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Royal College of Nursing
Wales
Education Strategy 2016

The **Future** of **Nursing Education** in **Wales**

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Foreword

The role of the nurse is constantly evolving in order to meet the changing needs of health service provision and the changing needs of patients, their families and carers. What is required therefore is a highly skilled, motivated and engaged workforce which strives constantly to improve patient care. Education, which begins with pre-registration courses (or at induction for health care support workers) and persists over the entire career of every nurse, is fundamental to achieving such a workforce.

Qualifying as a nurse involves an undergraduate programme (BSc Hons Nursing). Each Student Nurse must have evidence of having completed 2,300 hours of study and 2,300 hours of clinical practice; achievement of all academic requirements and clinical competencies and a signed declaration of good health and good character from the university prior to becoming a registrant of the Nursing and Midwifery Council (NMC). The Council has a statutory duty to protect the public through regulating nurses by setting standards of education, training, conduct and performance so that nurses and midwives can deliver high quality healthcare throughout their careers.

In 2000, A strategic plan for nursing, midwifery and health visiting education in Wales was published. It was called "Creating the potential" (National Assembly for Wales, 2000). Predicated on the need to ensure that service delivery and patient care were of the highest quality for the people in Wales, the main aim of that strategy was:

"To ensure that all nurses, midwives and health visitors develop their practice in a reflective and evidence based manner, founded upon a standard of education which enables them to practise as equal partners with other healthcare professionals, supported by continuing professional development and clinical supervision."

Many of the recommendations of that strategy have been achieved, for example the Registered Nursing workforce is educated to degree level so that the needs of patients and their families can be met by individuals who have the correct blend of intellectual skills and clinical competencies. Those achievements need to be built upon in order to ensure that new ways of preparing nurses and their support workers are developed to meet the challenges of the next decade and beyond.

In this strategy, the educational needs of the current and future workforce are addressed. The next generation of nurses need an education which is future-proofed, resulting in nurses who have developed the intellectual skills of problem-solving, clinical decision making, professional judgment and research appraisal and application together with the essential clinical competencies, knowledge and attitudes. Education of the current nursing workforce, however, is also crucially important because:

• It will fall to the current workforce to enculturate, mentor and educate student nurses;

• It is essential that nurses and health care support workers are constantly and consistently supported through education and training to be able to meet changing service needs and new models of care;

• Registered Nurses are required; as a condition of revalidation to demonstrate the way in which their professional development has impacted on patient care.

It is intended that this Education Strategy will be a key enabler for ensuring that appropriate education, training and preparation underpins nursing practice for the future.

The Royal College of Nursing in Wales is indebted to Professor Donna Mead OBE, OStJ, FRCN, Welsh Board Member for her leadership in articulating the views of the profession across Wales in order to produce this important strategy. The RCN in Wales would like to thank all those who engaged in the process. Particular thanks are afforded to Professor Mark Drakeford AM Minister for Health and Social Services for agreeing to consider the strategy and its recommendations which set an important direction both for nurse education and patient care.

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The Future of Nursing Education in Wales

1.   Introduction

The Royal College of Nursing (RCN) represents both nurses and nursing, promotes excellence in practice and shapes health policies. Its charter objectives include:

"Promoting the science and art of nursing and the better education and training of nurses and their efficiency in the profession of nursing" and "promoting the advancement of nursing as a profession in all or any of its branches".

The aspiration of this Royal College of Nursing Wales Education Strategy is that patients and those accessing health and care services in Wales should receive the highest quality of care regardless of the type of care or setting in which it is delivered. Realising this aspiration requires resilient and flexible nurses and health care support workers (HCSW) who have received the appropriate education and development to enable them to deliver care which is compassionate, evidence-based, prudent and safe and which impacts positively on both patient outcomes and experience.

In addition to a commitment to patients, the RCN has a key role in supporting nurses and HCSW to attain the necessary education and skills as part of its remit in supporting and valuing nurses. Research exists which demonstrates that when staff are supported emotionally and professionally, they feel valued and nurtured which, in turn, results in staff who are more likely to remain in nursing and to deliver safe and compassionate care.

2.   Strategic Context

The principles which have guided the development of the strategy include:

Population Factors and Care Settings

2.1   While the principles and values which underpin nursing have not changed, nursing practice has changed dramatically over the last decade. As our population becomes older and the number of individuals living with chronic conditions increases, the needs of patients and their families are becoming more complex. This has resulted in nurses in acute settings managing an increasingly complex range of interventions that incorporate advances in technology and disease management whilst nurses in primary and community care settings manage the increasing burden of chronic disease and support and encourage public self-management of their health.

