



Royal College
of Nursing



Children and young people's services: pre-registration nursing education

A report of a membership survey, focusing on the impact of a transition towards a generalist nursing education programme



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Acknowledgements

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Executive summary

At RCN Congress, 2002 the following discussion item generated a number of concerns from members:

"That this meeting of the RCN Congress as part of the consultation, debates the options for the future branches of nursing as laid out in the 'Fitness for practice' document (UKCC, 2001)."

In response to the above, during the summer of 2002, the RCN Paediatric Nurse Managers Forum undertook a postal survey to elicit respondents' opinions of the potential impact of a transition towards a generalist pre-registration nurse education programme.

The aims were to ascertain what potential impact a move towards a generalist pre-registration nursing education programme may have upon several key aspects of children and young people's services, including:

- ◆ recruitment and staffing issues
- ◆ clinical governance issues
- ◆ continuing professional education, practice enhancement and career progression
- ◆ quality
- ◆ nursing competencies
- ◆ respondents main concerns.

This report highlights the key findings from a survey of 70 nurses working in management or leadership positions within children and young people's health care services.

The main findings of the survey relate to these areas of concern:

- ◆ a decrease in the focus and value of children and young people's health care services, as a result of the lack of children's nursing leadership and career progression
- ◆ increasing problems with the recruitment, skill mix and retention of children's nurses
- ◆ a deficit in the clinical competence and knowledge of staff, in relation to both core and specialised areas of children and young people's health care needs

- ◆ limited resources to fund and release staff for continuing professional development to meet the needs of children, young people and their families
- ◆ increased clinical governance issues, such as complaints and clinical risk incidents.

From the results of this survey, the RCN Children's Leadership and Management Forum would not support a transition to a generalist pre-registration nurse education programme. However, the forum feels that there is an opportunity and the potential to further analyse the option of a three-year pre-registration generalist children's nursing education programme.

1

Introduction

1.1. Background

The RCN Children's Leadership and Management Forum exists to support all nurses working with children in an advisory, supervisory or managerial capacity. It is particularly aimed at G grade staff or above, who have continuing responsibility for care.

The RCN Children's Leadership and Management Forum undertook this survey in response to enquiries from members and requests from colleagues following numerous articles and reports within the nursing press about the future structure of pre-registration nurse education.

1.2. Study aim and objectives

The aims of the study were to ascertain the potential impact a move towards a generalist pre-registration nursing education programme might have upon several key aspects of children and young people's services, including:

- ◆ recruitment and staffing
- ◆ clinical governance
- ◆ continuing professional education, practice enhancement and career progression
- ◆ quality
- ◆ nursing competencies
- ◆ identifying the main concerns of respondents.

1.3. Methodology

A postal survey of RCN members working in leadership or management positions within children or young people's health care services was undertaken. Questionnaires were distributed to named individuals, with the majority chosen randomly from the RCN Paediatric Nurse Managers Forum's membership list. In addition, emails were sent to key staff known to be in management positions, while RCN Paediatric *Newslink* invited participants to obtain and complete the questionnaire.

The survey incorporated questions about the:

- ◆ options for pre-registration training
- ◆ implications upon key areas of service provision, if a generalist pre-registration programme was introduced

- ◆ current service ability to meet the education needs of qualified children's nurses and the implications of a generalist pre-registration upon this area of provision
- ◆ competencies of both a newly qualified children's trained nurse and a generalist nurse.

In addition to quantitative data, qualitative data was sought on the respondents' main areas of concern, if there was a move towards a generalist pre-registration nursing programme.

1.4. The report

This report presents the findings of the survey and is structured as follows:

Section 2 includes information about the survey's respondents

Section 3 examines the recruitment patterns and roles of non-registered children's trained nurses to children and young people's health care services

Section 4 identifies views on a generalist pre-registration nurse education curriculum

Section 5 concerns about continuing professional development opportunities within children and young people's health care services

Section 6 examines competencies of newly qualified nursing staff

Section 7 highlights issues and concerns regarding a move towards a generalist pre-registration nurse education programme

Sections 8, 9 and 10 draw conclusions and propose some actions.

2

About the survey respondents

In total, 70 questionnaires were completed and included within the analysis. Some questionnaires were returned but were not included because the respondent's organisation did not have a children and young people's health care service. The sample group varied in relation to both the respondent's position or role at work and the areas where they were employed.

