full scale reorientation of nurse training"⁷.

In summary Project 2000:

- Transferred nursing education out of schools of nursing into Higher **Education Institutions (HEIs)**
- Made student nurses supernumerary to the nursing workforce rather than part of it
- Increased the theoretical component of pre registration education to 18 months within the 3 year pre – registration programme
- Added a (minimum) HEI academic award of diploma status to the exit qualification along with nurse registration
- Changed the focus of the nurse education curriculum to a health rather than an illness model
- Established a Common Foundation Programme (CFP) of 18 months that all student nurses undertook

⁴ Davies C (1980) 'Past and Present in Nurse Education' Nursing Times 76 (39) pp1703 – 07, Sept

⁵ RCN (1985) The Education of Nurses: A New Dispensation Commission on Nursing Education RCN: London

⁶ RCN (1985) Op Cit

⁷ Macleod Clark, J. and Maben (1998) 'Health Promotion: Perceptions of Project 2000 Educated Nurses' Health Education Research Vol no 2 pp 185 - 6



 Established four specialist pre registration branches of 18 months each to follow the CFP.

The development of the above four branches in adult nursing, mental health, children's nursing and learning disabilities nursing were the result of debate about whether a generalist registration was *viable* in the sense of achieving a wide set of competencies for practice on first registration, and whether it was *desirable* given that areas outside the registered general nurse qualification were seen as a post registration rather than a primary qualification⁸.

However developments in pre registration education do not occur in a vacuum and as the healthcare agenda changes so the need to review and ensure pre registration education remains fit for purpose. Research began to conclude that Project 2000 may not be fit for purpose, particularly in the development of nursing practice skills⁹,¹⁰¹¹ and the competence for practice immediately following registration ¹², ¹³. An important and key evaluation of Project 2000 was therefore undertaken which concluded that nursing was a practice based profession within which appropriate clinical experience was a vital part of the learning process ¹⁴.

This led to the following revisions of Project 2000:

- An increased focus on clinical skills
- Theory to be linked more closely to practice
- Partnership agreements on educational preparation between health service providers and HEIs, in order to link education to workforce needs
- Adoption of new roles such as practice education facilitators to provide support to student nurse mentors

⁸ United Kingdom Central Council for Nursing Midwifery and Health Visiting (UKCC) (1986) *A New Preparation for Practice* UKCC: London

⁹ Carlisle, C et al (1999) 'Skills Competency in Nurse Education: Nurse Managers Perceptions of Diploma Level Preparation' *Journal of Advanced Nursing* 29 (5) pp 1256 - 64

¹⁰ Hamill, C. (1995) 'The Phenomenon of Stress as Perceived by Project 2000 Student Nurses :A Case Study' *Journal of Advanced Nursing* 21 (3) pp 528 - 36

¹¹ Jowett, S. et al (1994) *Challenges and Change in Nurse Education – A Study of the Implementation of Project 2000* Slough: National Foundation for Educational Research

¹² Meerabeau, E (2001) 'Back to Bedpans: The Debates over Pre Registration Nursing Education in England' *Journal of Advanced Nursing* 34 (4) pp 427 - 35

¹³ Gerrish, K. (2000) 'Still Fumbling Along? A Comparative Study of Newly Qualified Nurses Perception of the Transition from Student to Qualified Nurse' *Journal of Advanced Nursing*



• Reduction in the length of CFP from 18 months to 12 months to allow greater emphasis on branch specific preparation and community and public health perspectives

The report also urged for an expansion in graduate pre – registration preparation given the sophistication of clinical decision making required and the needs of service providers for workforce flexibility and diversity.

Current Pre Registrati



The balance of learning must be 50% practice and 50% theory in both CFP and branch programmes ¹⁶ and the practice part of the programme must involve direct patient care.

The adult nursing branch qualification is the only qualification recognised across Europe and therefore must meet requirements of EC directives¹⁷ and include:

- General and specialist medicine
- General and specialist surgery
- Child care
- Maternity care
- Mental health
- Elderly care
- Home nursing

This is an issue regarding the 'fit' of the current UK branch structure with Europe and the rest of the world which predominantly prepares general nurses with specialisation mostly occurring subsequent to registration ¹⁸.

