Future Education Models: Pre-Registration Nursing

Stimulus Paper

CoDH UK-wide Shape of Caring Advisory Group

Draft

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## Contents

1. Introduction ........................................................................................................................................... 2
2. The Policy context ..................................................................................................................................... 3
   2.1. The current system ................................................................................................................................. 3
   2.2. Drivers of change .................................................................................................................................... 3
3. Restructuring pre-registration education ................................................................................................. 7
   3.1. Models of pre-registration nursing .......................................................................................................... 7
4. Key issues and challenges ......................................................................................................................... 8
   4.1. Specialist v generalist ............................................................................................................................... 8
       Implications for the four fields of nursing ...................................................................................................... 9
   4.2. Point of registration ................................................................................................................................. 9
   4.3. Practice education .................................................................................................................................. 10
   4.4. Funding ................................................................................................................................................ 10
5. Developing a Council position .................................................................................................................... 12
1. Introduction

The Shape of Caring Review, *Raising the Bar*, published in March 2015, highlights the challenges of ensuring that nursing pre-registration education gives a broad enough grounding to allow new registrants to work in a variety of settings and address service users’ needs across the human lifespan (whether physical, mental or learning disability-related) while at the same time ensuring that students have the opportunity to gain the specialist knowledge and skills needed to work and develop in demanding roles when they graduate.

*Raising the Bar* recommended that the Nursing and Midwifery Council (NMC) ‘should gather evidence, explore and consult on the proposed 2+1+1 year model, alongside other alternatives, to examine whether the existing ‘four fields’ model is fit for the future’ and that it ‘should explore and consult on the introduction of additional fields of practice such as community nursing’ (Theme 4).

The NMC has begun work to develop new pre-registration nursing education standards, which it aims to implement from September 2019. This review creates the opportunity to define the skills, competencies and knowledge of the future nurse, and the future of nursing education.

In this context, the Council’s UK-wide Shape of Caring Advisory Group agreed to develop a short paper to explore the future models of pre-registration education delivery, including the proposed 2+1+1 model. The paper is structured into three sections. First, it briefly considers the context of this work, including an overview of the current system in the UK and some of the policy drivers which are challenging the preparation for nursing. The next section of the paper looks at alternative pre-registration models and explores some of the key issues and challenges. The paper concludes with a section on developing the Council’s position on the future of pre-registration nursing education.

The paper is being presented as a stimulus for discussion and debate, and feedback from members is strongly encouraged to help the Council form a position on the future of nursing education.

Comments on this paper should be sent to Rachel Craine ([rachel.craine@cod-health.ac.uk](mailto:rachel.craine@cod-health.ac.uk)).

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1 Health Education England (2015) *Raising the Bar, Shape of Caring: A review of the Future Education and Training of Registered Nurses and Care Assistants*
2. The policy context

2.1. The current system

Nurse education has changed significantly through the decades. Prior to 1990, nurse education was based on an apprenticeship model where the vast majority of teaching and learning was undertaken in schools of nursing which were aligned to local hospitals. Student nurses were part of the salaried workforce and played an integral role in delivering ‘hands on’ patient care. In 1985 the Judge Report\(^2\), commissioned by the RCN, recommended that nurse education be brought into higher education, and become more flexible and adaptable to change.

In the early 1990s Project 2000 was launched. This reform radically changed nurse education, moving it out of hospitals and into higher education institutions (HEIs). Initially the minimum education threshold required for entry on the NMC register was a three-year higher education diploma. This changed in 2008 when the NMC decided that the minimum academic level for pre-registration nursing should be degree level. Since 2013 all pre-registration nursing education programmes across the UK are at bachelor’s degree level. In order to become a registered nurse, student’s must successfully complete an education programme approved by the NMC in one of the four fields of nursing practice - adult, learning disability, mental health and children’s nursing. All programmes are required to be a minimum three years or 4,600 hours, split between 50 percent theory (2,300 hours) and 50 percent practice (2,300 hours).

The standards for pre-registration nursing education are set by the NMC. The current pre-registration nursing education standards were published in 2010. Since then there has arguably been unprecedented change to the role of registered nurses. New pre-registration standards for nurses are expected to be fully implemented in 2019. All universities must adhere to the standards; however, they have autonomy to structure the pre-registration curriculum, teach and assess programmes as they wish. This means that while all-preregistration programmes successfully completed in the UK enable students to join the NMC’s professional register, there are differences in the delivery of programmes between HEIs and the four nations in the UK.