2.1. Employment roles

Sixty-two respondents gave their roles within their workplace and these are illustrated in figure 1.

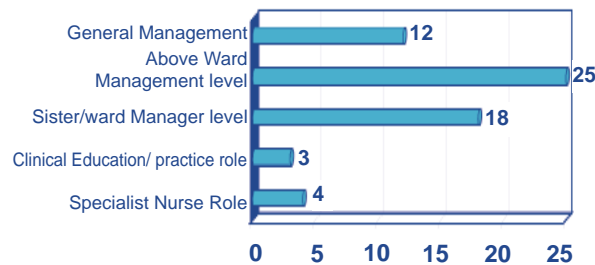


Figure 1: Employment roles of respondents

Figure 1 highlights that the majority of respondents (55) were involved in the management of children's services, either at ward level or above. A further seven respondents were in leadership and service enhancement roles.

Those respondents at a general management level were not all registered children's nurses. Some were registered midwives, adult, mental health and learning disability nurses, where children's services were only one aspect of their workload and responsibility.

2.2. Geographical area of employment within the UK

Of these 62 respondents, 60 also gave their geographical location of employment within the UK, identified in figure 2.

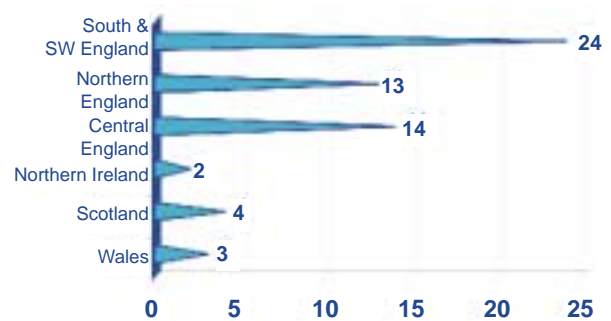


Figure 2: Geographical area of employment within the UK

Although figure 2 illustrates that the majority of the 60 respondents who completed this question worked within England (51), there was a broad spread across central, northern and southern regions. Nine respondents came from the other three countries.

3

Recruitment patterns of non-registered children's nurses to children and young people's health care services

Several guidance documents, published by both the Government and children's professional and consumer groups, have identified the importance of ensuring that children and young people are cared for by staff who are appropriately trained to meet their needs. These include:

- ◆ two registered children's nurses on duty 24 hours a day in all hospital children's departments and wards (Department of Health, 1991)
- ◆ in those independent hospitals where children are to be admitted, registration criteria should stipulate that this could only be granted when the hospital is able to demonstrate that registered children's nurses are able to care for children throughout the 24 hour care cycle (RCN, 2000)
- ◆ a trained children's nurse should be available within the A&E department on all shifts. Children are major users of the A&E department and trained children's nurses are essential in recognising serious problems in children and working sensitively with them and their families (Hogg, 1997)
- ◆ children and their families place their trust in health professionals. They need to be assured that the care they receive is delivered by staff trained and skilled to meet their needs and that their practice is up-to-date with the latest research and new techniques (BRI Inquiry, 2001, RCN, 2001a).

3.1. Organisations employing non-registered children's nurses to their children and young people's health care service

Half of the total number of respondents identified that they recruited other qualified nursing staff besides registered children's nurses to their children and young people's health care service. The remainder only recruited registered children's nurses as part of their qualified nursing establishment.

3.2. Other types of qualified nursing staff employed in their children and young people's health care service

The 35 respondents who employed other qualified staff clearly identified registered adult nurses as the largest percentage employed to care for children besides registered children's nurses - see figure 3.

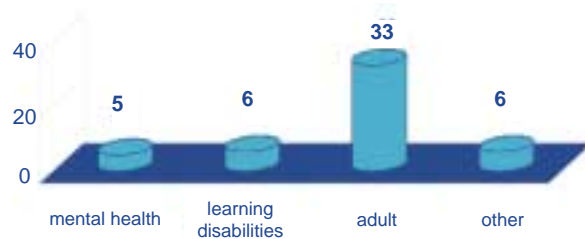


Figure 3: Types of non-registered children's nurses employed

Those respondents that ticked the category 'other' identified the following qualifications:

- ◆ midwifery - identified by three respondents as being employed within neonatal services
- ◆ overseas nurses with children's nursing experience - again, identified by three respondents.

