

Date 30.09.2011

Dear Peter,

I am writing to you as Chair of the RCN Education Forum, currently representing over 5000 RCN members in nursing education within Universities, further education and clinical settings.

The debate over nursing education and the serious concerns in the delivery of caring nursing practice, including Camilla Cavendish Examination of 'What is Wrong with Nursing Today' makes it timely to reflect on how far nursing and indeed nursing education has moved over the years since Project 2000 was first implemented. Whilst making the point that poor nursing care is condemnable and that those who participate in such care environments have a clear accountability to report poor practice, I am concerned that there are some facts which appear unclear in respect of nursing education, from the discussions. (I include them in a text box for reference below).

What is sad about the interview, is that the VERY real intended issue of the number of unregulated care workers and the responsibility they are given, seems clouded by resurrecting the usual old chestnut 'if nursing has a problem – look at the universities'. If nursing education is to best serve nursing, then the whole profession MUST close this debate about where nursing education is best placed and move on. Nursing Education is a part of the whole profession of nursing and the evidence is clear:-

*Patient outcomes DO improve with a higher level of qualified workforce, (Aiken, 2010).*

*Nurses completing pre-registration university/practice education in the UK courses are competent but need support and preceptorship to accommodate to their new working roles (Lauder et al, 2008).*

In the UK there is, despite National criticism, one of the most sophisticated, best supported and regulated systems for nursing education in the world. This includes globally enviable systems in place for qualification, and monitoring of faculty within universities and practice mentors in clinical settings. Specially educated registered nurses working in practice and in education together decide whether a student can practice professionally and we have a live register which registered nurses and educators can be (and are) removed if they are unfit for practice. While this is not to say there are no circumstances which need to be addressed, Weir-Hughes (2011) comment that around 1% of nurses end up at fitness to practice (and probably more) certainly suggests there are, and in respect of students there is recognition of Failing to Fail (Duffy, 2000; 2004; Fitzgerald, 2010) despite all good intentions. We can never be complacent. However, these individual circumstances must be addressed

by the proper authorities and in the proper way – and if that is to happen, then nurses at all levels in both universities and in practice must be supported to report poor practice, and supported to manage it. The greater concern in the recent interviews about having around 300,000 population of unregulated workforce however, is a different and critical issue for the health service and for domiciliary care settings in the UK today (as supported by Weir Hughes, 2011). Although, care settings provide support and offer opportunities for training, this is professionally unregulated and the qualifications of those teachers are also professionally unregulated. Employees learn without any assurance of quality nor of the depth or appropriateness of requisite knowledge.

Nursing students, by comparison, gain necessary education both in university and practice. They work with qualified and regulated teachers, practice mentors and assessors and then challenge their knowledge using questioning skills to develop current theory and practice. Indeed, the need for nurses to have higher education skills to enhance learning and create better capacity to transfer knowledge was one reason why nursing education was moved to shared provision between Trusts and Higher Education. There are challenges - Care and education environments have changed dramatically. ‘Care in the Community’ has shortened hospital stays and intensified the nature of illness and dependency of all patients in acute care. Even though patient dependencies are accounted in staffing workforce, the reality is that the continuing intensity of the nature of patients admitted today can create reduced availability of emotional space for nurses. While there is never any excuse for being uncaring, the care environment is critical in supporting nurses, whether they are students or qualified or members of the health care support team.

Universities and practice settings must work together to find the best placement opportunities and experiences for students, although it is ultimately a responsibility of practice to find both sufficient and appropriate experience. Shortened stays and movement to community care, combined with increasing commissions for nursing students during the last 10 years have resulted in increased complexity for placement provision, especially in areas where in-patient capacity has dramatically reduced. Extra care is needed to ensure that students do spend quality learning and caring time with patients. Working together is also needed to ensure students have an experience which allows full involvement, recognising exactly what it is that nurses ‘do’. Not all care is in ‘wards’, indeed much care is offered in community settings and the new programmes demand this inclusion and the development of commensurate skills. Students learn a wide range of skills and applications across a huge span of care settings, doing this in a short three year time span in many courses. (Indeed, it is perhaps no surprise that other countries (including Ireland and Portugal and more locally, Scotland) now advocate a four year programme as being most appropriate for the preparation of nurses).

