

Education: a strategic programme for change

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Content

- The current context and why education is even more important
- What the NMC is doing in Education
- What is new
- Things to think about

Current Context

Austerity

Brexit

Political Uncertainty and Turbulence: National/International

Junior Doctor dissatisfaction

Financial, Performance, and Quality Challenges in the NHS

The Donald!

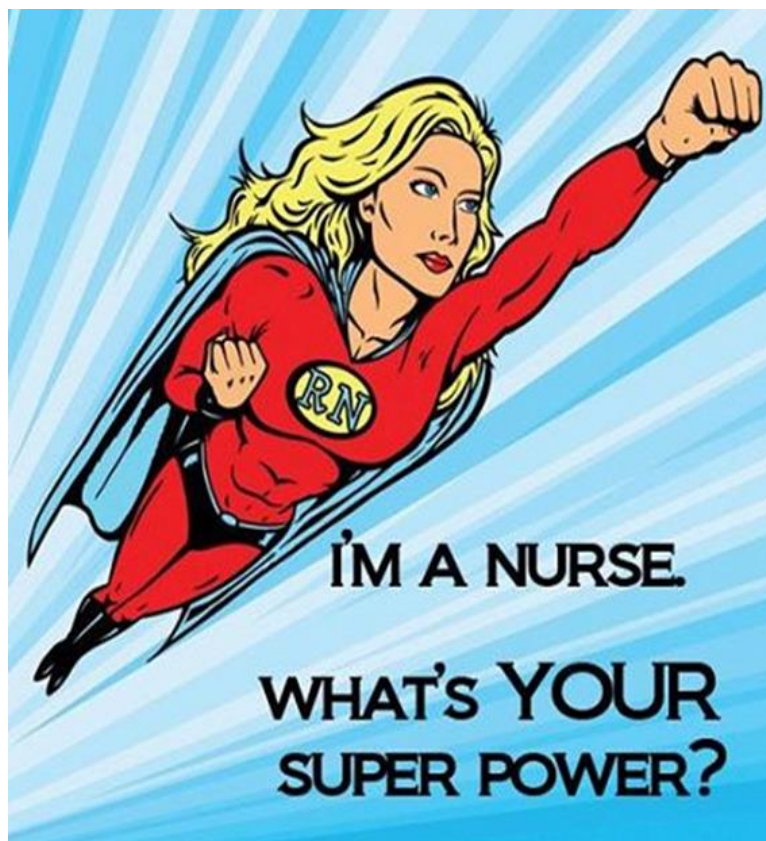
..... and more

“May you live in interesting times” (Chinese Curse)

Nursing

International Council of Nurses (2002):

*“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 **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”*



Nurses and Midwives

Times are hard

Nurses and Midwives are the “most present” of all healthcare professionals at the patient interface

We are generally motivated to do their best for patients

We overlap the roles of other healthcare professionals

We can undertake autonomous advanced practice

Evidence shows that mortality and morbidity is reduced by increasing numbers of nurses and by education

.....In these hard times, we have the potential to be part of the solution

But -

“Do we have a “voice”?”



“Has Nursing lost its way?”



Council of Deans

“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”

THE NMC

NMC role in Education

- We set standards of proficiency to be achieved by students of pre and post educational programmes
- We set standards for education institutions who seek to run nursing and midwifery programmes
- We approve and quality assure nursing and midwifery programmes to ensure they meet our standards
- We act on risks that affect learning and patient safety and share relevant information with others
- Standards are set in collaboration with professionals