Comments were given by 29 respondents and they include:

- ◆ seven respondents identified that they employed other staff specifically for employment within certain specialised children's services. These included: adolescent, learning disability, tertiary care and intensive care services
- ◆ 10 respondents said that they employed other staff prior to them undertaking a conversion course to a registered children's nursing qualification
- ◆ seven respondents gave staffing and recruitment problems as a reason for their decision

- ◆ three respondents commented that they had only employed staff who were not registered children's nurses on rare occasions. A further two respondents highlighted that their employment of non-registered children's nurses was not recent and they would not wish to repeat it in the future.

3.3. Types of children and young people's areas that employ qualified nursing staff, other than non-registered children's nurses

Of the 35 possible respondents, 30 identified the types of areas employing qualified nursing staff other than registered children's nurses. Several respondents identified more than one of the categories identified in figure 4.



Figure 4: Areas of service where non-registered children's nurses were employed

Note. Specialist services refer to: oncology, child and adolescent mental health services (CAMHS), neonates, paediatric/children's intensive care unit (P/CICU), technology dependent wards, cardio-respiratory services and theatres.

General comments made by respondents on this issue include:

- ◆ non-registered children's nurses were employed only on the understanding that they apply for a post-registration course for conversion to gain a registered children's nursing qualification
- ◆ numbers of non-registered children's nurses being employed were lower as the registered nurse child branch was seen as the more desirable alternative
- ◆ non-registered children's nurses were employed in the adolescent oncology unit, but only if they have a post-registration course in haematology or oncology
- ◆ learning disability nurses were employed as they have a similar approach and philosophy to care as children's nurses, for example, communication and advocacy skills

- ◆ staff were employed at D grade only and were always accountable to a registered children's nurse.

3.4. Reasons for respondent's organisation recruiting qualified nursing staff other than registered children's nurses, to their children and young people's health care service

Of the possible 35 respondents, 29 gave a total of 53 responses listing their reasons for employing qualified nursing staff, other than registered children's nurses.

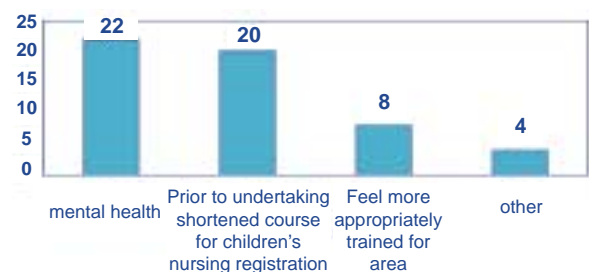


Figure 5: Reasons for recruitment of non-registered children's nurses

Figure 5 demonstrates that only eight of the 53 responses supported the employment of non-registered children's nurses because they were more appropriate. The other 46 responses supported the view that a registered children's nursing qualification was the preferred choice.

A recent UK-wide survey of children's acute health care services, undertaken by the forum (RCN, 2001b), found similar reasons for the recruitment of non-registered children's nurses, with the main reason being to undertake the Registered Sick Children's Nurse/Registered Nurse (RSCN/RN) child branch conversion course.

Several respondents commented on this question, including those who ticked the section 'other'. The following key points were highlighted.

- ◆ Adult trained nurses with paediatric experience were recruited mostly to work night duty with a paediatric nurse. During the day, they also worked alongside a paediatric nurse.
- ◆ Three respondents commented that they needed to widen their recruitment for specialist areas.
- ◆ Staff were employed on the understanding that they would undertake a post registration children's nursing course to ensure they develop knowledge and skills in acute care of children.

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- ◆ Staff were employed only if they were enrolled nurses undertaking an RSCN/RN child branch conversion course and a place was available at the local university.
- ◆ Two respondents said they were unable to attract children's nurses to their vacancies.
- ◆ There was a lack of recognition of overseas qualifications to enable individuals to transfer to RSCN status - even though they had only ever practised in paediatrics.
- ◆ There was routine rotation of staff from adult wards.
- ◆ Two respondents said that ENB 405 was seen as priority to work in the special care baby unit (SCBU) or neonatal intensive care unit (NICU).

These comments support the view that non-registered children's nurses are frequently recruited for two reasons. The first, as a result of children and young people's services being unable to recruit the desired number of registered children's nurses; the second, before the individual begins a conversion course to become a registered children's nurse. (RCN, 2001b; RCN, 1999)

Options for pre-registration nurse education

Published by the United Kingdom Central Council for Nursing, Midwifery and Health Visiting (UKCC) in 2001 *Fitness for practice and purpose* outlined six options for future pre-registration nursing education, namely:

- ◆ the current four branch structure, enhanced with practice experience divided equally between hospital and community
- ◆ the four current branches integrated with social care
- ◆ six branches of nursing, including new separate branches for nursing older people and the community setting
- ◆ two branches of nursing, child and adult
- ◆ two branches of nursing, hospital and community
- ◆ the generalist nurse, with specialisation following registration.

