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Pre-registration Nurse Education. The NMC review and the issues.

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Introduction

The Nursing and Midwifery Council (NMC) is reviewing pre registration nurse education as part of the *Modernising Nursing Careers* initiative. This review will focus on the content and academic exit level of pre registration education (i.e. diploma or graduate). The NMC will issue a consultation on the first phase of this review in November 2007. The purpose of this briefing is to outline some of the key issues on pre registration nurse education in preparation for this forthcoming consultation.

Modernising Nursing Careers

Modernising Nursing Careers[1] (MNC) is a UK wide development programme to ensure nursing is fit for future health care needs and health care provision. It has four key aims:

- Develop a competent and flexible workforce
- Update career pathways and career choices
- Prepare nurses to lead in a changed health care system
- Modernise the image of nursing and nursing careers

There are five major areas of work within the above:

- Standardise advanced and specialist roles
- Develop a fast track scheme for future nurse leaders
- Enable nurses to lead and co-ordinate care
- Develop a careers framework with post graduate career pathways
- Review the level and content of pre registration education

These five areas will combine to have a significant impact on what registered nurses do and how they are prepared for practice as a registered nurse. The timescale for MNC is to complete all associated work by 2010 with the first 'new' MNC registered nurses emerging in 2014.

[1] Department of Health (2006) *Modernising Nursing Careers: Setting the Direction* Department of Health: London

The Review Process: UK Pre Registration Nurse Education

There are two phases to the current NMC review process:

- Phase 1 will explore and consult on the overarching framework to support new NMC Standards of Proficiency for pre registration nursing education

  Phase 2 will develop and publish new standards of proficiency for pre registration nursing education.

The consultation for phase 1 will be launched in November 2007. At the same time a consultation from the English Department of Health on post graduate career frameworks and education will be launched. These two consultations are closely related as the shape of pre registration education must be determined by what registered nurses are expected to do in the future - their domains of practice across the spectrum of health care. The NMC consultation is UK wide and applicable to the four countries.

A Short History of Pre Registration Nurse Education

Pre registration nurse education in the past was based on an apprenticeship model whereby student nurses learnt their 'trade' by direct observation and practice in clinical settings. They were salaried members of the nursing workforce, counted as such in nurse staffing rosters and therefore a significant part of the workforce for care delivery. Ninety eight per cent of all nurse education was organised through schools of nursing which were aligned to a local hospital[2]. Nurse education therefore was strongly linked to the requirements of the local health service.

Assessment of competency for nurse registration was undertaken through practical ward based examinations, some written papers and a national written examination. This model of nurse education was an effective means of providing a very practical 'hands on' workforce for clinical practice[3].

However the quest to ensure nurses are fit for purpose is not new and from the 1970's onwards changes have been made to the pre registration

[2] Ward, M. (2005) 'Student Nurses Perceptions of Health Promotion: A Study' *Nursing Standard* 11 (24) pp 34 - 40

[3] Barton, T.D. (1998) 'The Integration of Nursing and Midwifery Education within Higher Education: Implications for Teachers – A Qualitative Study *Journal of Advanced Nursing* 27 (6) pp1278 – 86

curriculum. For example, abolition of the national examination, and evolution of the assessment process to the schools of nursing overseen by the then four National Boards for nursing education[4].

Later in the 1980's the employee status of student nurses and the framework under which they were educated came under strong criticism, particularly from the RCN. The Judge report also argued that the programmes did not meet changing health care needs, particularly in relation to the community setting which was becoming an area of growing importance[5].

The key argument for change centred on the evolution and extension of the nurses' role which required different knowledge and clinical decision making skills. Parity of the level of education preparation and subsequent qualification in line with other professions was also seen as important – especially in terms of recruitment of school leavers. The RCN recommendations for change were radical and included the "uncoupling of education from direct and persistent control by service"[6].

The above ultimately led to the development of the Project 2000 framework for pre registration nurse education which "represented a full scale reorientation of nurse training"[7].