2.2   The effects of lifestyle on the burden of disease are changing. Whilst cardiovascular disease is

decreasing, mortality and morbidity from alcohol related diseases and other lifestyle issues such as obesity are increasing (CMO Wales, 2015). This emphasises the importance of public health in reducing the burden of disease and of coproduction, a component of prudent health care (Welsh Government, 2013), as an important cultural change toward achieving this.

2.3 Increasingly pathways of care encompass primary, community and acute health care settings as well as social care and the third sector. This increases the urgency for health and social care to become fully aligned and integrated.

2.4 More widely, the World Health Organization (WHO, 2015) highlight concerns relating to the shortfall of health workers globally and explore ways in which this might be addressed.

Professional Factors

2.5 The development of a health care workforce which will support the changes in health care delivery planned for NHS Wales will depend both on developing the existing and preparing the future workforce to work in new models of service delivery which will be required to meet changes in demand.

2.6 The evidence base for nursing skill mix and its effect on patient outcomes such as morbidity and mortality is compelling. The links between low staffing levels of registered/graduate nurses and a range of negative care outcomes has been demonstrated. These include increased mortality rates; adverse events after surgery; increased incidence of violence against staff; increased accident rates and patient injuries; increased cross infection rates and higher rates of pneumonia, gastrointestinal bleeding; cardiac arrest and urinary tract infections in hospital in-patients.

2.7 Whilst care and compassion are amongst the founding principles of professional nursing, it is important to understand that nursing is "knowledge work". This term, first used by Drucker (Drucker, 1959), and which has been developed ever since, serves to differentiate between knowledge work and routine work. The work of the Registered Nurse is characterised by its emphasis on non-routine problem solving that requires creative thinking

utilising an extensive knowledge base which is applied to a unique situation i.e. the assessment and needs of individual patients. It is this, and not just the task, which distinguishes professional nursing from the work of the support worker. Responsibility for the overall nursing care of a patient and clinical decision making lies with the Registered Nurse and cannot be delegated to, or substituted by other staff. This does not in any way diminish or devalue the work of the HCSW; their contribution to care is invaluable but it is different from that of the Registered Nurse. The two roles are not interchangeable but complimentary. Recent research has shown that the inappropriate substitution of a HCSW for a Registered Nurse increases the risk of poorer patient outcomes. These distinctions have already been explained in the Royal College of Nursing documents Defining nursing (Royal College of Nursing, 2014) and A summary of RCN policy positions: registered nurses and health care support workers (Royal College of Nursing, 2015) .

2.8 Often a false distinction is made between clinical skills and "hands-on" care as requiring less knowledge. The complexity of patients' care needs means that an apparently simple task such as washing a patient requires both skill and knowledge for it to be undertaken effectively. For nurses to make informed decisions about care, and to carry out their full range of activities, they must be there with their patients observing, monitoring and, equally important, assessing and *doing*, not relying on reports from other staff.

2.9 The development of a plethora of different nursing titles and overlapping roles confuses patients and public alike. In Wales the development of a career ladder for HCSW (with the widest possible access) is needed. It should include step on and step off points so that HCSW can be developed and provided with opportunities to enter the work force as graduate nurses. Such an initiative, as well providing essential training for staff, will create workforce resilience through HCSW who would be available to complete a Registered Nurse training in two years. (It takes up to four years to recruit and train graduate nurses).

2.10 Regulatory changes which introduce new statutory requirements for nurses, for example

revalidation of practice as a pre-requisite to periodic re-registration.

2.11 Equipping the nursing workforce with the capability to deliver language and cultural competence in healthcare can improve service quality and effectiveness. Education and training programmes that reflect and address the bilingual context of Wales are essential.

Digital Technology and Analytics

2.12 New technology, and the way we use it is revolutionising health care. In the same way as Information Technology (IT) has made an enormous difference to commerce and industry, it is changing the practice of every nurse. In particular, health care is increasingly an information driven activity. Getting the right data and information to the right people at the right time in the right form to inform decisions and make a difference is now fundamental to our ability to improve the health both of the individual patient and populations. The consequence of not using these technologies is suboptimal care, inefficient use of resources, preventable clinical errors, and limitations on the ability of patients and the public to take responsibility for their own health and care.