4.1. Generalist pre-registration programme or current branch structure as a preferred option for pre-registration nursing education

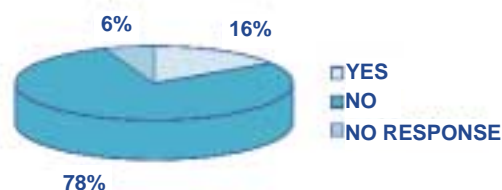


Figure 6: Respondents' views on whether generalist pre-registration education was a preferred option

As the chart demonstrates, just 16 per cent of the respondents thought a generalist programme was the preferred option for pre-registration nurse education. An overwhelming majority of respondents (78 per cent) felt that the current branch structure was preferable to a generalist pre-registration nursing education. A further six per cent did not comment.

The small percentage that considered a generalist programme to be preferable made the following comments.

- ◆ Two respondents said that it was difficult to make clear choices at such an early stage, prior to training.
- ◆ There was pressure on clinical placements for students and a need for understanding of neonatal and psychiatric care for use later in children's nursing.
- ◆ Two respondents felt that issues in adolescent care necessitated a broader training.
- ◆ Children do not exist in isolation.
- ◆ There should be a two-year rotation of all four branches, followed by one year in the person's chosen area to enable specialisation in that branch.

The following key issues were highlighted by the 37 respondents who considered the current branch structure to be the preferred option.

- ◆ Six respondents argued that a three-year pre-registration children's nursing generalist course was required, incorporating core skills and knowledge of nursing children, with post-registration education for specialist children's nursing.
- ◆ Six respondents said that a generalist course would become adult-focussed, possibly due to the pressure of placements and the high numbers of students working in adult areas, post-qualification.
- ◆ For 15 respondents, a generalist course would not be appropriate to meet the needs of children, adolescents and their families. Moreover, it would be contrary to government reports, recommendations, professional guidance and research.
- ◆ For 10 respondents, a generalist course will have a marked effect on staffing levels, skill mix and recruitment.

These comments are consistent with the literature relating to generalist pre-registration nursing education. Gasper (1995) argued that, in much the same way as an adult branch course cannot prepare a nurse to work in all adult nursing specialties, a child branch programme is in itself a generalist programme for children's nursing.

4.2. Problems envisaged for children and young people's services if there was a transition towards a generalist pre-registration nursing education programme, rather than the current branch structure

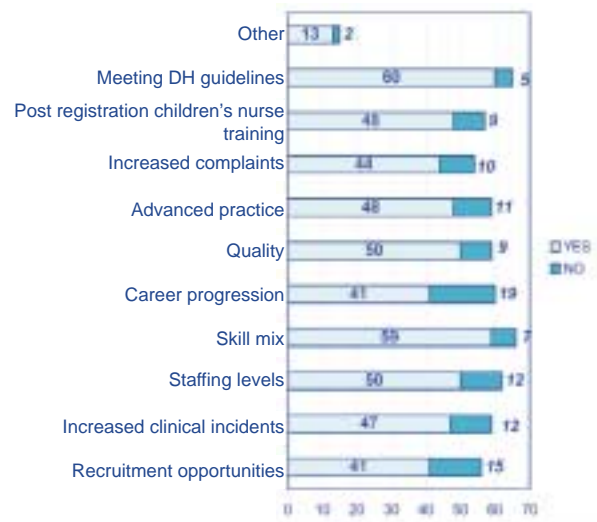


Figure 7: Envisaged problems with a transition to a generalist pre-registration nursing programme

The above graph illustrates that, if there was a transition towards a generalist pre-registration programme, more respondents envisaged problems for every aspect they were questioned about.

More than 80 per cent of the respondents commenting thought that there would be a problem with: meeting Department of Health (DH) guidelines (92 per cent), skill mix (89 per cent), quality (85 per cent), post-registration children's nurse training (84 per cent) and advanced practice (81 per cent). In addition, 80 and 81 per cent respectively thought that there would be increases in clinical incidents and complaints.