Educational Assessment

There is no national examination and education curricula are not identical across HEIs. Strategies for assessment differ slightly in content according to the agreement between the commissioners, healthcare providers and HEIs but must include at least one unseen examination. Student support by lecturers, practice educators and mentors is set in NMC standards and clinical practice experience must be under the supervision of qualified nursing staff and in settings that have been deemed appropriate.

Drivers for Change

Developments in pre registration education must be seen in the context of changes in both healthcare need and delivery. The challenges facing the UK health and social care system over the next decade include ¹⁹:

¹⁶ EC Directives 77/453/EEC and 89/595/EEC

¹⁷ EC Directive 77/453/EEC

¹⁸ UKCC (2001) Fitness For Practice and Purpose UKCC: London

¹⁹ RCN (2004a) The Future Nurse: The RCN Vision Explained RCN: London



- Changes in population demography with a predicted rise in numbers of older people and subsequent impact on need for health care
- Changes in patterns of disease especially non-communicable disease and chronic and long term illness
- Changes in lifestyle patterns for example the growing trend in obesity
- Increased public expectation and demand for quality and personalised care
- Inequalities in health status and health care outcomes
- Increasing health and social care productivity
- Reconciling demand, need and access to health care with safety and quality

Recent economic reviews of health services provision suggest that demand reduction for health and social care is essential for future sustainability²⁰,²¹. This could be achieved by:

- Focussed effort on preventing disease and health promotion
- Managing the early stages of disease more effectively within primary care settings
- Supporting patients and carers to self- manage disease and illness
- Developing expertise in primary care services to provide acute treatment and prevent and control hospital admissions
- Engagement of patients and the public in decisions about health service provision
- Greater public responsibility for using the health service effectively

Other policy documents concur and consistently indicate the need for greater emphasis on²²:

Care delivery in the community rather than the hospital

²⁰ Wanless (2002) Securing Our Future Health: Taking A Long Term View HM Treasury:

²¹ Wanless (2004) Securing Good Health for the Whole Population HM Treasury: London

²² For example see Kendall, L. and Lissauer, R. (2003) *The Future Health Worker* IPPR: London



- Health promotion as part of the role of all health care workers
- Continuity of care within and between specialisms and settings
- Holistic care that links health and social care
- Management of long term conditions
- Tackling the determinants of health status including poverty and social exclusion

This means that future health practitioners need to be able to:

- Manage and deliver care in a range of settings, but with a focus on the community
- Practice across a range of population groups and illness conditions to a defined level of expertise
- Assess complex needs and refer appropriately
- Be aware of the boundaries of their competence and expertise, and that of others
- Work within and across a variety of teams
- Understand the dynamics of individual and collective health status and promote health accordingly
- Work in partnership with patients, families and communities in tackling illness and long term conditions

In addition there are some further factors to consider regarding future registered nurses:

- The impact of the European Working Time Directive and reduction of junior doctor working hours
- The development of advanced nursing practice with nurses increasingly undertaking 1st contact and urgent care, and management of long term conditions
- The increasing contribution of health care support workers (HCSWs) and others to the provision of nursing care
- The value of inter-professional learning at the pre registration stage



Future nurses need a pre registration education that prepares them in relation to the above and provides a sound foundation for advanced practice since many more will work at this level than now.

What are the Issues for Pre Registration Nurse Education?

Does current pre registration education prepare nurses appropriately for the future? That is the key question and



more health care away from hospitals to the community (and consequently have more registered nurses based in the community, including immediately post first registration). Currently nursing in the community is either a specific post registration education pathway and qualification, for

example, in public health (Health Visiting). Or, is usually undertaken following time spent in hospital based practice.