Policy and Legislative Context

2.13 Existing policies and reports and new and future legislation have informed the content of the strategy. The policy/strategy documents which have informed this strategy include: A planned primary care workforce for Wales (Welsh Government, 2015), Aligning nursing skills – guidance: an all Wales governance framework (NHS Wales Shared Services Partnership, 2014), A framework for the advanced nursing, midwifery and allied health professional practice in Wales (National Leadership and Innovations Agency for Healthcare, 2010), Health professional education investment review (Evans, 2015), Developing excellence in health care: an NHS Wales skills and career framework for health care support workers supporting nursing and allied health professions (NHS Wales, 2015), Trusted to care: Report of the external, independent review of the Princess of Wales Hospital and Neath Port Talbot Hospital at Abertawe Bro Morgannwg Health Board (Andrews, 2014), Report of the external investigation into concerns regarding the care

and treatment of patients: Acute Mental Health Unit, Glan Clwyd Hospital (Betsi Cadwaladr University Health Board, 2014); In search of accountability: a review of the neglected older people living in care homes investigated as Operation Jasmine (Flynn, 2015); More than just words (Welsh Government, 2015).

Recent legislative changes affecting the context in which Welsh health care is planned and delivered have also informed the content of the strategy. These include the Social Services and Well-Being Act 2016, the Future Generations Act 2015, the Public Health (Wales) Bill 2015 and the Nurse Staffing Levels (Wales) Bill 2016 (both Bills are awaiting Royal Ascent).

3. The Voice of Nursing in Wales

To ensure this strategy reflects the professional voice of nursing in Wales and more broadly within the UK and Europe, an extensive programme of engagement with both practitioners and education providers has been carried out.

Two education summits were held in order to obtain the views of nurses across Wales. Each summit comprised a series of presentations and workshops including a stocktake on developments in nurse education across Europe. The summits were iterative i.e. one was not a repeat of the other and they provided an opportunity to engage colleagues in developing the key components of the strategy. In addition through a process of critical friend review, recommendations have been received from nursing colleagues with particular expertise.

Key themes which persisted and survived critical review and debate over the two events have been grouped and categorised and these are set out in the Venn diagram overleaf.

Overarching Themes

3.1 **Care and Compassion** The need for nursing to reconnect with the public regarding its core values of *care and compassion* and the value of education being crucially important in both promoting professional values and leading to improvement in both patient outcomes and experiences.

3.2 **Knowledge** The importance of generating *knowledge* through research which can improve patient care. As important is the role of education in providing the tools to be effective in both applying and implementing knowledge to
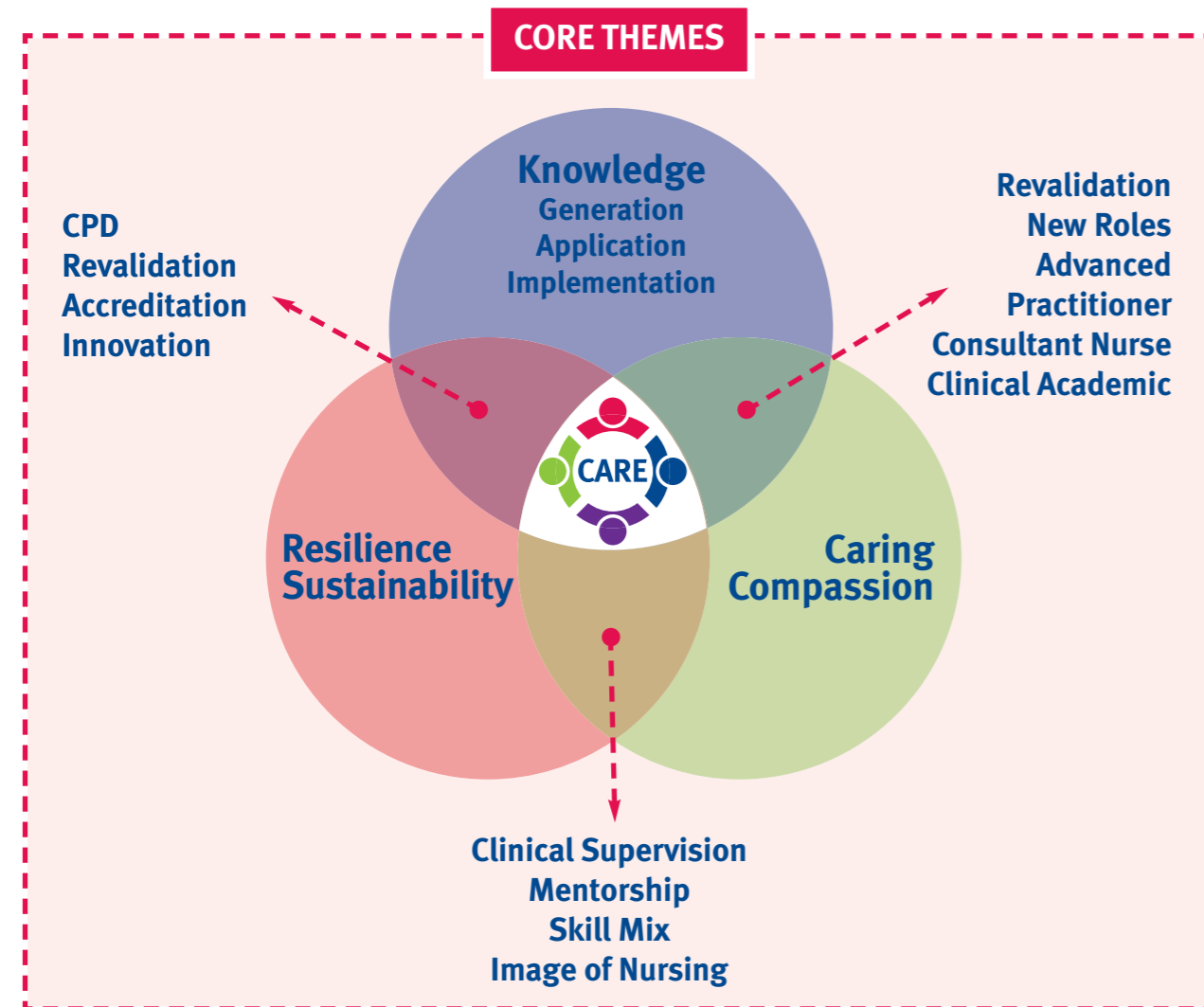
eradicate or ameliorate the time lag between discovery and implementation.