In terms of other aspects, more than 60 per cent of those commenting felt that there would be a problem with staffing levels (77 per cent), recruitment opportunities (73 per cent) and career progression (60 per cent).

These results are consistent with the findings of a Delphi study questionnaire, undertaken by Whiting and others in 2001 (Whiting, 2002). Respondents also considered that the reintroduction of a generalist pre-registration education would have significant financial and human resource implications.

Comments came from 41 respondents (59 per cent) and have been collated under the following headings.

◆ **Continuing professional development**

Concerns were expressed by 11 respondents on this issue. They included questions about the opportunity for post-registration conversion to children's nursing, from both a placement and course availability perspective. Attention was also drawn to the potential for the neglect of general opportunities for continuing professional development. The reasoning was that continuing professional development resources would be consumed by the increased need to second staff onto post-registration conversion courses.

◆ **Staffing and skill mix**

Nine respondents raised concerns on this issue, including whether children's wards would be staffed with registered nurses inexperienced in children's nursing, whilst staff with experience and expertise were seconded for conversion to children's nursing registration. Concerns were also expressed that those staff who had completed a conversion course would be highly sought after and leave. The long-term effects of this competition for registered children's nurses could be that fairly junior and inexperienced staff would staff children's wards.

◆ **Increased workload**

Four respondents felt that a transition to a generalist pre-registration nurse education programme could mean that the workload on children's wards would increase significantly, due to the need to educate, supervise and monitor newly qualified generalist trained nurses in the unique care of children, adolescents and families.

◆ **Standards of care**

Eight respondents made comments on this issue, including whether national guidance and recommendations would be followed. Other remarks highlighted a decrease in standards as workloads increase; an increase in inexperienced and less knowledgeable staff; and the fact that most units now were able to meet Department of Health guidance.

◆ **Importance and view of children in health care**

Concerns raised by nine respondents were illustrated by comments such as: "Children will be viewed as small adults", "If children are not deemed important enough to have a pre-registration course

that meets their needs, why will employers view it as important at post-registration level?" and "A woman having a baby would be expected to be cared for by a midwife. Why should children be different or less valued to have anything other than a children's trained nurse to care for them?"

5

Continuing professional development and education

According to Wood (1888), sick children require special nursing and sick children's nurses require special training. Whiting et al, (2001) raise the important issue that if the children's nursing qualification became the domain of only post-registration education, it would be deemed specialisation rather than generalist. Certainly this would be the view of advocates of a generalist pre-registration nursing education programme. Writing in *Nursing Times* in 2001, June Clark highlights that specialisation should occur after training and it should be based on a firm foundation of core knowledge and transferable skills, which can be adapted to particular circumstances. However, it could be argued that in the sphere of children and young people's health care services, there are both generalist skills and knowledge, in addition to specialised competencies - for example, oncology, haematology, emergency care, intensive care and adolescent health - that require post-registration education and specialisation.

5.1. Current difficulties with releasing staff for education provision

Out of the 66 respondents who commented on this issue, two-thirds said they currently experienced difficulties releasing staff for continuing professional development opportunities.



Figure 8: Number of respondents whose organisation found it difficult to release staff for education provision

Respondents made 49 comments on this issue. Staff who reported that they currently had no difficulties, made the following points.

- ◆ A small team of community children's nurses

commented that they were able to plan their workload to cover study leave, but funding was an issue.

- ◆ Two respondents said that it meant stretching themselves or undertaking a fair amount of study in their own time.
- ◆ There were specific difficulties with a 12.5-hour shift rota.
- ◆ Training needs analysis was undertaken yearly and well planned.

Staff who said that they currently experienced difficulties made the following points.

- ◆ 17 respondents said that there was a lack of money to send staff on courses or to replace staff while they were on study leave.
- ◆ For 14 respondents, poor staffing levels meant that they were unable to release staff for continuing education.
- ◆ Four respondents cited a lack of dedicated children's post registration courses.
- ◆ Nine respondents reported that their ward staffing budget did not reflect realistic dependency and activity levels - and so was inadequate.

5.2. Perceived future problems of releasing staff to undertake post-registration children's nursing education

Of 66 respondents, 91 per cent felt there would be future problems in releasing staff to undertake post-registration children's nursing education.

