



Council of  
Deans of Health

The voice of UK university  
faculties for nursing, midwifery  
and the allied health professions

# Educating the Future Nurse – a paper for discussion

**Our initial views on the key outcomes of future registered nurse  
education, across all four fields**

CoDH Shape of Caring Advisory Group

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# 1. Foreword

Members of the Council of Deans of Health are responsible for educating every nurse and midwife who completes their education in the UK. From these two professions alone, our universities are responsible for the future domestic supply of more than half of the whole health professional workforce. Our members are the key collective source of expertise across the UK on how higher education can meet the future requirements of registered professionals. In this context, it is vital that universities have a strong voice on the future of education for registered nurses and midwives and that this voice is heard by decision makers.

At its first meeting in 2015, the Council's UK-wide Shape of Caring Advisory Group agreed to focus on developing a clear statement of the Council's vision for tomorrow's registered nurse and the implications for their initial, pre-registration education. The Council is also keen to support midwifery educators, particularly the Lead Midwife for Education UK network to develop a similar vision for the future midwife, in order to shape development of the pre-registration midwifery education standards.

This paper sets out our initial views on the key outcomes of future registered nurse education, across all four fields. It is presented as a stimulus for discussion and debate and we welcome comments from members and other organisations with a stake in nursing education.

A commitment to the development of systems across the UK that allow world-class health professional education to flourish inevitably requires work across a range of inter-related domains, from regulation to funding and from initial education to post-registration career pathways. As we have developed this paper, we have been very aware that this work has raised more questions than we have been able to answer. We have therefore endeavoured to set out dependencies and important questions to which we will return as this work develops.

## 2. Introduction

Following an evaluation in 2015, the Nursing and Midwifery Council (NMC) has begun work to develop new pre-registration nursing standards, which it aims to complete in 2018. It is anticipated that the new standards will be adopted by all institutions from September 2019. New standards for pre-registration midwifery are expected to follow. This work comes after a number of reviews of nursing education in different UK home nations, including *Setting the Direction for Nursing and Midwifery Education in Scotland* (2014)<sup>1</sup>, *Raising the Bar* (2015)<sup>2</sup>, an England-focused review co-sponsored by the NMC and all-Wales work such as *Aligning nursing skills – guidelines* (2015).<sup>3</sup>

The review of the nursing pre-registration education standards led by the NMC creates the opportunity to define and articulate the role of the future nurse, and the future of nursing education. Major trends in health and social care are changing how care is delivered. The ageing population, increased prevalence of chronic disease, advances and increasing reliance on technology are all shifting the emphasis from acute care towards prevention, self-management, and integrated care which is increasingly being delivered in the community by teams of multi-professionals. To meet these challenges, registered nurses of the future will need to grow in their role as decision makers and leaders, embracing change and be equipped to meet changing patient and population needs.

The paper is structured in three sections. First, we briefly consider the context of this work, including the significant changes to the context of care into which the new standards must speak. The main section of the paper concentrates on outcomes for pre-registration nursing education. The aim of pre-registration nursing education programmes is to develop graduates ready to join the NMC's professional register and start what will hopefully be a lifelong career as a registered nurse, progressing from a novice to an expert practitioner. Because of this focus on developing future professionals, we have grouped the outcomes across the NMC Code's four themes (prioritise people, practise effectively, preserve safety, and promote professionalism and trust).

The paper concludes with a third section broadening out the debate to consider some of the significant dependencies in relation to nursing education and questions that will need further discussion over coming months. Specifically, any changes to pre-registration education should look at the future direction and models of practice education, taking into consideration how high quality practice educators might be best developed in the future and the hours required in practice to develop all the skills and competencies needed at the start of nurses' careers.

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<sup>1</sup> Scottish Government (2014) *Setting The Direction For Nursing & Midwifery Education in Scotland*.

<sup>2</sup> Health Education England (2015), *Raising the Bar: Shape of Caring - A Review of the Future Education and Training of Registered Nurses and Care Assistants*.

<sup>3</sup> WEDS (2014) *Aligning Nursing Skills – Guidelines An All Wales Governance Framework 2014*.