3.3 **Resilience** The health service of the future will require a workforce which is flexible and, importantly *resilient* to enable the workforce to respond rapidly and appropriately as service delivery models develop and new roles are required. In particular patients with complex needs require, and consistently ask for, holistic care delivered by a nurse who can provide "whole person care". Current undergraduate training militates against this due to curricula which are divided into four fields of nursing whilst post graduate nurse education has tended to be driven by professional aspirations to specialise. Furthermore, access to continuing professional development education (CPD) for nurses and HCSW is not guaranteed and nurses wishing to train for a particular role or develop along a

particular career pathway can experience delays in obtaining education and often are required to self-fund. This in turn affects the ways in which nurses perceive their value as part of the health care team. It can also result in less than optimal skills and knowledge to underpin nurses' work.

The points at which these key themes intersect provide the substance of what needs to be included in this strategy together with the role of education providers working in partnership with each other and service colleagues in the provision of education and training. Inevitably there is some overlap between such closely related and important themes.

Workforce planning is seen as a key enabler which requires radical reform. This is considered alongside the Ministerial Written Statement following the publication of the Health professional education review (2015) and the Chancellor of the Exchequer's announcement regarding the future funding of nurse education NHS England (2015).

CORE THEMES

CPD
Revalidation
Accreditation
Innovation

Knowledge
Generation
Application
Implementation

Revalidation
New Roles
Advanced
Practitioner
Consultant Nurse
Clinical Academic

CARE

**Resilience
Sustainability**

**Caring
Compassion**

Clinical Supervision
Mentorship
Skill Mix
Image of Nursing

Care & Compassion

Care and compassion are among the founding principles of professional nursing. These have never changed. Many recent high profile reports have emphasised the need for care to be patient centred and compassionate. It is no accident that the recent Willis report commissioned by Higher Education England (HEE) is entitled, "The shape of caring" (Willis, 2015).

Evidence exists that healthy, well-supported and well-motivated staff improve the care experience and outcomes for patients. Therefore creating positive work environments, career opportunities, professional recognition and rewards for nurses is important. It leads to reduced sickness levels, encourages staff retention and continued engagement in the workplace and delivery of health care. If we have learned anything from recent reports into unacceptable practice, it is the way in which prolonged lack of CPD and clinical supervision, together with poor staffing levels and leadership can lead to an insidious deterioration in standards which spreads and becomes harmful for patients. When nurses can no longer take pride in their work a process of disengagement occurs which worsens the already pernicious effects on patient care and patient experience.

Key enablers for facilitating a nurturing work environment, one which fosters continued staff engagement and commitment, include systems for clinical supervision, mentorship and appraisal. These processes can be powerful in improving patient outcomes because they involve focusing on the achievements and learning development needs of staff and, in the case of clinical supervision, can be an important means of preventing work-related stress. Mentorship is most often associated with the preparation of undergraduate learners. Whereas particular arrangements must be in place for undergraduate students in order to comply with NMC requirements, mentorship arrangements should be available for all staff according to circumstances.

For patients whose first language or language of choice is Welsh, compassionate care, dignity and respect is realised by being able to communicate with health care professionals in Welsh. Workforce planning and skill mix should be predicated on this principle. Nurse education needs to be pivotal in assisting the NHS in delivering and embedding the principle of the Active Offer as set out in More than just words, the Welsh Government strategic framework for Welsh language services in health, social services and social care (Welsh Government, 2012).