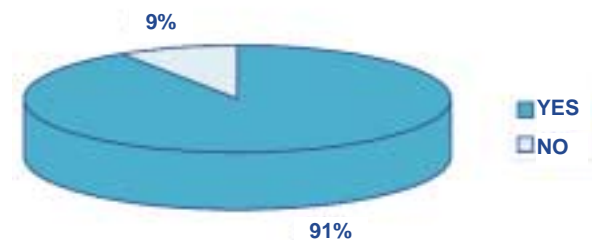


Figure 9: Future difficulties perceived in releasing staff for continuing professional development, if there was a move to a generalist pre-registration education programme

Figure 8 and figure 9 clearly illustrate that respondents felt that a move towards a generalist pre-registration education programme would have a marked effect on what is already considered to be a limited opportunity to release staff for continuing professional development.

Respondents made 55 comments on this point and they include:

- ◆ 16 respondents felt that there was a lack of funding for sufficient post-registration conversion places and for replacement costs to cover staff undertaking the course
- ◆ 15 respondents were concerned about the effects on the morale of existing staff, as all continuing professional development money would be spent on converting staff to children's nursing
- ◆ 11 respondents thought that there would be an increased demand on staffing levels and budgets to ensure a sufficient number of staff were converted to children's nursing, so that a safe level of expertise and experience could be maintained on children's wards
- ◆ four respondents commented on the lack of financial incentive for staff to convert, if they were only paid a bursary and not seconded on their current pay
- ◆ four respondents were concerned that the capacity for placements was already under pressure through pre-registration training
- ◆ five respondents highlighted a lack of availability and access to post-registration conversion courses.
- ◆ the costs of replacing staff undertaking a course was highlighted by 10 respondents, who questioned whether this would lead to staff being replaced by those who were untrained
- ◆ four respondents commented on the reluctance of staff to accept financial penalties
- ◆ nine respondents highlighted the adverse effect on quality and standards of care for children and their families.

Figure 10 and the above comments are supported by the realities of resources. As highlighted by Casey (2002), according to Hansard, it costs £39,000 to train a nurse over three years. Post-registration preparation of a children's nurse would cost around £82,000 - including one year's replacement costs for a D grade staff nurse - and would take approximately five years. With such enormous resources involved in post-registration education, inevitably there would be an impact upon the areas highlighted in figure 10. It is inevitable that a change to pre-registration education would require major curriculum changes, not only in pre-registration education but also post-registration nursing programmes (Casey, 2001).

5.3. Reasons for future problems in releasing staff to undertake post-registration education

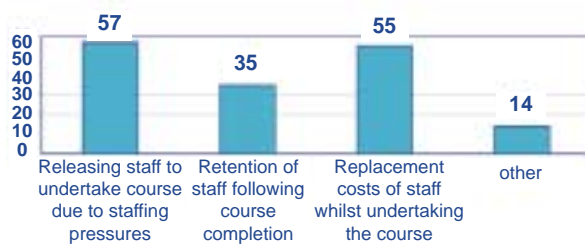


Figure 10: Anticipated future problems in releasing staff to undertake post-registration children's nursing education

Respondents made 40 comments that were broadly similar to those received in response to the previous question. They include:

- ◆ six respondents felt that children are already given a low priority
- ◆ five respondents said that a lack of places to undertake training led to insufficient numbers converting and staff waiting too long
- ◆ six respondents commented on a lack of funding to send sufficient staff on conversion

6

Nursing competencies

6.1. Competencies of a newly qualified generalist nurse and a newly qualified children's trained nurse

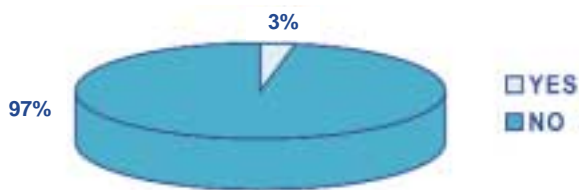


Figure 11: Would a newly qualified generalist nurse be able to fulfil the same competencies as a newly qualified children's trained nurse?

An overwhelming majority of respondents (97 per cent) felt that a newly qualified generalist trained nurse would not be able to fulfil the same competencies as a newly qualified children's trained nurse.

The remaining 3 per cent of respondents made two comments:

- ◆ we already employ general trained nurses and find they fit in very well
- ◆ the same competencies could be fulfilled with the proviso that generalist training includes children's modules.

It could be argued that this latter comment is consistent with a child branch programme.