# 3. Context

## 3.1. Definition of nursing

The International Council of Nurses (ICN) defines nursing as:

‘Nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings. It includes the promotion of health, the prevention of illness, and the care of ill, disabled and dying people. Advocacy, promotion of a safe environment, research, participation in shaping health policy and in patient and health systems management, and education are also key nursing roles.’ (ICN, 2002)<sup>4</sup>

The ICN’s definition of a nurse practitioner/advanced practice nurse:

‘A Nurse Practitioner/Advanced Practice Nurse is a registered nurse who has acquired the expert knowledge base, complex decision-making skills and clinical competencies for expanded practice, the characteristics of which are shaped by the context and/or country in which s/he is credentialed to practice. A master’s degree is recommended for entry level.’<sup>5</sup>

## 3.2. Standards development

The current pre-registration nursing education standards were published in 2010, following an extended period of consultation and development. Although this is relatively recent, the NMC has argued that ‘In the intervening years there has been unprecedented change in the health and care landscape’.<sup>6</sup> The NMC particularly highlights ‘key policy statements and reports across the four countries of the UK’ and ‘changes in skill mix, with growing numbers of unregistered carers and blurring of professional boundaries, [which] are placing greater responsibility and accountability on the registered nurse for delegation, support and supervision’.<sup>7</sup>

In determining the future outcomes of nursing education, it is worth attempting to pin down key trends that are likely to shape the work of registered nurses in the future. Newly qualified nurses from programmes developed from the new standards are likely to start graduating only from 2022. These registered nurses may still be in the workforce in 2065. The standards therefore need to focus not only on specific knowledge and skills but on the ability to keep learning (and teaching

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<sup>4</sup> International Council of Nurses, <http://www.icn.ch/who-we-are/icn-definition-of-nursing/>

<sup>5</sup> International Council of Nurses, <http://international.aanp.org/Practice/APNRoles>

<sup>6</sup> NMC Council 27 January 2016, NMC/16/09, pp. 105-110, <https://www.nmc.org.uk/globalassets/sitedocuments/councilpapersanddocuments/council-2016/council-meeting-papers-20160127.pdf>

<sup>7</sup> NMC Council 27 January 2016, NMC/16/09, pp. 105-110, <https://www.nmc.org.uk/globalassets/sitedocuments/councilpapersanddocuments/council-2016/council-meeting-papers-20160127.pdf>

others) across a whole career, in the context of a future that we are unlikely to be able to accurately predict.

### 3.3. Setting the scene

There is no shortage of documents setting out major trends for health and social care, from the *Five Year Forward View* (2014) and Health Education England's *Framework 15* (2014) in England, to Scotland's 2020 Vision for Health and Social Care (2011).

<b>Our '2020 Vision'</b>
Our vision is that by 2020 everyone is able to live longer healthier lives at home, or in a homely setting.
We will have a healthcare system where we have integrated health and social care, a focus on prevention, anticipation and supported self management. When hospital treatment is required, and cannot be provided in a community setting, day case treatment will be the norm. Whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions. There will be a focus on ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission.

Figure 1: Summary of Scotland's 2020 Vision for Health and Social Care (Scottish Government, 2011).

<b>Five Year Forward View (2014)</b>	
<b>A New Relationship with Patients and Communities</b>	<b>New Models of Care</b>
<p>Getting serious about prevention: Incentivising and supporting healthier behaviours, Local democratic leadership on public health, Targeted prevention, NHS support to help people get and stay in employment, Workplace health</p> <p>Empowering patients</p> <p>Engaging communities: Supporting carers, Encouraging community volunteering, Stronger partnerships with charitable and voluntary sector organisations, The NHS as a local employer</p> <p>The NHS as a social movement</p>	<p>Multispecialty community providers</p> <p>Primary and Acute Care Systems (PACs)</p> <p>Urgent and emergency care networks</p> <p>Viable smaller hospitals</p> <p>Specialised care</p> <p>Modern maternity services</p> <p>Enhanced health in care homes</p>

<b>HEE Framework 15 (2014)</b>	
<b>Drivers of Change</b>	<b>People and Patients of the Future</b>
<p>Expectations of patients and staff</p> <p>Demographic pressures: (increases in population numbers and life span)</p> <p>Exponential growth in technology</p> <p>Social/political/economic issues challenging concepts of individual/collective responsibility</p> <p>Service models of integrated care with more care provided outside hospitals</p>	<p>People with multiple and complex conditions</p> <p>Informed, active and/or engaged</p> <p>Members of a community of health, which includes, but is not exclusive to, the formal workforce and recognises and promotes wellness</p>

Figure 2: Key points from the Five Year Forward View and HEE's Framework 15 (England).

