

RCN Children's and Young People's Field of Practice Consultation Event 20th November 2007

The aim of the consultation event was to ascertain the views and perspectives of members around three key areas:

- Modernising nursing careers
- Future roles and ways of working
- Service configurations and future models.

Several short presentations in each section preceded the opportunity to ask questions and debate issues. Attendees were asked to record the points they supported, those they disagreed with and those that they felt were the most important.

This report provides an overall summary of issues and points recorded on the templates for each section of the event.

Modernising nursing careers

Pre-registration

The review was welcomed as a timely opportunity to re-look at standards and to identify improvements, particularly as the context of healthcare is changing. Nursing within the UK is well respected across the European community and many countries world-wide aspire to attain the level of preparation for nurses working with children and young people equivalent to that provided in the UK. Geographical mobility is not a big issue but if needed consideration could be provided to a top up module at post-registration level to meet any perceived deficiencies. Attendees felt that the lack of an all graduate profession was felt to be the particular issue in relation to the EU as increasingly the focus will be upon level of preparation.

Overall the majority of attendees agreed with a move to Degree level entry across the UK. However this was on the basis of:

- a clear step on and step off framework, with recognition of practice and theory completed and ability to utilise skills and knowledge acquired [clarity was required in relation to what this would mean in reality]
- UK wide standards and equitable access
- all students to be bursaried

Some attendees were less enthusiastic about an all degree approach and would prefer retention of a diploma level in addition to degree, while others felt there needed to be clarity all round as there was the potential for confusion with the introduction of Foundation Degrees. It was noted to be very important that all pre-registration students meet the standards of proficiency in order to be safe and effective as a registered nurse

There was recognition and agreement that pre-registration programmes must encompass greater community perspectives and that community experiences and the respective skills and competencies should have equal weighting to those acquired within acute settings. It was acknowledged that identifying placements may be difficult but felt that creativity and lateral thinking was sometimes required so as to

ensure a student acquired a range of experiences. In particular it was felt that child branch placements and rotations in the community need to be longer so as to allow a more in-depth insight into community based nursing and to encompass a period of independent practice within each placement.

There was an overwhelming rejection of a generalist branch whether instead of or alongside the existing four branches. Attendees strongly disagreed with such an approach, highlighting that this would not meet children's and young people's needs in the future but may please managers and budget holders. It was felt that such a move would be extremely detrimental to nursing as a profession with a 'generalist' nurse being seen as a jack of all trades, a person with lower level knowledge and skill and a cheap option which could result in a plethora of protection of the public issues. Those that felt there was a need for a generalist approach called for a generalist children's and young people's nurse who would be capable of working independently in GP practices, fast track clinics, A&E and other places such as ambulatory clinics, operating theatres and recovery areas. Several attendees provided examples of improved care, outcomes and reduced waiting times in such areas where RN-Child were already employed. It was noted by some attendees that many emergency departments (ED) had only recently begun to employ registered children's nurses and that previously children's care, mental health care within the ED environment was poorly catered for. It was felt that the introduction of a 'generalist' would be a backward step.

There was an overwhelming view that a children and young people's focus must remain at pre-registration level as a discrete entity. However there was also an appreciation that this must change to be much broader to adequately encompass learning disabilities, mental health and health promotion so as to meet the holistic needs of children, young people and their family. It was noted that there are an increasing number of children and young people with mental health issues both in children's inpatient areas but also in the community. The need to strengthen community placements was acknowledged, as well as the need to ensure essential elements such as end of life care and child protection were encompassed. Attendees supported the RCN Children and Young People's Field of Practice model and content of 'Preparing the Child Health Nurse: fit for the future'.

The majority of attendees felt that there was a need for a shared child focused common foundation with other professionals working with children, such as teachers, social workers to support integrated working and inter professional learning. Such developments were felt to reflect the type of working and thoughts emerging from 'Darzi' and also allow delivery of Every Child Matters [and equivalent policy] outcomes. It was felt by some that a common core should form part of the common foundation, while others felt there should be a common core but not a common foundation. There was also recognition of the need to ensure that all professionals caring for or working with children are competent and have a basic understanding.

The potential to explore further developments including dual awards with for example social work was considered to be interesting and felt to require careful thinking particularly in view of other developments at the current time in respect of early years.

Some attendees felt that the length of the programme may need to be extended to ensure that the student had the opportunity to have good supported and quality experiences during their programme. There was overwhelming support for a protected and mandatory preceptorship period following qualification as the way forward. The majority indicated that this should be six months in duration and

encompass funded and protected study time. It was felt that there needed to be better regulation on annual renewal and the adoption of more rigorous supervision similar to midwifery or medics. The preceptorship period should be encompassed within a guaranteed year post qualifying in a similar way to Flying Start in Scotland.