But the issue is not about producing more of the same in terms of current community nurse specialisms, for example, district nursing. Nor even about increasing the number of nurses who practice solely in community settings, since future health care will be defined much more by patient care pathways across health care settings (for example long term conditions) rather than the setting itself. Nevertheless work in a community setting differs in many respects from a hospital setting. For example, understanding the local health contess work in a community s



contact with both physical and mental illness from children through to the elderly. This is especially so for those who choose a post registration career pathway in 1st contact work as mental health issues and child health make up a substantial proportion of that work. For example consultations regarding children make up around one third of the total consultations in general practice and 25 – 30% of emergency department attendances³¹. There is some evidence that nurses who work in primary care do not have sufficient skills and knowledge in mental health³²

The key issue regarding the current branch structure is therefore to what level and at what depth should the pre registration education framework prepare nurses with knowledge and skills in a broad spectrum of care and illness? And related to this, how far should specialisation occur prior to first registration?

Reviewing the branch structures at pre registration level is not new and as far back as 1999 the UKCC Fitness for Practice Review identified that:

"The current programme model of four branches of nursing should be reviewed in the light of changing health care needs. The review should consider a range of options: including a redefinition of branch structures and generalist nurse preparation" ³³.

The review also noted that even at the inception of Project 2000 branch structures had been regarded as an "an interim solution to an intractable problem" and acknowledged the need to keep them under review.

A subsequent UKCC report ³⁴ put forward six possible models for future pre - registration nursing education. These included:

Variations on the four branches, including additional client groups

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Consultation with members as part of the RCN Presidential Taskforce in 2002 put forward some strong reasons for supporting all pre registration nursing courses to be at graduate level³⁸.

These included:

- A belief that nursing and its' knowledge base is increasing in complexity
- A belief that current diploma level courses are no different in level, content, complexity, or rigour than degrees in other disciplines and that nursing students who complete these demanding courses are short-changed in the award of a diploma for degree level work
- Many diploma nursing students top-up their qualification to degree level almost immediately on registration and often self-fund this additional study.

At present there are different approaches across the UK regarding the level of academic award at the point of professional registration. All pre registration programmes in Wales exit at honours degree level (with the option to step-off at diploma level). Whereas in Scotland, Northern Ireland and England there are a mix of graduate and diploma level courses. At present approximately 87% of student nurses in England are studying for a higher education diploma with the remaining 13% following degree level courses³⁹.

The funding arrangements and amount of money student nurses receive also differs and is inequitable across the four countries. *All* nursing and midwifery students in Scotland, Northern Ireland and Wales receive a non - means tested bursary regardless of whether they



degree will be seen as a necessary passport within the employment market rather than a specialist qualification. On the other hand, the age profile of student nurses averages at twenty nine years and many have caring responsibilities and families to support so need to maintain a reasonable income level. Poverty is known to be a factor in student nurse attrition⁴⁰ although the reasons for student nurse non completion of courses are various and more complex.

The RCN Position

The RCN has a policy position on some of the issues the NMC review will put forward within the consultation, but not all of them. For example the RCN supports, and has campaigned for, an all graduate nursing profession at the point of first nurse registration for some time.

This position has been developed with members over a number of years. It was initially debated by members as a congress resolution in 1994 which proposed that:

"This meeting of the RCN Congress requests Council to press the UKCC to accept that all pre registration nursing programmes should be at undergraduate level" 41.

The above principle was developed by an education taskforce set up by RCN Council also in 1994 which published a statement that:

"Pre registration education nursing education should lead to registration as a nurse and the award of a degree" 42.

This position was reaffirmed by Council in 1999 in it's' report to Congress stating that:

"The RCN supports the notion of an all graduate profession at the point of registration phased over a period of time" 43.

A later Presidential Education Taskforce led by Roswyn Hawkesley Brown in 2002 again reaffirmed this position following discussion with members at facilitated road show events that discussed the future of nurse education⁴⁴.

 $^{^{40}}$ Last, L. (2003) 'Why Do Student Nurses Leave? Suggestions From A Delphi Study' *Nurse Education Today* Vol 23 (6) p 449

⁴¹ RCN (1994) Congress Resolution 13 Undergraduate Nursing Education

⁴² RCN (1996) A Principled Approach to Nurse Education: The Rationale: A Document For Discussion RCN: London

⁴³ RCN (1999) RCN Council Report to Congress

⁴⁴ RCN (2002) *Quality Education for Quality Care: A Position Statement for Nursing Education* RCN: London