GOAL

Education becomes a key driver for promoting professional values and enhancing patient experiences and outcomes

KEY ENABLERS

CLINICAL /COLLEGIAL SUPERVISION
A methodically defined process for sharing concerns and ideas through a scheduled meeting and a structured process.

MENTORSHIP
A relationship in which an individual nurtures in another profess-ionally defined values, knowledge & skills which ultimately result in a judgement being made regarding the mentee's competence.

APPRAISAL
A means of assessing performance to make plans for correcting shortcomings, developing potential, and initiating training.

SKILL MIX
Through levels of staffing and expertise, the creation of a supportive working environment which enables staff development to flourish.

RECOMMENDATIONS FOR EDUCATION PROVISION

1.   Recommendations: Appraisal

Appraisal is not merely a review of past performance. It is a means of staff development in a service which depends on on-going development for the delivery of safe, effective care. Talking about the job and the work it involves can remind staff of why they wanted to do it in the first place. It gives nurses an idea of their worth and encourages them to develop their talents while helping them over difficulties. Appraisal can provide an opportunity to re-engage with the values and behaviours which underpin nursing care. To ensure appraisals are performed to the same standard throughout the organisation, appraisers need to be trained and a reasonable time set aside to undertake appraisal.

1.1. NHS organisations should aspire to have a 100% of its nursing and HCSW workforce undertaking appraisal. This provides the foundation for both individual and organisational development through planned education and training which meets both service needs and the needs of patients.

1.2   Ongoing education and training for appraisers is essential. Its content should go beyond the appraisal encounter to include leadership for embedding appraisal goals into organisational CPD plans.

2.   Recommendations: Mentorship

There is robust evidence of the correlation between strong nursing leadership, the quality of learning environments and mentor effectiveness (Kings Fund 2012, RCN, 2013). Mentorship and clinical supervision should be the means by which staff continue to understand and realise their personal and professional obligations and commitment to creating a positive, compassionate culture of care (CTUHB , 2015).

2.1 An organisational culture which supports practice based learning needs to be developed and prioritised by those in key leadership roles. Nurses in leadership roles should be accountable for the support mechanisms for mentors.

2.2 Comprehensive organisational systems which support mentorship need to be built upon, further developed and prioritised.

RECOMMENDATIONS FOR EDUCATION PROVISION

2.3 Sufficient time for mentorship should be a priority. This includes time for staff to benefit from the mentorship relationship and time to enable staff to gain mentorship skills. It is predicated upon the availability of appropriate education and training of mentors which includes experiential learning aligned with the NHS Wales' staff psychological health and well-being resource (NHS Wales, 2014).

2.4 NHS Wales and the RCN should collaborate in the development of on-line resources to support mentors.

3.   Recommendations: Mentorship for undergraduate student nurses

Mentorship is included in the All Wales Initiative for undergraduate nurse education. The initiative is highly valued by both service and education colleagues. It has resulted in consistency of standards and competencies for mentorship.

3.1 The All Wales initiative should continue. Several new models for mentorship have been proposed (Willis, 2015). CYNGOR should consider evaluating the current approach to undergraduate nurse mentorship in Wales and make recommendations for future models.

3.2 The All Wales initiative could be further strengthened by establishing a mechanism to enable participation in a community of mentors which facilitates a shared and consistent approach to assessment and decision making through ongoing education involving case reviews and dissemination of good practice.

3.3 The quality of practice learning environments for nurses should be a Board level priority. Regular reporting to the Board should include:

Placement metrics and data on mentor compliance with NMC Standards.

National (National Student Survey) and local analysis of student nurse placement evaluations including concerns raised by students about both the quality of care and mentorship.

3.4 The extent to which practice-based learning is valued and supported should be included in the NHS Wales staff survey and other relevant audits.

3.5 The RCN in Wales should consider how it can support Nurse Directors in ensuring appropriate Board level scrutiny of the practice learning environment.

3.6 A programme of research which addresses the impact of mentorship and appraisal on both patient outcomes and staff engagement should be commissioned.

3.7 The importance of mentorship should be recognised by including evidence of effective mentorship in RCN accreditation of advanced practice.

4.   Recommendations: Skill Mix

Safe staffing and skill mix is determined by using appropriate professional judgement, guidance and tools to aid decision making. Setting staffing levels and skill mix depends on a range of factors including the clinical setting, patient acuity, the nature of clinical decision making and professional judgement being exercised.