There was overwhelming support for the need to agree national standards and job titles across the UK. The plethora of titles clearly causes confusion amongst the profession, other professions and patients and their families. While it was felt there was a need for clear post registration career pathways including linkages with academic standards it was felt the current package needed revision. For example a post registration career pathway focused on children and families and public health ought to build exclusively on a pre-registration children's nursing programme as adult nursing does not have natural links to children and families and public health nursing which is clearly focused on the 0-19 population. Many attendees questioned where the five post-registration pathways had come from and could not see a 'major' and 'minor' role working. It was felt that they seemed to leave gaps and did not make immediate sense and so would cause further confusion for the public/patients. Several wondered whether it is the models of care that need developing rather than the particular pathway and change to pre-registration nurse education programmes i.e. children's nurse working in GP practices or child health/children's/family centres providing specialist care/advice to the worried well who are being seen in the acute sector/emergency departments in increasing numbers. Many others felt as a result of the pathways that decisions about pre-registration nurse education had already been made.

Many attendees highlighted the need to change attitudes and culture amongst managers, particularly in community settings who were often reluctant to appoint newly qualified nurses to a first post in the community. It was acknowledged that such developments would require a framework of supervision and support, including credible clinical educators within practice, as well as educators in Higher Education Institutions (HEIs) who were clinically credible. Some suggested mirroring the medical profession and Modernising Medical Careers (MMC) in terms of foundation years and specialist registrars. Overwhelmingly however there was an acknowledgement that what was essentially required are children's nurses with a wide skills base, clear career pathway standards for skills, knowledge and academic setting and for children's nursing to cover all pathways so that the needs of children, young people and families are met.

There were numerous questions raised during the event including whether students' views and perspectives are being sought through the consultations, and whether children, young people and families had been involved in discussions concerning the models of education preparation or career pathways. Attendees were also very concerned that the NMC and DH took every step to ensure equity in relation to views to ensure minority branches and perspectives were heard.

It was felt that the NMC and DH must produce a seamless pre and post registration education and career framework that results in a flexible nurse competent to do the job and build his/her career to lead others in integrated professional teams. Attendees felt that the way forward would be to establish two branches: child and adult encompassing learning disability, mental health and public health/health promotion in each. Each of the five post registration career pathways would then be applicable and enable flexibility without being overly rigid. It was felt now is the time to adequately recognise the specific needs of children and young people and to ensure that they receive care from those who are specifically trained to do so, particularly as the future signals increasing independent and autonomous nursing

roles within teams. Several attendees felt the way forward would be to provide top up modules to facilitate transferability of skills and knowledge for practitioners who may choose to work within areas such as Emergency Departments, Minor Injury Units, Walk in Centres and GP practices thereby enabling RN-C and RN-A to acquire additional perspectives for current roles. It was felt that such learning could be predominantly work based.

Others felt however that perhaps no change may be the better option and instead recommended dealing with the underlying problems i.e. the lack of clinical educators/practice educators, strengthening mentorship and preceptorship.

Future roles and ways of working

Workforce planning

There was a clear message from attendees that roles and workforce planning needed to centre upon ensuring that children and young people had access to someone who had been specifically trained to meet their needs whether they were inpatients, accessing ambulatory care services, first contact care or requiring care in the community. There was clear support for the message from Kennedy and the fundamental principle that that any nurse working with children must start with a children's qualification as the foundation and starting point – to a) ensure appropriately skilled workforce b) provide a credible career path, and c) protect and safeguard children and public. Services and thereby roles and the preparation for them needs to be organised around a care group and their pathway rather than around a title or profession. It was recognised that the introduction of new roles is dependent on skilled practitioners remaining in practice with joined up thinking between educationalists and practitioners. It is important to stress that workforce planning should not just be about employing the cheapest option but upon ensuring that the skill mix within any service is appropriate and fit for purpose, while recognising the need for professionals who are adequately prepared educationally and have the ability, knowledge and skills to undertake ever increasing complex tasks.

Nurse practitioners

There was clear support for the role of advanced practitioners, both within neonates and paediatrics. Attendees felt very strongly that this role needed to be nursing focused rather than purely medically focused and part of medical rotas. It was apparent that there was mixed experience in relation to advanced practitioners, particularly in neonatal services. In some units Advanced Neonatal Nurse Practitioners (ANNP) are seen as a cheap option or a role substitute for junior medical staff, in others ANNPs have clearly defined nursing roles and were valued equally within the team. The need for standardisation but also flexibility in acquiring knowledge and skills for Advanced Nursing Roles was required. Concerns were expressed in relation to the limited number of educational programmes currently provided for Paediatric Nurse Practitioner (PNP) and ANNP development.

It was recognised that advanced paediatric and neonatal nurse practitioner roles require core skills, competencies and knowledge. Advanced practice roles were seen to be important to improve the care of children and families i.e. to reduce waiting times, increase access to an appropriately skilled practitioner and the provision of continuity of care. There was overwhelming support for the need to develop PNPs in A&E, ambulatory care settings and primary care, as well as consideration of ANNPs in the community to facilitate transition. It was recognised that the success of any new advanced roles was significantly affected by medical colleagues understanding

of the role and whether the role had been embodied into an organisations workforce plan. There were grave concerns over perceptions in some quarters that a four hour session on how to manage acute illness in children was sufficient for practitioners in primary care who had no previous education or experience in caring for children and young people. There continues to be a lack of appreciation that what is required within such settings is a registered children's nurse with extended skills.