Most of these documents contain consideration of at least three themes:

### **3.3.1. *Changes in the profile of people who use services***

- A growing population: the UK's overall population is expected to grow to 71m by 2029, an increase of 9% from 2014.
- An ageing population, with the number of people aged over 85 expected to grow from 1.4m in 2014 to 3.6m by 2037.
- More people with multiple and complex conditions, with very significant increases predicted in diabetes, stroke, dementia and coronary heart disease.

### **3.3.2. *Changes to the workforce***

- An ageing workforce, with the mean age of the NHS workforce rising to 48 by 2023. At present, no more than 30% of the NHS workforce works part-time before the age of 55. By 60, that rises to 50% and by 65 to 80%.
- The continued and increasing contribution of the informal care workforce, including family and friends. HEE's Framework 15 notes that there are already 6m carers in the UK and 3m volunteers working for health/disability voluntary organisations.
- 'Generation Z' joining the health and social care workforce, with different attitudes and expectations to previous generations.

### **3.3.3. *Changes to service models and to the relationships between people using services and health professionals***

- 'Empowered patients' (though with an acknowledgement that health literacy varies and inequities in 'empowerment' are likely to persist).
- An emphasis on prevention and health promotion – seeking to grow a 'health' rather than an 'illness' service.
- More care provided outside of hospitals and greater integration between health and social care.

The UK-based policy frameworks are usually weaker in identifying trends linked to globalisation that will potentially significantly change the practice of healthcare. In an increasingly connected world, registered nurses educated in the UK may well work in other countries, accessing education here and returning to a home country, or deliberately seeking out opportunities to work abroad. Although the current context of widespread staff shortages may make it difficult to imagine a time when the UK home nations are net 'exporters' of health professionals, this is well within the bounds of possibility within the careers of students graduating from the new standards. Equally, global challenges of migration, public health and disease, including anti-microbial resistance, are likely to impact on future health and social care delivery in the UK.



### **3.4. The multi-professional context and the specific contribution of the profession**

One of the significant areas for discussion in preparations for this work has been the extent to which education outcomes and competencies are shared across professions and the areas that are specific to the registered nurse. Given that the people who use services should be at the centre of all health education, we fully expect that many of the outcomes of education will be shared across professions and we believe that more could be done across regulators to discuss and align these. Feedback at a meeting of the Medical Schools Council's (MSC) Education Leads on future undergraduate curricula reflected many themes that are identified in this paper, such as delegation/supervision, resilience, mental health awareness and skills to challenge peers and seniors on ethical matters or raising concerns. However, this paper also endeavours to articulate the unique contribution of registered nurses and how their distinct role flows back into their initial education. This is, in part, related to the size, scale and breadth of the profession, which gives nurses the potential to have a particularly significant impact on care. The context of nurses increasingly taking on responsibilities that would have once sat with doctors is also important in driving the evolution of the registered nurse's role, for example the need for more advanced diagnostic and assessment skills.

### **3.5. Competency-based education vs. disruptive innovation**

Defining clear competencies for the newly graduated registered nurse is a significant opportunity to articulate the value and contribution of the profession. However, our discussions have highlighted the limitations of competency-based models and the risk of creating a formulaic, 'box-ticking' educational culture, which stifles innovation and creativity.

The future standards need to allow disruptive, uncomfortable innovation as well as set out clear expectations of competencies if they are to address the tension between the needs of current practice and expectations of professionals who will be learning and teaching across a career that could span many decades. Although *Tomorrow's Doctors* is often used as a potential model for future nursing pre-registration education outcomes, there is an important discussion to have throughout the development of the new standards on the balance between technical competency and the ability to apply knowledge.

### **3.6. Technical skills vs. the skill to learn**

Linked to the limitations of competency-based education, there is an important question as to the extent to which education is preparing new graduates with technical skills and the extent to which it is preparing new practitioners with the skills they need to keep learning throughout their careers. Understandably, employers often want a greater emphasis on particular high-level technical skills; but with the expectation that nurses will be working increasingly autonomously in an increasing variety of settings, this must be balanced appropriately with the attributes and transferable skills that will help newly qualified practitioners thrive as services change. We expect there is much we can learn from other professions and particular fields of nursing, such as Learning Disability nursing, in terms of getting this balance right. Articulating core skills but with an expectation that these can be renewed and evolve will be significant for future standards development.