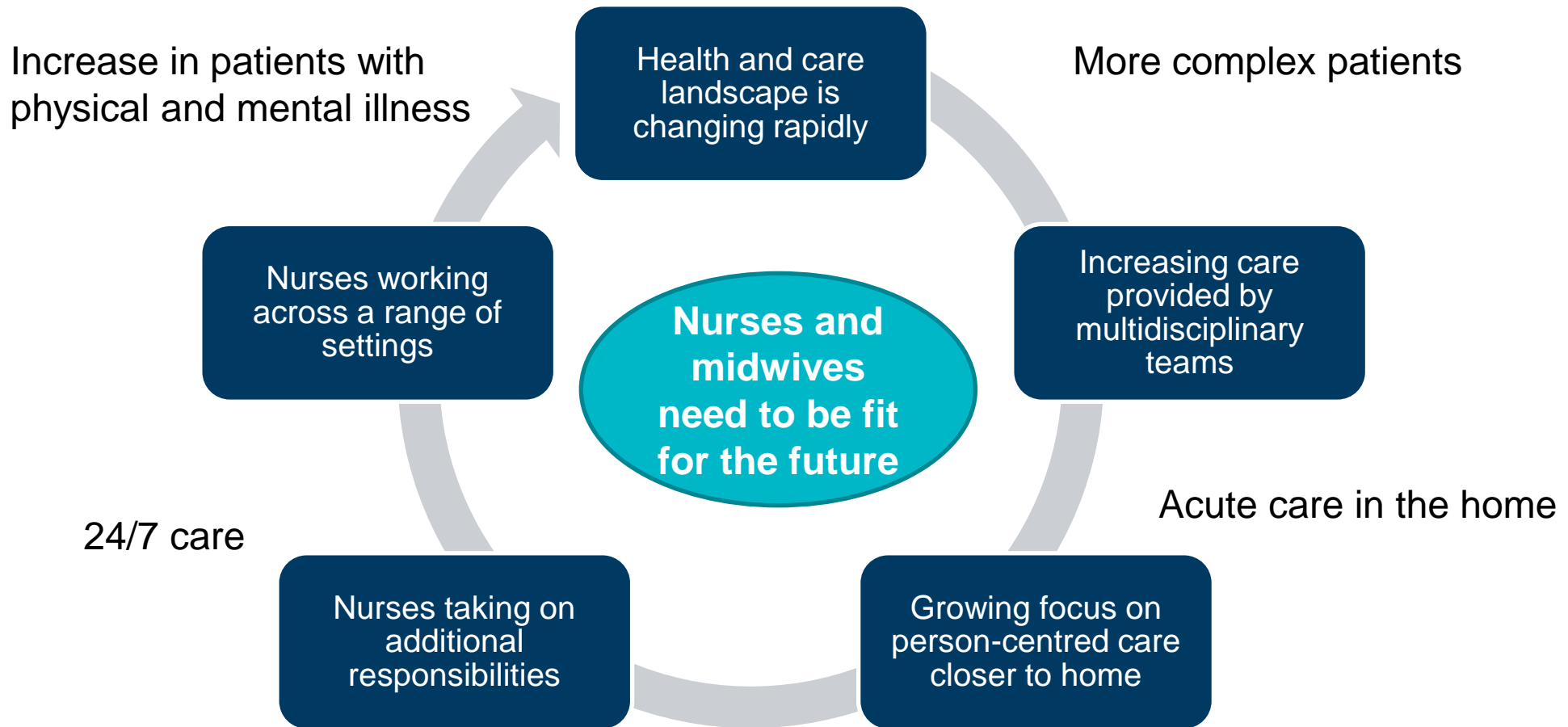
NMC priority?

- All of the NMC's income is from registrants
-Our license to practice
- The NMC exists to protect the public
- Less than 10% income is spent on education
- 90% on FTP
- FTP cases, less than 1% of the total registrants

An increased focus on education

- NMC required to renew the education standards at intervals to ensure up to date
- Last renewal of education standards in 2010
- To “future proof” the standards and raise the ambition for the professions

Educating for the future



What have we got, and what do we want?

- **What do stakeholders want?**

- Emphasis on production of nurses and midwives who are intelligent critical thinkers, leaders, able to work safely in a variety of settings (hospital, community, acute physical illness and mental health) in the future
- Confident and competent in terms of “technical ability”, now

- **What is the view of the current position? (IFF research)**

- Actual standards – content not controversial, but not future orientated
- Vulnerability around learning in practice
- Insufficient clarity around technical skills and level of autonomy at the point of registration
- Inconsistency in what registrants can do at the point of registration

- **Implications for:** Standards for learning and assessment in practice, hours in practice, nature of preceptorship, interplay of this work with degree apprenticeships, lately - implications of the nursing associate. Four countries issues.