Assistant practitioners

Overall there was support for the role of assistant practitioners. However there was a need for such roles to be clearly defined at national level. It was noted that the introduction of assistant practitioners required a cultural change and considerable planning to ensure organisational readiness prior to introduction. Assistant practitioner roles have the potential to work across health, social care and education in respect of children and young people although questions were raised in relation to applicability in acute care settings. There need to be agreed national standards for programmes which prepare such practitioners and consideration needs to be given to whether preparation for assistant practitioners could be a step off point from registered child health nurse preparation. Attendees also highlighted the need to review the role and input to children's services of other non professionals other than assistant practitioners. It was clearly noted that any new role needed to focus on the needs of children and young people rather than gap filling.

Child health specialist practitioners

Attendees expressed concern around the potential expansion of current health visitor (HV) roles to encompass first contact care and the management of minor injuries and illnesses. Overwhelmingly it was felt that in the future such practitioners should come from a registered children's nursing background as adult nurses are not equipped with the basic skills, knowledge and competency to undertake such skilled and specialist roles. There was a recognition that HV teams must be multi-skilled and that their location i.e. GP practice or children's centre needed to reflect local need rather than tradition or professional preference. The potential scope for specialist HV and paediatric practice nurses to enhance and support services provided by GPs was clearly recognised. The need for investment by primary care organisations to ensure that children have access to appropriate and safe provision close to home was highlighted as an important issue. It was recognised that if a pre-registration nurse education programme focused on children encompassed public health components then at post-registration level modules in advanced knowledge and skills would be required rather than the current HV training programme in its entirety.

Service configurations and future models

Child health and well-being in UK was noted to compare badly with other European countries. The retention of children's nurses was recognised as being essential in all areas of health care in order to address need. The voice of practitioners for children and young people needs to rise to raise awareness of the individual health needs of our population, along with a refocusing of services towards preventative health care. It was recognised that in the future children's nurses must have adequate health promotion and public health knowledge and skill so as to address issues in an opportunistic and consistent way regardless of location or role.

It was noted that child health services need to be integrated and that professionals need to be adequately prepared to lead services. Inter-professional working must feature in both pre registration and post registration nurse education and have a much greater emphasis in curriculum development to address the issue of working across professional boundaries within care pathways. There was also a need to raise

the profile and ensure children's nurses are recognised and valued in community settings, including GP practices. It was felt that GPs and paediatricians needed to work more closely together and that there was scope in some areas for a GP paediatrician. The tension between meeting local need and the centralisation of services was raised as a critical issue to be addressed.

The number of children and young people accessing A&E and first contact services was seen as a particular challenge. Attendees felt that there was a real need to ensure that care of children in A&E was safe, this meant ensuring an increase in the number of registered children's nurses in these areas, as well as ensuring that RN adult nurses also had some skills to meet the needs of children and young people while working alongside RN Children.

The need for CYP nurses was recognised as being disproportionate to availability, and therefore attendees recommended that the current level of spending on training in this area must be increased. Attendees stressed the importance of ensuring children's nurses were prepared to care for children and young people across community and acute settings.

Standards and principles for reconfiguration as portrayed by the RCPCH modelling work was thought to be helpful. Many attendees stated that there was a need to ensure that Darzi did not result in the creation of a divide between primary and secondary or specialist services for children and young people. Instead services needed to be integrated and co-located wherever possible. Pathways and networks were felt to be the way forward to encourage various professionals from different areas to work across the boundaries for benefit of children and young people. It was recognised that greater attention needed to be focused upon ensuring continuity of care for children and young people with long term health needs, as well as for adolescents and transition to adult services.

The importance of working towards the provision of a 24 hour community children's nursing service, as well as extended hours within ambulatory care provision was noted as key within future service models. It was noted that there is a need for greater investment in the education and training of children's nurses to work in the community. Access to competent and confident staff who were highly skilled in caring for children and young people was seen as critical, as they are less likely to refer for admission inappropriately. The need to ensure the public and parents were aware of when and how to access care services when their child is ill, as well as how to provide self care appropriately was raised as an issue which needs greater attention.

The knowledge, skills and competency of the workforce and the training/education of professionals must be designed around the needs and pathway of children, young people and their families. Concerns were expressed about the lack of accurate workforce data and workforce planning, as well as the potential negative impact of foundation trusts. The latter has the potential for the development of profitable glossy low risk services while the more troublesome areas are left for others resulting in further fragmentation of service provision for children and young people. Primary Care Organisations must become more involved with HEIs and the acute sector to undertake workforce planning and commission appropriate community places and primary care places for the changing face of health care provision.

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