2.2. Drivers of change

2.2.1. Changes to trends in health and social care

Current trends in health and social care suggest that the health and social care landscape is changing rapidly. Demographic changes, financial pressures, advances in technology, and

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https://www2.rcn.org.uk/_data/assets/pdf_file/0004/313582/14.07_Pre_Registration_Nurse_Education_-_The_NMC_Review_and_Issues.pdf
changes to the relationship between service users and health professionals are some of the key trends that will affect how care is delivered now and in the future. Nursing as a profession is being challenged and new opportunities to expand nurses’ scope of practice are being created. In the future nurses will work in a wider variety of settings in multi-professional teams. They will be required to take on a greater public health role in tackling inequalities, supporting self-management and self-care, health promotion, and the flexibility to care for the whole person across the human lifespan (whether physical, mental health or learning disability-related). For further information, see ‘Educating the Future Nurse – a paper for discussion’.

In England, a new nursing associate role will work alongside registered nurses and support workers to deliver patient care. The delivery of education for registered nurses in the future will need to take account of the wider policy context and the future configuration of health and social care service delivery.

2.2.2. Standards for pre-registration nursing education and the wider system

The new pre-registration standards for nurses are being drafted to reflect the changes in nursing practice and to ensure that future education standards prepare registered nurses with the requisite skills and competencies needed at the start of their careers.

This review creates the opportunity to debate the future direction of nurse education, to define what programmes will need to look like in order meet the new standards, and the ways in which universities and practice organisations work together to design models of practice learning, including how to best develop high quality practice educators and the hours required in practice to respond to the demands of contemporary society.

2.2.3. Shape of Caring

The Shape of Caring Review (2015) of the future education and training of registered nurses and care assistants has recommended that the NMC consider whether the current model of nurse education is fit for the future and whether additional fields of practice should be introduced:

Recommendation 13: NMC should gather evidence, explore and consult on the proposed 2+1+1 year model, alongside other alternatives, to examine whether the existing ‘four fields’ model is fit for the future.

Recommendation 14: NMC should explore and consult on the introduction of additional fields of practice such as community nursing.

Recommendation 15: HEE should expect its LETBs to explore a model of guaranteed employment for nursing graduates that includes robust preceptorship.

The review argues that a radical rethink is needed into the future preparation of registered nurses in order to respond to the major trend in health and social care discussed previously. It is expected that the numbers of patients suffering from a diagnosable mental health disorder and the number

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3 Council of Deans of Health (2016), ‘Educating the Future Nurse – a paper for discussion’
of people living with learning disabilities will continue to grow. There is a concern that many nurses working in health and social care have limited knowledge and training in mental health and learning disability issues. Similarly, there is concern that mental health pre-registration nursing programmes have insufficient focus on physical health. In the future nurses will need to be able to care for patients with multiple physical and mental health conditions so they will need a comprehensive understanding of mental health, learning need and physical health, whether working with adults or children. The Shape of Caring review questions the ability of the current model to adequately prepare nurses so they are able to respond to future challenges and therefore it recommends a review of the pre-registration education model and consultation on the proposed 2+1+1 model.

An overview of the 2+1+1 model is summarised below (Figure 1).

2+1+1 year model

<table>
<thead>
<tr>
<th>2+1+1 model</th>
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<tr>
<td>Two years whole-person core education</td>
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<tr>
<td>All pre-registration nursing students would undertake core training based</td>
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<td>on a whole-person curriculum designed around the care needs of patients.</td>
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<td>The curriculum could be amended annually to reflect changes in patient</td>
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<td>need and evidence-based practice.</td>
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<td>One year chosen specialism</td>
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<td>In the second year, students would choose which field of practice they</td>
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<td>would like to specialise in during their third year. The third year would</td>
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<td>consolidate the learning in the first two years and provide core training</td>
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<td>and preparation for the final year of preceptorship (+1 year).</td>
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<td>One year preceptorship</td>
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<td>Following registration, newly qualified nurses would continue to work in</td>
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<td>their chosen field of practice. They would be supported and supervised by</td>
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<td>a designated preceptor who would provide informal and formal education</td>
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<td>and training to develop confidence and skills, and to encourage new</td>
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<td>registrants to transition from student to accountable practitioners.</td>
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Figure 1: An overview of the proposed 2+1+1 year education model.