In summary Project 2000:

- Transferred nursing education out of schools of nursing into Higher Education Institutions (HEIs)
- Made student nurses supernumerary to the nursing workforce rather than part of it
- Increased the theoretical component of pre – registration education to 18 months within the 3 year pre – registration programme
- Added a (minimum) HEI academic award of diploma status to the exit qualification along with nurse registration
- Changed the focus of the nurse education curriculum to a health rather than an illness model
- Established a Common Foundation Programme (CFP) of 18 months that all student nurses undertook

[4] Davies C (1980) 'Past and Present in Nurse Education' *Nursing Times* 76 (39) pp1703 – 07, Sept 25

[5] RCN (1985) *The Education of Nurses: A New Dispensation Commission on Nursing Education* RCN: London

[6] RCN (1985) *Op Cit*

[7] Macleod Clark, J. and Maben (1998) 'Health Promotion: Perceptions of Project 2000 Educated Nurses' *Health Education Research* Vol no2 pp 185 - 6

- Established four specialist pre registration branches of 18 months each to follow the CFP.

The development of the above four branches in adult nursing, mental health, children's nursing and learning disabilities nursing were the result of debate about whether a generalist registration was *viable* in the sense of achieving a wide set of competencies for practice on first registration, and whether it was *desirable* given that areas outside the registered general nurse qualification were seen as a post registration rather than a primary qualification[8].

However developments in pre registration education do not occur in a vacuum and as the healthcare agenda changes so the need to review and ensure pre registration education remains fit for purpose. Research began to conclude that Project 2000 may not be fit for purpose, particularly in the development of nursing practice skills[9],[10][11] and the competence for practice immediately following registration [12], [13]. An important and key evaluation of Project 2000 was therefore undertaken which concluded that nursing was a practice based profession within which appropriate clinical experience was a vital part of the learning process [14].

This led to the following revisions of Project 2000:

- An increased focus on clinical skills
- Theory to be linked more closely to practice
- Partnership agreements on educational preparation between health service providers and HEIs, in order to link education to workforce needs
- Adoption of new roles such as practice education facilitators to provide support to student nurse mentors

[8] United Kingdom Central Council for Nursing Midwifery and Health Visiting (UKCC) (1986) *A New Preparation for Practice* UKCC: London
[9] Carlisle, C et al (1999) 'Skills Competency in Nurse Education: Nurse Managers Perceptions of Diploma Level Preparation' *Journal of Advanced Nursing* 29 (5) pp 1256 - 64
[10] Hamill, C. (1995) 'The Phenomenon of Stress as Perceived by Project 2000 Student Nurses :A Case Study' *Journal of Advanced Nursing* 21 (3) pp 528 - 36
[11] Jowett, S. et al (1994) *Challenges and Change in Nurse Education – A Study of the Implementation of Project 2000* Slough: National Foundation for Educational Research
[12] Meerabeau, E (2001) 'Back to Bedpans: The Debates over Pre Registration Nursing Education in England' *Journal of Advanced Nursing* 34 (4) pp 427 - 35
[13] Gerrish, K. (2000) 'Still Fumbling Along? A Comparative Study of Newly Qualified Nurses Perception of the Transition from Student to Qualified Nurse' *Journal of Advanced Nursing* 32 (2) pp 473 - 80
[14] UKCC (1999) *Fitness for Practice: The UKCC Commission for Nursing and Midwifery Education* UKCC: London

- Reduction in the length of CFP from 18 months to 12 months to allow greater emphasis on branch specific preparation and community and public health perspectives

The report also urged for an expansion in graduate pre – registration preparation given the sophistication of clinical decision making required and the needs of service providers for workforce flexibility and diversity.

Current Pre Registration Nurse Education Frameworks

Governance and Standards

Some standards for pre registration nurse education emanate from European Union directives which aim to standardise nurse education across Europe. For example directives state that nurse education programmes shall be no less than 3 years or 4,600 hours in length with full time programmes lasting no longer than 5 years and part-time programmes no longer than 7 years.

At UK level the NMC is empowered by the Nursing and Midwifery Order 2001 to establish professional standards of proficiency to be met as a condition of registration. These standards are overarching principles for competency and proficiency rather than prescriptive lists of knowledge and skills and must be achieved for entry to the nursing register.

A national framework for pre registration nurse education sets the academic standard at a minimum of a diploma in higher education (120 credits at level 1 and 120 credits at level 2). However some pre registration programmes exit with advanced diplomas in higher education (additional 60 credits at level 3) and some with an honours degree (120 credits at level 3)[15].