Guidance and tools exist to support the process which should aim to ensure the right number of staff with the appropriate skills to enable both safe patient care and the provision of a supportive environment. The process for determining appropriate staffing establishments for a clinical area

RECOMMENDATIONS FOR EDUCATION PROVISION

(including skill mix) together with the daily requirements for staff need to be understood by everyone who has accountability for ensuring safe patient care.

The ability to calculate establishments and ensure appropriate skill mix is predicated upon a supply of Registered Nurses and HCSW with the requisite skills, competencies and decision making ability. Current commissioning of education in Wales has led to repeated cycles of over and undersupply of nurses leading to the necessity to recruit from overseas, a process which has been demonstrated to be costly and inefficient and which is vulnerable to changes in UK Visa requirements.

4.1 Building on existing guidance, in particular that of the Chief Nursing Officer for Wales, as highlighted in the evidence given to the Health and Social Care Committee (2015); an All Wales model for determining staffing levels and skill mix should be determined. This will allow sufficient All Wales data to be collected, enabling further research into the relationship between staffing, skills mix and patient outcomes to be undertaken.

4.2 It is essential that all nursing staff, managers and Board members have an understanding (appropriate to their role in the organisation) of how staffing levels and skill mix are set. Training for this should be available.

4.3 Consideration should be given to establishing All Wales education and training for those staff who are held accountable for ensuring appropriate nursing skills mix and staffing levels.

4.4 It should be a requirement that those responsible for commissioning undergraduate and post graduate education for nurses can demonstrate achievement of an appropriate level of competence in workforce planning following appropriate education preparation.

4.5 Consideration should be given to removing the cap on student nurse commissioning numbers. This could result in an increased supply of nurses who, through access to student loans, will have more disposable income throughout training. Should the decision be to remove the cap on student numbers in Wales, consideration needs to be given to financial modelling which would alleviate potential financial hardship. Consideration is currently being given by the Welsh Government to develop a policy for repaying student loans of Welsh students if they work in Wales after graduating and student nurses could be a part of that policy development.

4.6 A pan Wales review of placement capacity is needed together with a plan to maximise placement opportunities. Removing the cap on student numbers has the potential to result in innovative and flexible programmes of study leading to registration and contributing to resilience. Such innovation is constrained by current commissioning processes.

4.7 Level One Welsh Language training should be a feature of commissioning in undergraduate and post-graduate education.

Knowledge Generation and Implementation

Nursing is an evidence-based profession that uses the latest and best research to improve nursing practice and patient outcomes. Nursing research is needed to generate knowledge and develop nursing care. The International Council of Nurses (ICN, 2007) describes research-based practice as the 'hallmark of professional nursing' and states that quality research is integral to best practice, evidence-based care and cost-effective health care. Nursing research has come a long way since the Briggs Report, (Briggs, 1972) which recommended that nursing should become a research-based profession.

The Research Excellence Framework (REF, 2014), which for the first time included a measure of the impact of research, demonstrated how outcomes for patients are being transformed by the research work of nurses. Nevertheless we need to ensure that there is capacity in both our universities and in service to continue to carry out ground breaking research.

Importantly we need to ensure that the connection between research, education and evidence-based practice is understood by all stakeholders and we need to strive to achieve even greater impact on patient care through research. For this to happen the barriers which prevent nurses combining a career in practice and research need to be removed. Opportunities for clinical academic careers need to be provided underpinned by courses which address clinical research, for example a Master's degree in Clinical Research (MClinRes) as well as conventional doctoral training.

As important is the understanding of the implications of research findings for practice and policy together with the ability implement research findings into practice.

RECOMMENDATIONS FOR EDUCATION PROVISION

2.8 As an individual moves through the clinical academic pathway, appropriate education in the form of Masters degree in Clinical Research and professional doctorates will need to be established and funded.

3. Recommendations: Accreditation/Credentialing

Accreditation is a professionally-led supportive process involving both self and external peer assessment to assess the quality of clinical services in relation to established standards and to promote continuous quality improvement.

Accreditation can be applied to services, individuals or training pathways. The process of formal accreditation of competencies (which include knowledge, skills and performance) in a defined area of practice, provides confidence that the individual is fit to practise at a particular level.

In the absence of a consistent post registration regulatory framework, the Royal College of Nursing has a plan to influence the standards of nursing by credentialing advanced nursing practice. Advanced nursing practice frameworks are established in each of the UK countries. These, along with previous RCN work on specialist nursing and advanced nursing will form the basis of RCN advanced practice credentialing. The Welsh perspective on the design and implementation of the process of credentialing will be obtained through membership of the Advanced Practice Credentialing Advisory Group. In addition, an outstanding individual who meets a set of criteria, qualities, skills and attributes can be conferred an RCN Fellowship. These fellowships will represent an important means of demonstrating the value of nurses and nursing.