The review suggests that this model provides ‘sufficient levels of flexibility without dismantling the current system’.
**Additional field - community care**

Future care models are orientated towards more care based in the community and in patients’ homes, delivered by a more adaptable and multidisciplinary workforce. To make this happen, more nurses need to acquire the skills to equip them to work outside the hospital environment. The Shape of Caring review recommends that consideration is given to adding a community care field to encourage more nurses to pursue a career in the community in roles such as district nursing, GP practice nursing, health visiting and school nursing.
3. Restructuring pre-registration education

3.1. Models of pre-registration nursing

There are many possible different models of pre-registration nursing education internationally, ranging from specialist to generalist preparation. The current pre-registration nurse education model in the UK was introduced in 2000. The National Nursing Research Unit (2007)\(^4\) has identified four models of pre-registration education:

**Model 1: Specialist qualification following a direct entry course**

Students apply to a programme in the field of practice they wish to train for and focus on that field from the start of the course.

**Model 2: Specialist qualification following a core plus branch course**

Students complete foundation training, common to all branches of nursing practice, followed by a further period of study focused on their chosen field of practice. Students normally either choose a field of practice at the point of applying for course entry or they may be able to make their choice during the common training period.

**Model 3: Generalist qualification following a generic course with specialist options**

All students study core components and in addition select specialist components to study. The final qualification is generalist not a specialist one.

**Model 4: Generic training without specialist options**

No distinction is made between the fields of practice for the duration of the programme, however students usually have the opportunity to experience the different fields and specialties.

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4. Key issues and challenges

The 2+1+1 model raises several important issues which are discussed below.

4.1. Specialist v generalist

A generalist is commonly defined as ‘a person competent in several different fields or activities’ and a specialist as a ‘person highly skilled in a specific and restricted field’. Nurses have been expanding their practice within the past 20 years and during this time there has been a significant rise in the number of specialist nurses. Specialist practice is the ‘exercising of higher levels of judgement, discretion and decision making in clinical care’ (UKCC, 2001). Specialist practitioners have usually successfully completed relevant post-graduate education and training which enables them to practice at an advanced level.

Specialist nurses are associated with patients receiving high quality, cost-effective care. Studies have demonstrated that the cost benefits include reduced waiting times, reduction in the number of patients being re-hospitalised (through improved support for patient self-management and pain control), freeing up of other specialists’ time and improving health outcomes.

Across the globe many countries prepare nurses as generalists who acquire some knowledge and competencies of the different areas of clinical practice and specialties. Generalist nurses have an important role with the multi-disciplinary health and social care team, they use a broad range of competencies and skill to facilitate and co-ordinate care across specialists and specialties. This is particularly important when caring for older people and people with complex and multiple problems.

<table>
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<tr>
<th>International nurse education: diversity of provision</th>
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<tr>
<td>Australia - Generalist qualification following generic course without specialist options</td>
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<td>Nurse education in Australia moved from a direct entry model to a generic course for all students when registered nurse education was transferred into the higher education sector. Following completion graduates have the option to apply for a graduate transition programme or a postgraduate course enabling nurses to study a specialist area. The provision of post-registration programmes have increased in Australia as a direct result of the transfer of nurse education in HEIs.</td>
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<td>The decision to adopt a generic model has been subject to debate and criticism. Scoping studies undertaken between 1996 and 2001 of the content of the pre-registration courses found that they predominately focus on general nursing with an emphasis on medical and surgical nursing.</td>
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5 UKCC (2001) Standards for specialist education and practice. - The UKCC is now known as the Nursing and Midwifery Council.
This has raised concerns that a lack of focus on mental health nursing has ‘resulted in many insurmountable difficulties in providing students with adequate theoretical and practical experiences in psychiatry and fails to prepare graduates to work as a beginning practitioner in the mental health area’ (Griffiths and Robinson, 2007).

Work has been undertaken at local and national level to strengthen mental health in pre-registration programmes. Various alternative models have been proposed, they include a return to direct entry; introducing specialist mental health options into the generic programme; replacing the current 3-year course with a 4-year course that leads to dual qualification as a generalist and mental health nurse; developing a new generic mental health worker role.

DN: add further examples

Implications for the four fields of nursing

There has been much debate on how best to prepare nurses for the future. The UKCC (2001) report stimulated discussion over the advantages and disadvantages of specialist (direct entry or core plus branch) and generalist model of education, in particular on the impact on recruitment and competence to practice in learning disability and mental health branches (Griffiths and Robinson, 2007).

A review of the experience internationally indicates that a generalist approach to pre-registration education is likely to have detrimental impacts for mental health and learning disability nursing in particular.6 The generalist approach presents several challenges in ensuring sufficient numbers of competent practitioners are trained and embark on a career in mental health or learning disability nursing. There is a tendency for programmes to focus primarily on general nursing and attempts to ensure sufficient experience for all students across the fields of practice have proven to be challenging on curriculum time. People with an interest in working in mental health and learning disability may be less inclined in the first instance to apply for a generalist course with little mental health or learning disability content than a specialist course.