Content

Pre registration nurse education consists of a 12 month Common Foundation Programme (CFP) followed by a branch programme of 2 years in adult nursing, mental health, children's nursing and learning disabilities nursing. The CFP should provide the foundations for entry to any branch programme, and students should have experience of each branch during the CFP with opportunities for shared learning between the branches.

[15] In Wales all pre registration education is at graduate level with the option to step off at diploma level

The balance of learning must be 50% practice and 50% theory in both CFP and branch programmes[16] and the practice part of the programme must involve direct patient care.

The adult nursing branch qualification is the only qualification recognised across Europe and therefore must meet requirements of EC directives[17] and include:

- General and specialist medicine
- General and specialist surgery
- Child care
- Maternity care
- Mental health
- Elderly care
- Home nursing

This is an issue regarding the 'fit' of the current UK branch structure with Europe and the rest of the world which predominantly prepares general nurses with specialisation mostly occurring subsequent to registration[18].

Educational Assessment

There is no national examination and education curricula are not identical across HEIs. Strategies for assessment differ slightly in content according to the agreement between the commissioners, healthcare providers and HEIs but must include at least one unseen examination. Student support by lecturers, practice educators and mentors is set in NMC standards and clinical practice experience must be under the supervision of qualified nursing staff and in settings that have been deemed appropriate.

Drivers for Change

Developments in pre registration education must be seen in the context of changes in both healthcare need and delivery. The challenges facing the UK health and social care system over the next decade include[19]:

[16] EC Directives 77/453/EEC and 89/595/EEC
[17] EC Directive 77/453/EEC
[18] UKCC (2001) *Fitness For Practice and Purpose* UKCC : London
[19] RCN (2004a) *The Future Nurse: The RCN Vision Explained* RCN: London

- Changes in population demography with a predicted rise in numbers of older people and subsequent impact on need for health care

- Changes in patterns of disease especially non-communicable disease and chronic and long term illness

- Changes in lifestyle patterns for example the growing trend in obesity

- Increased public expectation and demand for quality and personalised care

- Inequalities in health status and health care outcomes

- Increasing health and social care productivity

- Reconciling demand, need and access to health care with safety and quality

Recent economic reviews of health services provision suggest that demand reduction for health and social care is essential for future sustainability[20],[21]. This could be achieved by:

- Focussed effort on preventing disease and health promotion

- Managing the early stages of disease more effectively within primary care settings

- Supporting patients and carers to self- manage disease and illness

- Developing expertise in primary care services to provide acute treatment and prevent and control hospital admissions

- Engagement of patients and the public in decisions about health service provision

- Greater public responsibility for using the health service effectively

Other policy documents concur and consistently indicate the need for greater emphasis on[22]:

- Care delivery in the community rather than the hospital

[20] Wanless (2002) *Securing Our Future Health: Taking A Long Term View* HM Treasury: London
[21] Wanless (2004) *Securing Good Health for the Whole Population* HM Treasury: London
[22] For example see Kendall, L. and Lissauer, R. (2003) *The Future Health Worker* IPPR: London

- Health promotion as part of the role of all health care workers
- Continuity of care within and between specialisms and settings
- Holistic care that links health and social care
- Management of long term conditions
- Tackling the determinants of health status including poverty and social exclusion

This means that future health practitioners need to be able to:

- Manage and deliver care in a range of settings, but with a focus on the community
- Practice across a range of population groups and illness conditions to a defined level of expertise
- Assess complex needs and refer appropriately
- Be aware of the boundaries of their competence and expertise, and that of others
- Work within and across a variety of teams
- Understand the dynamics of individual and collective health status and promote health accordingly
- Work in partnership with patients, families and communities in tackling illness and long term conditions

In addition there are some further factors to consider regarding future registered nurses:

- The impact of the European Working Time Directive and reduction of junior doctor working hours
- The development of advanced nursing practice with nurses increasingly undertaking 1st contact and urgent care, and management of long term conditions
- The increasing contribution of health care support workers (HCSWs) and others to the provision of nursing care
- The value of inter-professional learning at the pre registration stage

Future nurses need a pre registration education that prepares them in relation to the above and provides a sound foundation for advanced practice since many more will work at this level than now.

What are the Issues for Pre Registration Nurse Education?