6.2. Perceived specific competencies a newly qualified generalist nurse might lack, in comparison to a newly qualified children's nurse

Respondents identified 315 specific competencies, with several key areas repeated on numerous occasions. The main areas are depicted in figure 12:

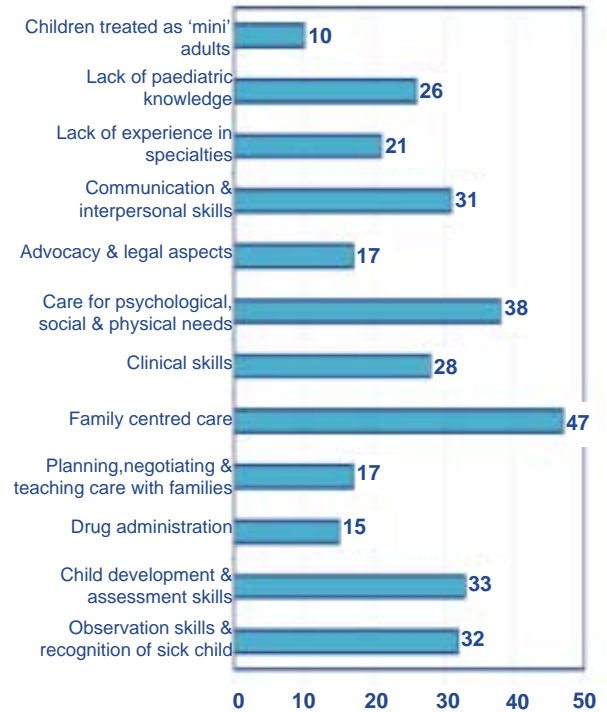


Figure 12: Specific competencies you feel the newly qualified generalist nurse would lack in comparison to the newly qualified children's nurse

7

Issues and concerns

7.1. Concerns regarding a move towards a generalist pre-registration programme

Respondents raised 263 concerns. These have been categorised into the following key areas.

Staffing issues

There were a total of 61 comments, including concerns about:

- ◆ the loss of applicants to nursing, if there was no direct entry to children's nursing
- ◆ skill mix, retention and a decrease in staffing levels
- ◆ a lack of recruitment to specialist children's areas, for example, paediatric intensive care and oncology
- ◆ an increased workload to support less experienced, knowledgeable generalist nurses
- ◆ the recruitment of increased numbers of less expensive generalist nurses to reduce staffing costs.

Competence and knowledge

In total, 55 concerns were expressed, including:

- ◆ a loss of understanding and insight into the needs of children, adolescents and families
- ◆ a lack of children's nursing core competencies
- ◆ a shortfall in knowledge of children's nursing practice and philosophies
- ◆ nurses who have not undertaken a children's nursing course may be viewed as second class.

Value of children in health care

In all, there were 46 concerns, including:

- ◆ a lack of focus upon children
- ◆ the devaluing of the children's nursing qualification
- ◆ a fear that children's services would become marginalised and given a low priority
- ◆ the feeling that children would be treated as 'mini adults'

- ◆ the belief that children's nursing is not a specialty - there are numerous specialties in addition to a core generalist children's nursing base.

Continuing professional development

A total of 42 comments were received, including concerns about:

- ◆ funding and the opportunity for post-registration conversion to children's nursing
- ◆ whether there are sufficient university and clinical placement places
- ◆ the delay in career progression and financial rewards, whilst awaiting the opportunity for conversion
- ◆ the cost and length of time to train a children's nurse in specialist areas such as oncology, intensive care and other fields
- ◆ the pressure on managers to release staff for post-registration conversion.

Clinical governance issues

In all, 38 concerns were raised, including:

- ◆ child safety risks
- ◆ a decrease in quality and standards due to lack of children's nursing experience and expertise
- ◆ an increase in complaints due to staffing and education issues
- ◆ questions about the ability to meet national guidance, recommendations and the agenda set by national service frameworks (NSFs).

Leadership

A total of 21 concerns were expressed, including:

- ◆ the lack of a children's nursing voice at local, regional and national levels
- ◆ the lack of children's nursing leadership and focus
- ◆ the lack of career advancement
- ◆ children and children's nursing given low priority.