Various solutions to some of the issues that have emerged where a generalist model has been proposed include: increasing the content of mental health and learning disability in the generic programmes; introducing specialist options in pre-registration programmes and increasing provision of post-registration education and support to develop practitioners’ competence and skills.

DN: Expand this section

4.2. Point of registration

Currently students who successfully complete a three-year pre-registration education programme are able to apply to join the NMC register. Once registered, nurses can study for additional

qualifications which can be recorded on the NMC register. Any changes to the length of the pre-registration nursing programme could have implications for the NMC registration process. The Shape of Caring review suggests that students would register after year three, which would mean no change from the current arrangements in England, Wales and Northern Ireland. However, if a new community care field was introduced, specialist community public health nurses such as health visitors would no longer need to undertake three-year pre-registration programmes specialising in one of the four fields of practice (adult, child, mental health, learning disability) before entering a one-year (full-time) post-registration programme. Instead, the model proposed in the Shape of Caring review would enable students to specialise in community health and qualify as a health visitor at the point of registration. As acknowledged in the review this would have implications for registration with the NMC. Any changes to education models for the registration process would require further discussion with NMC, HEIs and other organisations.

4.3. Practice Education

Practice education is a critical component in preparing nurses for practice. The Shape of Caring review highlights the need to provide more practice placements within the community, independent sector and general practice. Lack of capacity and variability of placements in some areas could create difficulties for HEIs in providing all students with clinical placements in all practice areas.

To make practice education effective it needs to be underpinned by good mentorship. It is crucial that there are sufficient numbers of practice educators with the key skills and attributes needed to support learners and to encourage their development. However, several reviews including Shape of Caring, have raised concerns with the current mentorship model and standards, and have called for them to become an area of focus for discussions on improving the student learning journey.

4.4. Preceptorship

Preceptorship is ‘the process through which existing nurses and midwives provide support to newly qualified nurses and midwives’7. Research has shown that newly qualified nurses (NQNs) lack confidence to be autonomous professionals and there is growing consensus that they require support after registration to develop confidence, hone their skills and become familiar with their new responsibilities. There is no agreed duration of preceptorship and currently there is considerable variation both in length and quality of experience. One review8 suggests there is evidence to support a 12-month period of preceptorship. The +1 preceptorship year proposed in the Shape of Caring Review creates an opportunity to formalise preceptorship by introducing organised frameworks which will bring greater consistency. However, to be effective and a positive experience for NQNs and their employers, evidence suggests that it must be properly resourced and organised. Current funding and resources pressures within health and social care could make this challenging.

7 NMC (2008) Standards to support learning and assessment in practice
4.5. **Funding**

A move from a three-year to a four-year pre-registration model would require additional funding. There are justifiable concerns that current funding may not be adequate to sustain a four-year programme. Furthermore, the need to increase funding for post-registration education will grow.

Competence in students’ chosen field of practice is not achieved through initial generalist education.

DN: reflect funding differences across the UK

4.6. **UK wide context**

The Shape of Caring review originated in England. The 34 recommendations are targeted at different stakeholders, with the added complication that some (in particular those aimed at the NMC) have UK-wide implications and others are focused on England. Understanding the differences between the UK home nations and the implications of the NMC’s UK-wide remit is essential to debates on the future of pre-registration nursing education. Any future work must take a UK wide approach and in collaboration with universities, the NMC and practice organisations.
5. Developing a Council position

Given that members of the Council of Deans of Health are responsible for educating every nurse who completes their education in the UK, the Council is a key stakeholder in this debate.

There are mixed views in the Council’s membership: some favour moving to a child/adult split on fields, with LD and MH threaded through both. Others (particularly LD/MH academic networks) argue that this would be highly detrimental. It will be challenging to find a consensus position for the Council in this area.

As a starting point in this debate we have developed the following principles:

- Given that this has implications for the whole of the UK, a full discussion and debate across all home nations is essential.
- A clear and developed ‘problem definition’ with a strong evidence base that takes into account that issues may be different across the four fields and across the home nations (e.g. the provision of four year degrees in Scotland);
- An explicit commitment to the specialist skills that are needed for practitioners to be able to take up roles in mental health, learning disability and children’s nursing;
- Development of test criteria for implementation of any change, including a test that changes would not exacerbate staff shortages or have a negative impact on the quality of care received by patients’/ health service users;
- Linked development of costed models for implementing any change, with consideration of the implications of expanding a generalist foundation, for example the potential expansion of four year degrees or the need to fund post registration specialist training.

We would welcome comments on the issues covered in this paper which will help formulate the Council’s position on the future of pre-registration nursing education.