It is recommended that accreditation should also address:

3.1 Developing clear pathways for nurses from registration through to advance level practice (including clinical academic pathways).

3.2 Defining the standards for the profession. This will include the educational requirements, the skills sets required for practice and the ability to influence the required output of a standard of practice.

3.3 Working with partners, identify and set educational criteria and practice components for advanced level practice in different nursing specialties. A successful credentialing process for nurses has already been agreed with the Royal College of Emergency Medicine.

4. Advanced Practice and Consultant Nurse Roles: the full range and scope of nursing practice

Advanced Practice, Consultant Nurse and Clinical Nurse Specialist roles have developed organically albeit that in Wales there is a system to ensure that all Consultant Nurse job specifications adhere to an agreed set of skills and competencies. Many Registered Nurses are achieving Advanced Practice Masters degrees (which until recently were almost entirely self-funded). These new roles have been extensively researched and the evidence demonstrates that when patients receive care from nurse practitioners, educated to Masters level, outcomes are enhanced, waiting times reduced and the quality of care compares favourably with that provided by medical practitioners.

In the absence of an agreed All Wales framework for Advanced Practice, these roles have almost entirely been aligned with particular clinical specialties (e.g. the Emergency Room, control of infection and so on). There is evidence, too, that patients want generalists because what is required is holistic and coordinated care and not fragmented care, duplication and gaps in service. Professional allegiance to particular clinical specialities have tended to undervalue and undermine the role of the generalist which is a category mistake. Specialist practice is defined by a greater depth of knowledge in a particular field. Advanced practice, which may be specialist or generalist is defined by higher

levels of decision making (and usually greater knowledge) required for more complex problems. The term generalist means "competent across a range of functions". Interestingly, The shape of training review for medical education and training (Greenaway, 2013) acknowledged the need for a rebalancing between generalist and specialist skills. The framework for advanced nursing and midwifery and allied health practice in Wales (National Leadership and Innovations Agency for Healthcare, 2010) illustrates clearly the specialist to generalist, novice to expert continuum in nursing which should aid in the commissioning of education for required roles.

4.1 The future workforce must maintain a degree of generalism and adaptabilty in order both to meet patient needs and to provide the resilience which the NHS and other health care providers require.

4.2 Education for advanced level practice which provides a generalist (not generic) skill set is needed to enable nurses to work with confidence across a range of settings in order to respond to patient needs.

4.3 A strategic approach to both workforce planning and education commissioning is required to ensure that the issues set out above are addressed.

Resilience

Resilience has become a frequently used term in the provision of healthcare. Its popular use signals the challenges currently being experienced which include significant workforce issues of capacity and capability; the urgent need for service redesign, and the increasing burden of complex chronic diseases. Resilience is also seen as an important asset in undermining austerity measures. It can be described as an organisation's ability to maintain performance, compensate for difficult circumstances and avoid harm. Fragility, the opposite of resilience, carries negative connotations so that without resilience the NHS and other healthcare providers become fragile and vulnerable. The more positive notion of resilience requires the ability of both organisational systems and individual ability and commitment to design and implement positive adaptive behaviours matched to the immediate situation. Since we are facing a world of rapid and constant change, resilience needs to be an ongoing feature to ensure that services for patients remain sustainable and fit for purpose.

GOAL

Create a flexible, knowledgeable and resilient workforce through innovative educational developments to meet changing service needs and new models of care

KEY ENABLERS

REVALIDATION
Registrants have to complete at least 450 hours of practice, 35 hours of CPD, complete 5 pieces of practice related feedback and 5 written reflective accounts. All confirmed by a 3rd party.

WORKFORCE PLANNING
Identification of future roles (in Higher Education and Practice) together with HR systems which enable roles across sectors to flourish.

MODELS OF CARE DELIVERY
New and developing models of care require an ability both to move between care settings and sectors and to draw upon a wide range of skills in order to provide holistic care.

NEW FORMS OF PREPARATION
Holistic care requires: A rebalancing of specialist and generalist care Increased flexibility within roles, career pathways and cross sector working A workforce than can practice co-productively.

RECOMMENDATIONS FOR EDUCATION PROVISION

1.　Recommendations: Career Development and Role Preparation

Resilience is a concomitant of flexibility. The resilience of a health care system is its capacity to respond, adapt and maintain performance when exposed to shock such as disease outbreak or natural disaster. In the UK winter pressures is another. Adaptation is required also in order to meet the requirement to provide care closer to home. Building on the developments contained in "Aligning skills" (NHS Wales Shared Services Partnership, 2014) and the "Post registration framework" (National Leadership and Innovation Agency for Heath Care, 2010):

1.1　Create in Wales a structured and coordinated approach to post-graduate education and development activity which facilitates, for each nurse and HCSW, career development and role preparation.