# 4. Future Outcomes for Pre-registration Education

## 4.1. Prioritise People

“You put the interests of people using or needing nursing or midwifery services first. You make their care and safety your main concern and make sure that their dignity is preserved and their needs are recognised, assessed and responded to. You make sure that those receiving care are treated with respect, that their rights are upheld and that any discriminatory attitudes and behaviours towards those receiving care are challenged.”

NMC Code (2015), p. 4.<sup>8</sup>

### 4.1.1. Expert communicators

However services and structures change, expert communication always lies at the heart of the registered nurse’s role. Future registered nurses will need to be highly effective communicators, able to advocate on behalf of service users as well as empowering people to manage their own care. This will require confidence, good judgement and interpersonal skills to know how to put this into practice in a wide variety of roles and settings.

### 4.1.2. Enabling self-care

Registered nurses will need to continue to deliver flexible, relationship-focused care, with the people who use services at its centre. Given demographic changes, this is likely to mean increasingly enabling guided self-care and self-management, supporting people to make informed choices and manage their own care at individual or at population level. The changing relationship between health professionals and people who use services is likely to be a significant factor in changing nursing practice over the coming years.

### 4.1.3. Promoting health and wellbeing

Nurses will continue to play a vital role in reducing health inequalities through health promotion and supporting people to maintain good health and well-being at every stage of life, working both with individuals and communities. In the future nurses will use every contact with a patient as a health promotion opportunity wherever possible, regardless of their specialty or purpose of the contact. With social isolation likely to be an increasing issue, nurses will need to be equipped to

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<sup>8</sup> NMC (2015) *The Code: Professional standards of practice and behaviour for nurses and midwives*.

put into practice social prescribing, bringing together housing, health and benefits to support people's health and wellbeing.

#### **4.1.4. Facilitating a complex system with shifting care models**

Nurses are already often the co-ordinators of care, helping people to navigate a complex system.<sup>9</sup> As people's needs and services continue to change, with greater integration between health and social care and more people with multiple and complex conditions, this work of co-ordination and navigation will increase for many registered nurses. This means that registered nurses will need to be equipped to deal with complex issues of negotiation and facilitation, able to work autonomously and think independently to solve a range of problems.

## **4.2. Practice Effectively**

"You assess need and deliver or advise on treatment, or give help (including preventative or rehabilitative care) without too much delay and to the best of your abilities, on the basis of the best evidence available and best practice. You communicate effectively, keeping clear and accurate records and sharing skills, knowledge and experience where appropriate. You reflect and act on any feedback you receive to improve your practice."

NMC Code (2015), p. 7.

### **4.2.1. Flexibility to care for the whole person, whatever the setting**

Future registered nurses will need a comprehensive understanding of mental health, learning needs and physical health across the lifespan, whether working with adults or children. They will need to be able to work across an increasing variety of care contexts and organisational boundaries – including working between primary and community care and hospitals, often in an integrated care context. These changing service contexts and shifts from hospital care to more care based in the community and in people's homes, mean that registered nurses are likely to be expected to work increasingly autonomously, sometimes without the context of a structured team of equivalent registered professionals to hand. These changing expectations will need to be reflected back into pre-registration programmes.

The question of flexibility should also be held in tension with likely developments in specialised services. The Five Year Forward View, for example, discusses areas in which there is a case for greater concentration of care, such as stroke services and some cancer services. This means that any discussion of flexibility through pre-registration education should be connected to discussion of post-registration pathways and education.

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<sup>9</sup> Allen, D. (2014) *The Invisible Work of Nurses: hospitals, organisation and healthcare*.

#### **4.2.2. A changing knowledge base: IT, telehealth and health promotion**

We can predict certain areas where the future nurse will need increased and different knowledge and skills. IT, telehealth and telecare are likely to be increasingly important as organisations accelerate the adoption of health IT, informatics and social networking sites to support the demands of an evolving healthcare system. The skills to use and develop these new ways of working should be part of the expectation for registered nurses. As part of the response to the very significant challenges of increased levels of preventable conditions such as type 2 diabetes, the need for increased knowledge of public health interventions and how to promote good health can also be expected to be an important theme of future nursing practice.

#### **4.2.3. Learning how to learn... and teach others**

There are, however, many unknowns about the knowledge and skills that future registered nurses will need, particularly taking into account possible future changes to technology and care delivery. This means that the emphasis in education must be as much on equipping newly qualified practitioners to be ready for lifelong learning as on specific technical skills.