Does current pre registration education prepare nurses appropriately for the future? That is the key question and raison d'etre for the NMC review. The arguments for change appear strong since the nursing profession must meet different needs emerging from a dynamic and rapidly changing health care agenda. For example the 'first contact' role with associated diagnostic and treatment skills, management of long term conditions, an emphasis on the promotion of public and family health (see corresponding paper by Professor Dame Jill Macleod Clark on RCN Policy Pages[23]). All these indicate a different preparation for nursing away from a hospital based model towards a more autonomous decision – making practice that is largely community based.

There are also views and concerns of those both inside and outside of the profession to consider such as the highly publicised concerns in recent years [24] that some nurses were not fit for practice on registration. This led to NMC consideration of both the content of the core skills set that should be assessed and how they are is assessed[25].

But is it known with any certainty if 'Fitness for Practice' programmes of pre – registration education can meet the above? Evaluation of pre registration preparation *per se* is difficult because the content of programmes, how they are delivered and how they are assessed differs between HEIs[26]. This therefore makes direct comparisons of outcomes difficult.

The Community Setting and Nursing Practice

However it is clear that exposure to, and expertise in, nursing practice within a community setting[27] must be increased if the intention is to move

[23] Macleod Clark, J (2007) *Ensuring A Fit For Purpose Future Nursing Workforce* RCN: London

[24] Carlisle et al, (1999) *Op Cit*

[25] NMC (2005) *Consultation on Proposals Arising from a Review of Fitness for Practice at the Point of Registration* NMC: London

[26] However all are subject to the same NMC/EU Directives and same inspection process.

[27] The definition of 'community' is somewhat tautological and merely indicates care delivery outside of a hospital setting – which can be the home, general practice, nursing home, schools, community clinics (for example mental health), NHS Direct and other telephone help lines, walk-in centres and even accident and emergency care/departments.

more health care away from hospitals to the community (and consequently have more registered nurses based in the community, including immediately post first registration). Currently nursing in the community is either a specific post registration education pathway and qualification, for

example, in public health (Health Visiting). Or, is usually undertaken following time spent in hospital based practice.

But the issue is not about producing more of the same in terms of current community nurse specialisms, for example, district nursing. Nor even about increasing the number of nurses who practice solely in community settings, since future health care will be defined much more by patient care pathways across health care settings (for example long term conditions) rather than the setting itself. Nevertheless work in a community setting differs in many respects from a hospital setting. For example, understanding the local health context, family context and impact on health and illness. And, very importantly, the ability to work alone without constant supervision and make confident clinical decisions and other judgements. Future nurses will need to receive substantial exposure to community settings at pre registration level to develop these skills.

Currently student nurse community placements are between 8 to 12 weeks in length, which is clearly not adequate for future preparation. There will be issues about how these are increased and linked to quality learning, given the apparent scarcity of placements. But there is some evidence that a move towards more community experience is taking place, with one HEI even offering a primary care pathway pre registration programme[28].

In addition, culture needs to change from the accepted wisdom that, at least for adult and children's nursing, first employment should be hospital based[29]. There are signs that for some current domains of practice – especially district nursing, some areas are now recruiting newly qualified nurses directly into community posts [30].

Branch or Generalist Preparation?

It follows from the above and the need for community exposure and expertise that student nurses also need to develop skills that translate across population groups and the life course, and across a range of disease conditions and illnesses. Because, if much of their work as registered nurses is community based, they will at the very least come into

[28] London South Bank University Primary Care Pathway pre registration programme
[29] Given the shift from institutions to community care in mental health and learning disability care, these spheres of nursing are well ahead in terms of a community focus.
[30] Roberts, S. and Kelly, C. (2007) 'Developing A Career Pathway within Community Nursing' *British Journal of Community Nursing* 12(5) pp 225-7, May

contact with both physical and mental illness from children through to the elderly. This is especially so for those who choose a post registration career pathway in 1st contact work as mental health issues and child health make up a substantial proportion of that work. For example consultations regarding children make up around one third of the total consultations in general practice and 25 – 30% of emergency department attendances[31]. There is some evidence that nurses who work in primary care do not have sufficient skills and knowledge in mental health[32]

The key issue regarding the current branch structure is therefore to what level and at what depth should the pre registration education framework prepare nurses with knowledge and skills in a broad spectrum of care and illness? And related to this, how far should specialisation occur prior to first registration?

