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# RCN Policy Unit

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## Policy Discussion Paper 13/2007

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# Ensuring a Fit for Purpose Future Nursing Workforce

Professor Dame Jill Macleod Clark has generated this paper to promote discussion and the views expressed are those of Professor Dame Jill Macleod Clark alone. This paper has been published on the RCN website in order to generate debate about Modernising Nursing Careers and the future for pre and post registration nurse education and career pathways.

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## Introduction

The RCN is providing a range of papers to aid understanding and contribution to the Modernising Nursing Careers (MNC) initiative<sup>1</sup>. This paper provides some reflections on this agenda, an interpretation of the drivers for change in the nursing profession and a vision for future nursing structures, career pathways and educational approaches. It is important to emphasise that these are **personal** reflections and observations and are designed to provoke discussion and debate. However the underlying belief is that the profession must bite the bullet and embrace radical change without delay. This is essential if nursing is to be fit for purpose in the coming decades.

Q. Why does the nursing profession need to change?

A. Nursing is not currently organised or structured to meet future demands for nursing and health care because:

- Our society is being transformed demographically with an increasingly aged population, endemic long-term conditions, an escalation in health hazards such as obesity, growing consumer expectations, greater lay engagement in nursing care provision and rapid developments in technology.
- Overall demand for health care is escalating particularly in relation to rapid access services and the support of those with long-term complex health and social care needs.
- The nursing profession is not currently structured or organised to meet these changing patterns of health care demand.

Q. Why?

- Nursing is largely organised and practiced as it always has been
- The focus and content of the nursing prequalification curriculum is largely as it always has been
- There is currently no such thing as a nursing career pathway
- There are no defined post registration routes for clinical career progression, for example from newly qualified nurse to nurse consultant

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

- A significant proportion of newly qualified nurses never practice or only practice for a brief period
- The structure and “specialisms” in nursing do not reflect modern requirements for nursing care.

Q. So what should a modernised nursing profession look like?

A. We can no longer pretend that the supply of well qualified registered nurses will keep pace with future demands for nursing care. Therefore the shape of the profession needs to change with:

- A steady, stable and possibly smaller supply of graduate nurses providing leadership and supervision in nursing care delivery
- A robust cadre well prepared associate/assistant nurse (with access to skills escalator career routes)

Q. So who will actually deliver essential nursing care?

A. Increasingly - as is already happening - care will be delivered by health care support workers and lay carers. The registered nurse will continue to be engaged in and responsible for essential and complex care, but will more often act as role model, advisor, and supervisor. The nursing profession should acknowledge as a matter of urgency the importance of the associate/assistant level nurse who is well prepared and regulated with access to career pathway routes to registration as appropriate.

Q. What should a future professional registered nurse role look like?

A. A graduate with expectations of a life-long career pathway in nursing shaped by identified domains of nursing care that match societal needs. They will provide leadership, supervision, support and advice, in one of the following domains:

- The care of those with long-term conditions
- The care of those requiring crisis and high tech nursing interventions
- The care of those requiring end of life support and intervention
- The care of those requiring urgent access and first point of contact services
- The promotion of public and family health

N.B. This is an indicative list of domains, not a definitive list.