Alongside this, future registered nurses need to be equipped not only to keep learning but with the skills to be able to teach others, not only through formal mentorship but informally, whether in a clinical environment or elsewhere. In this context, enabling learning and how to teach others should be a fundamental underpinning to pre-registration education. HEIs are continually looking to develop new and innovative ideas to create effective supportive learning environment for students. Increasingly students in their second and third year of pre-registration courses are getting involved in peer assisted learning (PAL). PAL helps more experienced students gain confidence and develops skills in readiness for registered practice and taking on learning support roles in the future.

#### **4.2.4. Recognising the global context of practice**

Working within an increasingly connected world means that future registered nurses are likely to encounter a range of global issues (such as anti-microbial resistance, the consequences of climate change and the impact of migration) as well as expecting to work in other countries. Awareness of some of these trends and themes will provide an important context in which nurses practice.

### **4.3. Preserve Safety**

“You make sure that patient and public safety is protected. You work within the limits of your competence, exercising your professional ‘duty of candour’ and raising concerns immediately whenever you come across situations that put patients or public safety at risk. You take necessary action to deal with any concerns where appropriate.”

NMC Code (2015), p. 11.

#### **4.3.1. Delegating safely and effectively**

The changing shape of health and social care teams means that future registered nurses will be required to increasingly delegate care to a range of other practitioners and manage a range of care environments. The critical thinking skills and judgement to delegate safely and effectively will become increasingly important and this will need to be reflected back into standards for pre-registration education.

#### **4.3.2. 'Higher level' skills – diagnosis and assessment**

Expectations that the registered nurse will be able to diagnose and assess patients' needs are also increasing and were reflected in the final report of Shape of Caring, *Raising the Bar*. These skills would include:

- The ability to take a structured history and assessment of patients with complex needs or whose condition is deteriorating or are in psychological crisis;
- Diagnostic skills to identify and commence treatment, including administration of intravenous additives, diabetes management and chest/lung assessment;
- Skills to utilise psychological solution-focused therapies and communication skills for therapeutic conversations, including bereavement and behaviour change.

With an emphasis on not just knowing how to master a set of 'tasks' but why, these skills have important implications for developing new levels of theoretical understanding to underpin them.

The review of the standards is also an important opportunity to discuss the place of prescribing skills and exposure to prescribing practice within pre-registration nursing education as a preparation for the future registered nurse's role. There are differences of view on the extent to which prescribing should be included within pre-registration courses but this should be teased out and the evidence base examined as part of the detailed standards development.

#### **4.3.3. Underpinning knowledge**

Safe care relies on an underpinning knowledge base drawn from evidence-based practice. Future registered nurses need to not only be aware of up-to-date research but practised in accessing and applying research to their own practice; this might include the safe use of technology with applied knowledge, for example DNA mapping. Their role as team leaders and the acquisition of higher level skills also means that they need to have appropriate preparation in underpinning biological science.

#### **4.3.4. Preventing errors and supporting quality improvement**

Knowledge of how to prevent errors and the ability to manage errors when they happen is an increasingly important role for health professionals, including the current focus on raising concerns. This may be at the level of the individual service user but could also encompass wider awareness of quality improvement approaches and methodologies, so that registered nurses are equipped to identify and start to develop wider change as leaders.

#### **4.4. Promote Professionalism and Trust**

“You uphold the reputation of your profession at all times. You should display a personal commitment to the standards of practice and behaviour set out in the Code. You should be a model of integrity and leadership for others to aspire to. This should lead to trust and confidence in the profession from patients, people receiving care, other healthcare professionals and the public.”

NMC Code (2015), p. 15.

##### **4.4.1. Leadership**

Future registered nurses will be required to take an increasingly strong leadership role, both in formal settings and informally. Alongside skills in delegation, negotiation and problem-solving, registered nurses need awareness of the wider context in which they work and how to influence it. Policy and political awareness, organisational change, decision making, embracing change and management skills will help support future registered nurses to develop a strong professional identity and to be able to take leadership responsibility.

##### **4.4.2. Research – the scholar and scientist**

Research has an important role in advancing nursing knowledge and to improving the quality of nursing practice. At the heart of pre-registration education is the desire to foster competent, confident, critical thinkers capable of applying knowledge and skills to evidenced-based care. Building the evidence base and encompassing research across all areas of practice will be an expectation for future nurses. They will need the ability to utilise, conduct and interpret research/data to make evidence informed decisions and advocate for patients. However, more will need to be done to ensure the future supply of nursing academics to educate the workforce, and to encourage more graduate nurses to follow careers in teaching and research. Since this area is under-developed in the current standards, this will require particular attention in the development of the new standards.