Reviewing the branch structures at pre registration level is not new and as far back as 1999 the UKCC Fitness for Practice Review identified that:

"The current programme model of four branches of nursing should be reviewed in the light of changing health care needs. The review should consider a range of options: including a redefinition of branch structures and generalist nurse preparation"[33].

The review also noted that even at the inception of Project 2000 branch structures had been regarded as an "an interim solution to an intractable problem" and acknowledged the need to keep them under review.

A subsequent UKCC report [34] put forward six possible models for future pre - registration nursing education. These included:

- Variations on the four branches, including additional client groups
- Integrated health and social care nursing
- Adult, child and community based branches in addition to a generalist pre registration branch, with further opportunities to specialise at post registration level.

RCN members reviewed these proposals and suggested a model for a life span approach [35].

[31] Royal College of Paediatrics and Child Health (2007) *Emergency Care for Children* RCPCH: London
[32] Woodin, J. et al (2005) *Evaluation of US Trained Physician Assistants Working in the NHS England* Health Services Management Centre : Birmingham
[33] UKCC (1999) *Op Cit* pp 40
[34] UKCC (2001) *Op Cit*
[35] RCN (2004) *A Model for Pre Registration Education: A Discussion Paper* RCN:London

However the debate regarding the degree of generalist and specialist education pre registration continues and the forthcoming NMC review will revisit this once more. It is important to point out that the options for how to move forward for the future do not have to be either/or model. That is *either* a four branch structure *or* one generalist preparation that all student nurses follow. There are a range of permutations within this continuum that could be applied and implemented. For example:

- An intensive in-depth and longer Common Foundation Programme prior to branch education
- More generalist experience within the branches – for example mental health nursing students to receive substantial experience in general 1st contact work
- A portfolio system whereby students undertake a range of modules that have a generalist application but are in their chosen speciality so that on registration they can quickly acquire a specialist post – registration qualification
- An additional branch to the current four which is generalist

Graduate or Diploma?

Graduate status at the point of registration as a nurse has also been the subject of much debate within the nursing profession. Arguments against have centred on the need to maintain a wide entry gate to nursing and the practical nature of nursing. Arguments for have included the need for parity with other health care professionals as graduate status would provide the nursing profession with recognisable and formal equivalence to professional colleagues. A further impetus to this argument has recently been given with the announcement that all pre registration midwifery programmes will be set at degree level from September 2008[36]. Plus of course the education pathway for HCSWs to become assistant practitioners (Agenda for Change bands 3 and 4) is a foundation degree.

Equally important to the debate are current developments in the achievement of a European framework known as the Bologna Process. This process aims to create greater synergies between academic qualifications in different European Countries, so that degrees and qualifications are easily understandable and transferable across national borders[37].

[36] Royal College of Midwives www.rcm.org.uk/career/pages/introduction.php?id=3
[37] *European Higher Education Area: Joint Declaration of the European Ministers of Education* convened in Bologna 19th June 1999

Consultation with members as part of the RCN Presidential Taskforce in 2002 put forward some strong reasons for supporting all pre registration nursing courses to be at graduate level[38].

These included:

- A belief that nursing and its' knowledge base is increasing in complexity
- A belief that current diploma level courses are no different in level, content, complexity, or rigour than degrees in other disciplines and that nursing students who complete these demanding courses are short-changed in the award of a diploma for degree level work
- Many diploma nursing students top-up their qualification to degree level almost immediately on registration and often self-fund this additional study.

At present there are different approaches across the UK regarding the level of academic award at the point of professional registration. All pre registration programmes in Wales exit at honours degree level (with the option to step-off at diploma level). Whereas in Scotland, Northern Ireland and England there are a mix of graduate and diploma level courses. At present approximately 87% of student nurses in England are studying for a higher education diploma with the remaining 13% following degree level courses[39].

The funding arrangements and amount of money student nurses receive also differs and is inequitable across the four countries. *All* nursing and midwifery students in Scotland, Northern Ireland and Wales receive a non - means tested bursary regardless of whether they are following a graduate or diploma level course (averages at about £6000 per year). In England *only* diploma nursing students receive this. Those who are following a graduate pre – registration programme receive a means-tested bursary which amounts to a maximum of £2231 if under 29 years of age, £3430 if over 29 years of age. This is clearly an issue that has to be addressed – not in only in terms of the current situation which indirectly discourages graduate study, but also in the forthcoming NMC review and subsequent debate about movement towards an all graduate registered nursing profession. A further RCN paper for the *Modernising Nursing Careers* web page will consider this in more detail, alongside future options for how pre and post – registration education is funded.