7.2. Evidence to support concerns

Many of the respondents provided evidence, including:

- ◆ National reports such as Alder Hey, the Bristol Inquiry and the Clothier Report.
- ◆ Burr S (1994) Equal in theory but not in practice. *Paediatric Nursing* April 6 (3): 10.
- ◆ Consumer group guidance, such as that published by Action for Sick Children.
- ◆ Various documents produced by the Department of Health.
- ◆ Keely E, McErlean B (1992) Children are different. *Paediatric Nursing* 4 (10): 15-18.
- ◆ Parker E (1995) Equity or discrimination. *Paediatric Nursing* Feb 17 (1): 10-12.
- ◆ The Platt Report.
- ◆ Professional guidance provided by the medical royal colleges and the RCN.
- ◆ Tucker A, Glasper E (1993) What future, the specialist nurse? *Paediatric Nursing* July 15 (6): 17.
- ◆ Six respondents noted it was against the principles of clinical governance (DH, 1998) and a retrograde step.

In addition, some provided anecdotal evidence gained through their experience, including:

- ◆ "I was a registered general nurse (RGN) and a sister on a paediatric ward, but was unable to get secondment funding for post-registration sick children's training until the Clothier Report in 1996. I undertook the course after working in paediatrics for twenty years."
- ◆ "Having worked in an area where the majority of nurses were adult trained - in the intensive care unit - they were skilled in critical care, but unable to care for the wider needs of the child and family. This altered dramatically when we started to recruit children's trained nurses."
- ◆ "Our adult trained haematological nurses are not able to identify a critically ill child and have difficulty engaging with them."
- ◆ 16 respondents said that the only evidence they had was based upon their own experiences from addressing problems encountered.
- ◆ Some respondents said that there had been a

number of incidents involving those who were not trained children's nurses, including complaints about the lack of their knowledge base.

- ◆ Others cited the enormous pressure to support an increasing number of students within very specialised environments, saying that the quality of the learning experience could be affected.
- ◆ Four respondents said that rather than a specialist field of practice, children are a different client group within which there are numerous specialties. They argued that adult and children's generalist programmes were needed.

8

Conclusion

The overwhelming view of senior managers and leaders of children and young people's health care services is that there are major concerns and problems if a move towards a generalist pre-registration nursing education programme happened.

Concerns highlighted by respondents are supported by previous literature (see Whiting et al, 2001), particularly that a generalist pre-registration programme would become centred on the principles of adult nursing themes and experiences - and so would not address the needs of children and young people. This was especially evident by the range of competencies that respondents felt would not be part of a newly qualified generalist trained nurse's repository. The UKCC identified that the common foundation programme had become adult-orientated (UKCC, 1999). According to Glasper and Charles-Edwards (2002), possibly this could be due to the numerical superiority of adult nurses in the student population.

Another major concern was the resource implications of providing post-registration education that would meet service requirements to ensure safe levels of registered children's nurses. The cost of both course provision and replacement staff would be unachievable within today's health care budgets for continuing professional development.

However, comments made by respondents demonstrate that the current pre-registration education structure may not necessarily fully address the needs of children, young people, their families and the requirements of the service. It is essential to review and develop education, but changes should be for the benefit of children and young people and not to meet European Union requirements. As Casey (2001) argues, freedom of movement is important - even though fewer than 0.05% of UK nurses want to work in other European countries - but the primary motivation for change should be the rights and needs of the client.

As the findings make clear, there are issues about the opportunity to recruit sufficient numbers of registered children's nurses to meet service requirements. In anticipation of the requirements of the national service framework (NSF) for children, there is a need to ensure

numbers of students are recruited into the child branch, retained in training, then recruited and retained in National Health Service employment (Price, 2002). For each child branch placement there are three applicants, giving every chance of selecting the right candidates in sufficient numbers to support high quality children's services (Casey, 2002).

9

Recommendations

Our recommendations are to:

- ◆ publish the findings of the survey in the nursing press and seek feedback
- ◆ carry out further analysis to assess post-registration education requirements in order to meet service needs
- ◆ undertake a survey with senior children's nurses to ascertain their views on what would constitute the core skills and knowledge of a three-year generalist children's pre-registration nursing programme.

10

Actions

Future actions will be to:

- ◆ submit a copy of this report to members of the RCN's Presidential Education Taskforce.
- ◆ write an article outlining the key aspects of this survey and seek publication within the nursing and health care press.
- ◆ distribute copies of this report to the:
 - ◆ chairs of all children and young people's RCN professional forums
 - ◆ President of the Royal College of Paediatrics and Child Health (RCPCH)
 - ◆ Chair of the Children's Task Force
 - ◆ chairs of all the children and young people's national service framework working groups
 - ◆ chief nursing officers in England, Northern Ireland, Scotland and Wales.

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