##### **4.4.3. Innovation and entrepreneurialism**

Future nurses will work in new ways and possibly in new roles in response to shifts in demand for services and patient needs. The scope of nursing practice over time has evolved and nurses have demonstrated their ability to step up and respond positively to change. Nurse prescribing is one example of an important and successful change, with evidence showing that nurse prescribing has improved access to medicines for patients and waiting times. Increasingly nurses are taking the lead for overall co-ordination, management and continuity of care in areas of clinical practice. This will continue and innovation and entrepreneurialism will grow, becoming a way of life for registered nurses in the future. With strong leadership and the right resources nurses will continue to improve services, health outcomes and increase cost-effectiveness bringing improved benefits to service and service users.

#### **4.4.4. Resilient professionals**

The likely pressures on services and the expected leadership role of registered nurses mean that education programmes will need to consider how to best help students develop emotional resilience and self-confidence, enabling them to manage themselves under pressure. Nursing has been subjected to a deluge of criticism which undermines the profession. Too often, professional nursing practice is publicly focused on stereotypes, nursing shortages, staffing ratios and issues of patient safety. Nurses can be catalysts for change in reconstructing the self-image of nursing and promoting it as a valued profession. This change logically starts with nursing education and building courage within the profession to speak up and articulate, the role of nursing and the unique characteristics of the registered nurse.

# 5. The Wider System – Putting the new outcomes in context

## 5.1. Practice education

With students spending 50% of their nursing pre-registration degree in a practice learning environment, the transformation of practice education lies at the heart of delivering any future vision for pre-registration nursing education. Practice education has a powerful influence on the formation of professional identity, on the future career choices of newly qualified nurses and on the attitudes and expectations that they carry into their practice as registered nurses.

Practice education can be supported using various approaches but it is crucial that there are adequate numbers of practitioners who support learners and that they have the necessary skills, attributes and knowledge required for this to be effective. Mentorship has long been regarded as a key component of developing future generations of nurses and midwives. The NMC set the requirements for pre-registration practice mentors in the Standards to Support Learning and Assessment in Practice (SLAiP)<sup>10</sup>, which was last published in 2008. Despite this concerns remain around the effectiveness of mentoring, this has been highlighted in numerous reports. The report of the Willis Commission, *Quality with Compassion*<sup>11</sup> (2012) made a recommendation that mentors 'must be selected for their knowledge, skills and motivation; adequately prepared; well supported; and valued'. This was followed by the Shape of Caring Review<sup>12</sup> (2015), chaired by Lord Willis, which recommended that the 'NMC should review its current mentorship model and standards'. The challenges for the delivery of effective practice learning are deep, and constitute one of the greatest threats to the successful delivery of any new standards. These challenges include:

- Resources: funding, the lack of value placed on education/mentorship of qualified staff;
- Variability of placements and lack of placement capacity in some important settings;
- Focus on 'input' measures (see below, 4.4) and the hours in practice rather than learning in practice.

If changes are made to the pre-registration nursing education standards to support a clearer reflection of the future role of the registered nurse, there should be recognition that practice learning will often continue to be delivered in an environment delivered along fairly traditional lines (for example, between 2001 and 2014 the number of FTE nurses designated as working in

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<sup>10</sup> NMC (2008) [Standards to Support Learning and Assessment in Practice](#)

<sup>11</sup> Willis Commission (2012) [Quality with Compassion: the future of nursing education](#)

<sup>12</sup> Health Education England (2015) [Raising the Bar, Shape of Caring: A review of the Future Education and Training of Registered Nurses and Care Assistants](#)



community services only rose from 14.5% to 15.6%). Any changes to the standards must therefore be looked at in the round with improving practice learning, reflection on mentorship and the role of those who supervise practice education, and work on the range and quality of practice placements available.