Graduate or diploma status is also linked to perceptions of nursing as an attractive career option and the need to recruit school leavers for whom a

[38] Notes from the road shows as part of the Presidential Education Taskforce led by Roswyn Hawkesley Brown, unpublished

[39] *RCN (2006)* From Boom to Bust? The Labour Market Review 2005/6 *RCN: London*

degree will be seen as a necessary passport within the employment market rather than a specialist qualification. On the other hand, the age profile of student nurses averages at twenty nine years and many have caring responsibilities and families to support so need to maintain a reasonable income level. Poverty is known to be a factor in student nurse attrition[40] although the reasons for student nurse non completion of courses are various and more complex.

The RCN Position

The RCN has a policy position on some of the issues the NMC review will put forward within the consultation, but not all of them. For example the RCN supports, and has campaigned for, an all graduate nursing profession at the point of first nurse registration for some time.

This position has been developed with members over a number of years. It was initially debated by members as a congress resolution in 1994 which proposed that:

"This meeting of the RCN Congress requests Council to press the UKCC to accept that all pre registration nursing programmes should be at undergraduate level"[41].

The above principle was developed by an education taskforce set up by RCN Council also in 1994 which published a statement that:

"Pre registration education nursing education should lead to registration as a nurse and the award of a degree"[42].

This position was reaffirmed by Council in 1999 in it's' report to Congress stating that:

"The RCN supports the notion of an all graduate profession at the point of registration phased over a period of time"[43].

A later Presidential Education Taskforce led by Roswyn Hawkesley Brown in 2002 again reaffirmed this position following discussion with members at facilitated road show events that discussed the future of nurse education[44].

[40] Last, L. (2003) 'Why Do Student Nurses Leave? Suggestions From A Delphi Study' *Nurse Education Today* Vol 23 (6) p 449
[41] RCN (1994) Congress Resolution 13 Undergraduate Nursing Education
[42] RCN (1996) *A Principled Approach to Nurse Education: The Rationale: A Document For Discussion* RCN: London
[43] RCN (1999) RCN Council Report to Congress
[44] RCN (2002) *Quality Education for Quality Care: A Position Statement for Nursing Education* RCN: London

The issue has also been debated by members on the floor of RCN Congress at frequent intervals throughout the 1990's [45].

However, the RCN also recognises the contribution of HCSWs within the nursing family and the need to support their educational and career development, including to the level of assistant practitioners (exit at foundation degree level) and registered nurses where appropriate. The RCN does not believe it is incompatible to maintain access to pre - registration nurse education with flexible entry and exit points on the way to registration with graduate level entry to the registered nursing profession[46].

In terms of the generalist and specialist debate – at pre registration level and indeed beyond – the RCN has not expressed a definitive view. The RCN vision of the future nurse published in 2004 concurs with the spirit of *Modernising Nursing Careers* and concludes that there will be a need for future registered nurses to be educated for generalist practice with the range of population groups and illness, but also a concurrent need for specialist practice too (with advanced level practice within each sphere)[47]. However the boundaries and content of generalist and specialist practice were not defined.

Conclusion

The NMC review of pre registration nurse education and the English Department of Health consultation on post – registration career pathways are an opportunity for the profession to comment on how future nurse education and domains of practice can best serve health care needs and ensure nurses are fit for practice. There will no doubt be some passionate and intense debate as some of the issues raised – for example what happens to the current four pre – registration branches – will be contentious. It will be important for the profession to be as objective as possible and reflect on the enormous changes to health care delivery and organisation that will continue to take place, including changes to the nursing role, contribution and responsibilities, in reaching solutions and conclusions.

The RCN will embark on a communication and consultation strategy for both documents as soon as they are launched and will aim to garner the opinions of as many members as possible. A summary of the documents with a template for comments and views will appear on this web site under the *Modernising Nursing Careers* section as one means for response.

[45] RCN Congress resolutions and matters for discussion submitted by members in 1994, 1998, 2000
[46] RCN (2004b) *The Future Nurse: The Future for Nurse Education* RCN :London
[47] RCN (2004a) *Op Cit*