- Q. How does this differ from current structures?
- A. Nursing is currently 'organised' by branch and subspecialty. This does not reflect the skills and knowledge sets required to provide expert nursing support in each of the above domains. For example, the skills and knowledge required to support those with long term conditions are profoundly different to those required to support those with crisis or high tech nursing needs. Yet at present we do not define nursing or nursing careers in this way.
- Q. What needs to be done?
- A. Redefine nursing roles, structure and careers in terms of domains of care which can transfer and translate **across** client groups. For example those pursuing a career in 'long term conditions' will be equipped with the generic skills and knowledge for this domain at pre-registration level, followed by higher order knowledge and skills linked to specific client groups or specialist areas such as children, mental health or diabetes.
- Q. What are the implications for the current pre-qualification education programmes?
- A. These need to be re-designed around a core programme which focuses on acquisition of the generic graduate level skills and knowledge required to act as a role model for delivering informed, sensitive, effective nursing care; and for leading, supervising and co-ordinating care. They need to be designed around domains rather than branches, providing undergraduate students with the underpinnings and understanding of each domain and the opportunity to 'major' in specific domains that will form the basis of post registration and postgraduate career development & studies.
- Q. What are the implications for postqualifying education?
- A. These need to be redesigned to reflect the key domains for future nursing practice such as long term conditions, urgent access and first contact services. Clear but flexible career development routes should be created using unambiguous academic and professional benchmarks for different career grades, pathways and specialisms. The focus should be increased expert knowledge and skills and preparation for care leadership.

Q. What else does the profession need to address?

- We need to proactively shape the profession for the future
- We need to take professional ownership of the key domains of care delivery where the nursing leadership and co-ordinating role is central
- We need to create professional nursing career pathways with unambiguous job titles, progression points and streamlined role definitions (see Appendix 1 for an example of a hypothetical career pathway)
- We need to ensure that a comprehensive workforce modelling exercise needs to take place to establish estimated requirements for different nursing grades and roles, linked to future demand for nursing care
- We need to ensure that **secure** funding streams are identified and made available to support post qualification career pathways (as in medicine).

## Appendix 1

### A Hypothetical Career Trajectory in Long-Term Conditions Nursing.

Title and level	Minimum Skills and Competencies	Location of Learning	Career Pathways and Minimum Academic and Professional Benchmark
<p>Level 1: Entry to profession (? with Provisional Registration/licence)</p> <p>Foundation Year as Provisional Registered Nurse (PRN)</p>	<p>Generic nursing skills and knowledge</p> <p>Consolidate care delivery skills and knowledge and demonstrate competence in range of core LTC and other skills</p>	<p>A range of exposures to key nursing domains</p> <p>LTC setting e.g. care home, community, Intermediate care, general medical care or care of elderly linked to RN Mentor</p>	<p>BN/BSc/BA</p>

## A Hypothetical Career Trajectory in Long-Term Conditions Nursing.

Title and Level	Minimum Skills and Competencies	Location of Learning	Career Pathway and Minimum Academic and Professional Benchmark
Level 2:  Registered Nurse (RN) Minimum 2 years	Develop higher order skills and knowledge in LTC (care delivery, supervision and management)	LTC settings e.g. care home, community, intermediate care, general medical care or care of elderly linked to an ARN mentor	Compete for career training posts and embark on MSc advanced practice studies in LTC or MSc Policy and Management
Level 3:  Advanced Registered Nurse (ARN) in LTC or Advanced Nurse Practitioner in LTC	Demonstrate higher order nursing skills and evidence based practice knowledge (care leadership, co-ordination and expert advice)	As above but in elected location linked to nurse consultant level mentor	MSc  Compete for career training posts and studies in LTC or DNA/DClin/MBA in Policy and Management

## A Hypothetical Career Trajectory in Long-Term Conditions Nursing.

<b>Title and Level</b>	<b>Minimum Skills and Competencies</b>	<b>Location of Learning</b>	<b>Career Pathway and Minimum Academic and Professional Benchmark</b>
Level 4:  Nurse Consultant in LTC or Community Matron	Demonstrate highest level of leadership at pinnacle of clinical nursing expertise, carrying caseload and heading a team of nurses at different career levels	LTC setting e.g. care home, community, intermediate care, general medical care or care of elderly	PhD/DClin Develop Research/Teaching/Policy/Management Skills

NB The pathway above suggests two potential career end points:-

1. The practice expert and potential nursing team leader
2. The management/policy expert and potential board level leader

The pathway above also implies changing the way in which nursing work and nursing teams are organised and particularly in acute sector.