## **5.2. Preceptorship**

Preceptorship is defined by the NMC as ‘the support and guidance enabling ‘new registrants’ to make the transition from student to accountable practitioner’<sup>13</sup>. A period of preceptorship for all new registrants starting employment is strongly encouraged by the NMC. It offers newly qualified nurses (NQNs) the opportunity to gain confidence, hone their skills and become familiar with their new responsibilities. Expectations of NQNs are increasing and it is likely that nurses of the future will be expected to have higher skills at the point of registration compared to now. Future nurses will need the skills, knowledge and values not only for clinical practice but as teachers, leaders and managers to support and develop NQNs. Preceptorship needs to be clearly defined, designed and monitored if it is to successfully meet the needs of new nurses in the future and to assist them in developing into confident, safe practitioners.

## **5.3. Realism about the point of registration: Post-registration education and CPD**

It is right to be ambitious about the outcomes for future pre-registration nursing education and to challenge both universities and practice environments to deliver world-class education for future professionals. However, this has to be held in tension with realism about what can be achieved within initial pre-registration preparation.

However well-planned and delivered, pre-registration education is only the start of a registered nurse’s learning and development. Changes to pre-registration education must be made in parallel to discussion of the frameworks, expectations and funding that govern post-registration education. This connection between pre-registration and post-registration education is significant in relation to the ongoing debate on whether to retain the four fields of nursing but also speaks more widely to the question of the expectations of newly qualified, competent but novice practitioners and to the NMC’s own role in post-registration qualifications.

## **5.4. Input measures versus outcomes**

Nursing and midwifery are defined as sectoral professions under EU law and through the Mutual Recognition of Professional Qualifications Directive (MRPQ) 2013/55/EU are part of the automatic recognition regime; the number of hours required in placements is therefore set out within the Directive.<sup>14</sup> There is, however, no evidence to support input hours as a proxy for quality of

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<sup>13</sup> NMC (2006) NMC Circular 21/2006, 3 October 2006

[https://www.nmc.org.uk/globalassets/sitedocuments/circulars/2006circulars/nmc-circular-21\\_2006.pdf](https://www.nmc.org.uk/globalassets/sitedocuments/circulars/2006circulars/nmc-circular-21_2006.pdf)

<sup>14</sup> [Directive 2013/55/EU](#) amending Directive 2005/36/EC on the recognition of professional qualifications and Regulation (EU) No 1024/2012 on administrative cooperation through the Internal Market Information System (‘the IMI Regulation’).

education/output and there is a tendency to confuse the amount of time in practice with the amount of learning in practice. It is important to note that in many other countries, nursing students spend far fewer hours in placements. A 2010 survey in Australia, for example, found a mean of 954 placement hours for undergraduate nursing courses; in the US, nursing students spend around 1000 hours in placements.<sup>15,16</sup> This is also consistent with the hours most AHPs spend in placements. The NMC's aspiration to focus on outcomes is immediately in tension with this and discussions on the new standards need to urgently consider flexibility in the way in which the UK complies with the Directive.

This is particularly the case given the UK's vote to leave the EU on 26 June 2016. Although the full implications of the UK's withdrawal from the EU are yet to be understood, there is an opportunity to consider whether the UK should remain within the MRPQ Directive and the relative risks and benefits of opting out of its provisions.

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<sup>15</sup> <http://www.hwa.gov.au/sites/default/files/sles-in-nursing-curricula-201108.pdf>, p. 30.

<sup>16</sup> Dobrowolska D. (2015) 'Practice models in nursing education' *International Nursing Review*, p. 39.

## 6. Next Steps

The changing face of health and social care will require an evolution in the practice of registered nurses. With care being delivered in a wider variety of settings by multi-professional teams and an increasingly diverse population presenting more frequently with a range of multiple and complex problems, nursing practice is being challenged and transformed.

In the future, the way registered nurses are prepared for practice will need to change to reflect the future configuration of health and social care services. Nurses will need to develop their existing skills, competencies and knowledge base in order to meet current challenges in the workplace and to prepare for the future. There will need to be a stronger focus on areas such as public health promotion, leadership and people management skills, research and cross-sector working.

The development of new pre-registration education standards must reflect the wider policy context in the health and social care system, including the proposed introduction of the new nursing associate role in England. Any changes will also need to take into consideration the future direction and models of practice education including the hours required to develop the knowledge and competencies necessary at the point of registration, and the support needed for newly qualified nurses to transition into expert practitioners.

UK wide collaboration is key to shaping the future of nursing education and the development of skills needed to support delivery of high quality patient care. As the single voice of the UK education faculties for nursing, the Council is a key stakeholder in this process. We look forward to working with the NMC and other organisations on its review of the pre-registration standards over the coming months.

**For further information**

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