Before criticising too much, let us also consider expectations - Newly qualified nurses do not emerge as experts, able to hit the ground running in every area of practice, but they are competent to operate as independent practitioners in assessing implementing and evaluating nursing care and able to transfer their knowledge and skills across a range of settings. They are also have the skills to learn further specific and specialised knowledge they may need in the area in which they are employed and in subsequent roles – but orientation and preceptorship is needed to support them (as with any profession).

To conclude, Nursing education in the UK is the domain of both Universities and its partnership Trusts together every level from ward to board – It is thus never possible to criticise one without the other – if education of nurses is a problem, it is ALWAYS the partnership which must be reviewed together. If they leave university without making the mark, then they equally leave practice without making the mark – and registered nurses in both education and practice have let them. This should be addressed. Most importantly though, let us return to the real issues raised by the programme. Health care

**Royal College of Nursing  
Of the United Kingdom**  
20 Cavendish Square  
London W1G 0RN  
Telephone + (0) 20 7647 3781  
www.rcn.org.uk  
RCN Direct 0345 772 6100

**Patron**  
Her Majesty the Queen

**President**  
Andrea Spyropoulos LLM, LLB, BA, DPSN, Cert Ed, RGN, RNT, SCM

**Chief Executive & General Secretary**  
Dr Peter Carter OBE, PhD, MBA, MCIIPD, RGN, RMN

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assistants and their trainers must have the professions support to achieve the benefits of a regulated vocational education system and hereby ensure strengthen future protection of the public. This will support further improvement of patient outcomes in the health services. The RCN can, and I know does, endorse this. Next, supporting nurses to care – Good role models are critical to ensure nurses are able to care for their patients most effectively. In challenging times when the pressure is on, ‘burnout’ is likely – there is considerable evidence of the effects of burnout on capacity to work effectively and to care about working. Maybe as a profession we should all be taking notice of ourselves and of others and go that extra step to being a little more caring in these difficult times. Finally, when individuals or organisations are failing patients, healthcare professionals, employers, professional unions and other organisations must work to ensure these are investigated and appropriate action is taken, not wait until the media condemns them.

Peter, Education Forum needs your support, as with any other professional group within nursing, and a positive attitude in your interface with nurses in practice and with the public. Education Forum needs you to ask those who do have problems ‘what do you think your first step might be, with your trusts and your universities, to make things better for you - and how can the RCN support you?’

I look forward to hearing from you.

With all best wishes

Carol Hall  
**Education Forum Chair**

1. Student nurses undertake 2300 hours of practice in (50% of their total education time) in clinical care settings. This is an EU Legal requirement monitored in the UK by the Nursing and Midwifery Council.
2. Quality of placement experience for nursing students is audited annually by the Higher Education Institution and Health care setting in partnership. This is monitored by Mott McDonald for the Nursing and Midwifery Council. All parties can (and do), remove students from settings if this is deemed necessary).
3. Final agreement for nurses to qualify includes the signing off from practice by sign off mentors who ARE practitioners and who have to undergo rigorous preparation in order to do this. In the Universities, Course Directors must also sign students from their course before they are permitted to register with the NMC, checking that all practice outcomes have been signed off by practitioners with the correct responsibility and preparation to do so and all theory requirements are met, and that to the best of their knowledge the student has demonstrated honesty and professional integrity appropriate for their future profession.– Students who do not achieve in practice or theory or both and receive these signatures DO NOT complete the requirements to become registered nurses.
4. Theoretical components for nursing courses are developed in partnership with healthcare communities and have to demonstrate that development at the point the course is validated and how the content is implemented, in annual reviews (NMC 2010).
5. Nurse Educators must be qualified with a minimum period of practice and an approved education course leading to registration with NMC. Frequently these courses also attract FHEA demonstrating the recognised high quality of provision.

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6. Mentors of student nurses need to be qualified through degree level study in teaching and assessment in practice
7. Sign off mentors for nurses must have undertaken further preparation including supervised sign offs, prior to operating independently.

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