1.2　Plan to provide education to support new models of care such as rural health care, integrated health and social care, transitional and unscheduled care in community settings. The plan should make provision for the necessary advanced knowledge and skills. Providing support to maintain resilience and appropriate adaptive behaviours will also be essential. Consideration should be given as to how best to achieve this through appropriate support structures.

1.3　Ensure access to training for nurses and HCSW providing care to defined groups which should include those living with dementia, children and families during early years, those living with mental health problems and learning disabilities. Such education and training should be determined by the care setting in which the individual works, and not the field of practice for which he or she is qualified, to ensure that patients receive holistic and coordinated care.

RECOMMENDATIONS FOR EDUCATION PROVISION

1.4 To promote resilience and flexibility and to better meet patient needs, opportunities for Registered Nurses and HCSW to develop competencies in more than one field of nursing need to be provided. This includes, for example adult nursing and mental health nursing. Specific one year post-registration programmes should be developed (possibly at Masters level) to enable nurses on one part of the register to qualify for another part.

2. Recommendations: Revalidation

Revalidation is a statutory requirement for Registered Nurses. More importantly, it is a process of continued collation of evidence which demonstrates that registrants have engaged in professional updating activities. Importantly at least 20 of the required hours must involve engagement with other health care professionals to ensure that nurses who are professionally isolated are engaged in educationally based networking activities.

2.1 Whereas revalidation is the responsibility of individual nurses, the process must be supported by organisational systems and in particular by senior nurses to ensure both compliance with the statutory requirements and professional growth. Support includes identifying opportunities for registrants to engage in CPD activities.

2.2 The process of revalidation can lead to both organisational learning and the identification of practice based theories. Consideration should be given to developing a means of capturing the learning made possible through revalidation as a way of informing nursing practice and improving patient care.

2.3 On-going education and training in the skills of reflection are necessary to ensure that nurses both develop and retain the ability to identify practice based learning.

3. Recommendations: Workforce Planning

A radical review of workforce planning is required in order to ensure that the workforce is able is able to support service changes and to meet the changing needs of the population. In a written statement following the publication of the Health professional education investment review (Evans, 2015), the need for shifting resources towards multi-disciplinary primary and community care teams, working closely with social care systems was endorsed in order that care can be delivered closer to home in ways which are more prudent.

In 2015 the NHS Shared Services Partnership published Developing excellence in health care: an all Wales skills and career framework for healthcare support workers supporting nursing and the allied health professions (NHS Wales, 2015). Its purpose is to provide a governance mechanism to inform the skills and career development of the HCSW workforce.

3.1 NHS Boards and Trusts, together with education providers (including Universities, Further Education Colleges, Agored Cymru and others) should ensure that appropriate education and training is available to meet the objectives of Developing excellence in health care (NHS Wales, 2015). This will need to be supported by appropriate commissioning arrangements.

RECOMMENDATIONS FOR EDUCATION PROVISION

3.2 There needs to be a move away from a preoccupation with commissioning numbers towards a focus on what is required in terms of role, skill mix and competencies to deliver the workforce for the future. This requires a fundamental revision in commissioning the total workforce.

3.3 Workforce planning should identify both the number of HCSW which are required and the roles and responsibilities they will undertake. This is a precursor to the development of appropriate education provision.

3.4 Education provision for HCSW needs to be flexible predicated on work-based learning with outcomes mapped to curriculum which enable the HCSW largely to remain in practice while developing clinical competencies.

3.5 A plan for recruiting nurses in areas which experience difficulty in providing a Registered Nursing workforce (e.g. remote and rural areas or in particular clinical specialties e.g. older age mental health) is required. This could entail recruiting a cohort of HCSW from a local community who would be committed both to the area and to undertaking nurse training through flexible and innovative preparation over a period of years.

3.6 When undertaking workforce planning the requirement for nurses to work across sectors in order to provide integrated care must be included. This should include mapping of health and social care competencies into both roles and curricula.

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Glossary of Terms

Agored Cymru – is a Welsh organisation that develops qualifications to meet skills needs in Wales

CMO – Chief Medical Officer

CYNGOR – represents health departments in Welsh Higher Education and works collaboratively with key stakeholders in the NHS, Welsh Assembly Government, the Council of Deans of Health, UK and others.

HCSW – Health Care Support Worker

Nurses/Nursing - These terms include all health care professionals regulated by the Nursing and Midwifery Council.