Education Programme

Future Nurse
Proficiencies

Future Midwife
Proficiencies

Education
Framework

Quality
assurance of
education

Other standards

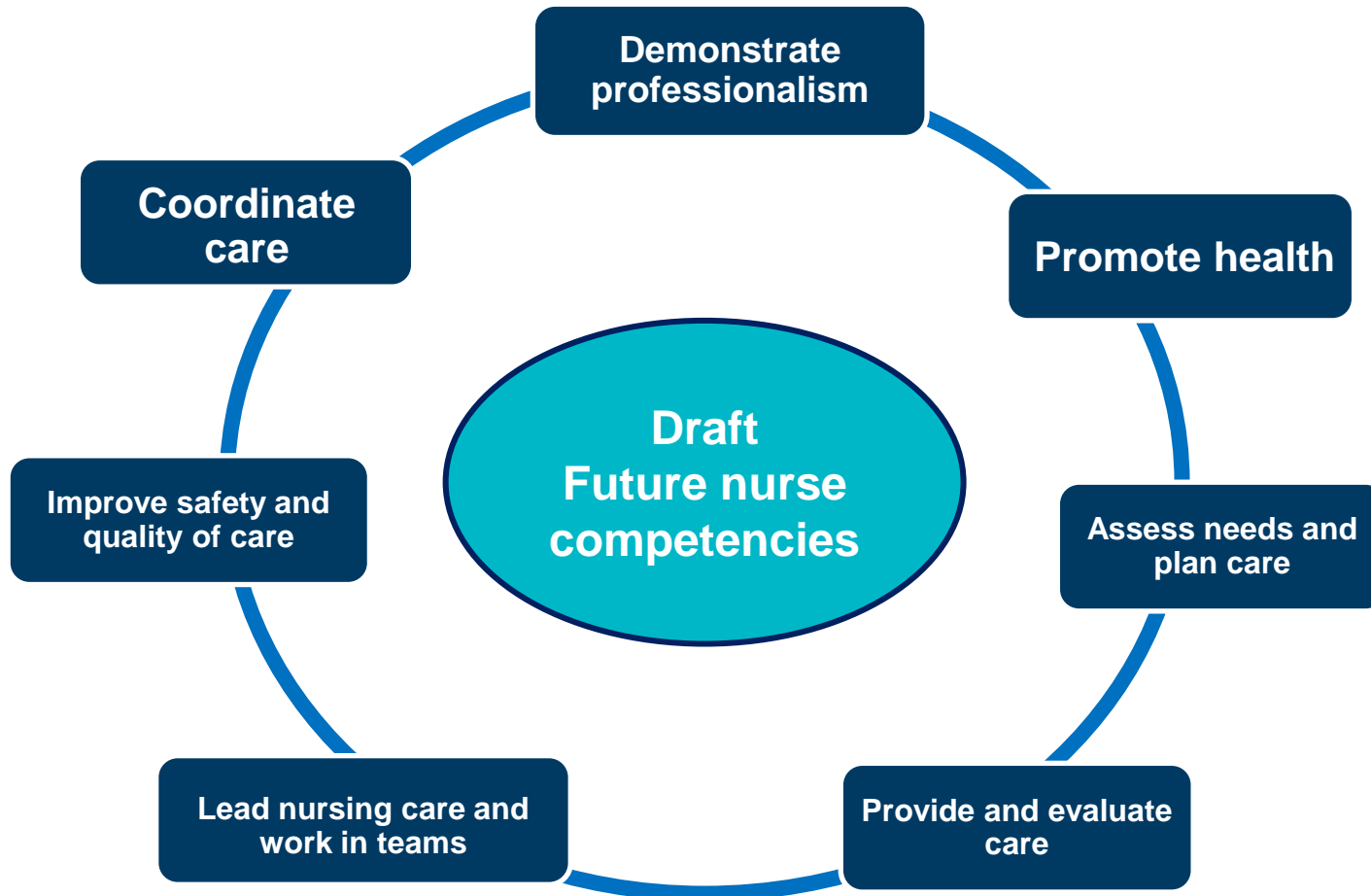
Communications and engagement

Future nurse proficiencies

Work on “future nurse” competencies (or proficiencies)

- Led by Jill Macleod Clark
- Advised by a group of senior professionals
- Extensive stakeholder involvement
- Wide consultation in June
- Aim for competencies to be more concise, future proofed, easier to assess
-More ambitious

Future nurse competencies



For Consultation - What's new?

- **Higher Ambition**

- More advanced skills
- Inclusion of elements of prescribing
- Leadership, management, political awareness
- Broader knowledge of physical, mental, behavioural and cognitive health across all fields
- Incorporate mentoring - support and supervision of more junior staff
- Understanding of care delivery across settings and agencies
- Public Health

- **Specified technical skills and abilities**

- Technical Annexes: Identifies skills to be demonstrated at the point of registration.
- *Eg “undertake a comprehensive physical assessment”*

Future Midwife proficiencies

Work on “future midwife” competencies (or proficiencies)

- Led by Prof Mary Renfrew
- About to commence
- Plan for similar stakeholder engagement (let us know!)
- Consultation March/April 2018

Education framework

Education Framework high level pillars

Pillar 1 Learning environment and culture

Pillar 2 Educational governance and quality

Pillar 3 Student learning and empowerment

Pillar 4 Educators

Pillar 5 Curricula and assessment

Education framework

Standards for Education providers regarding how education is delivered

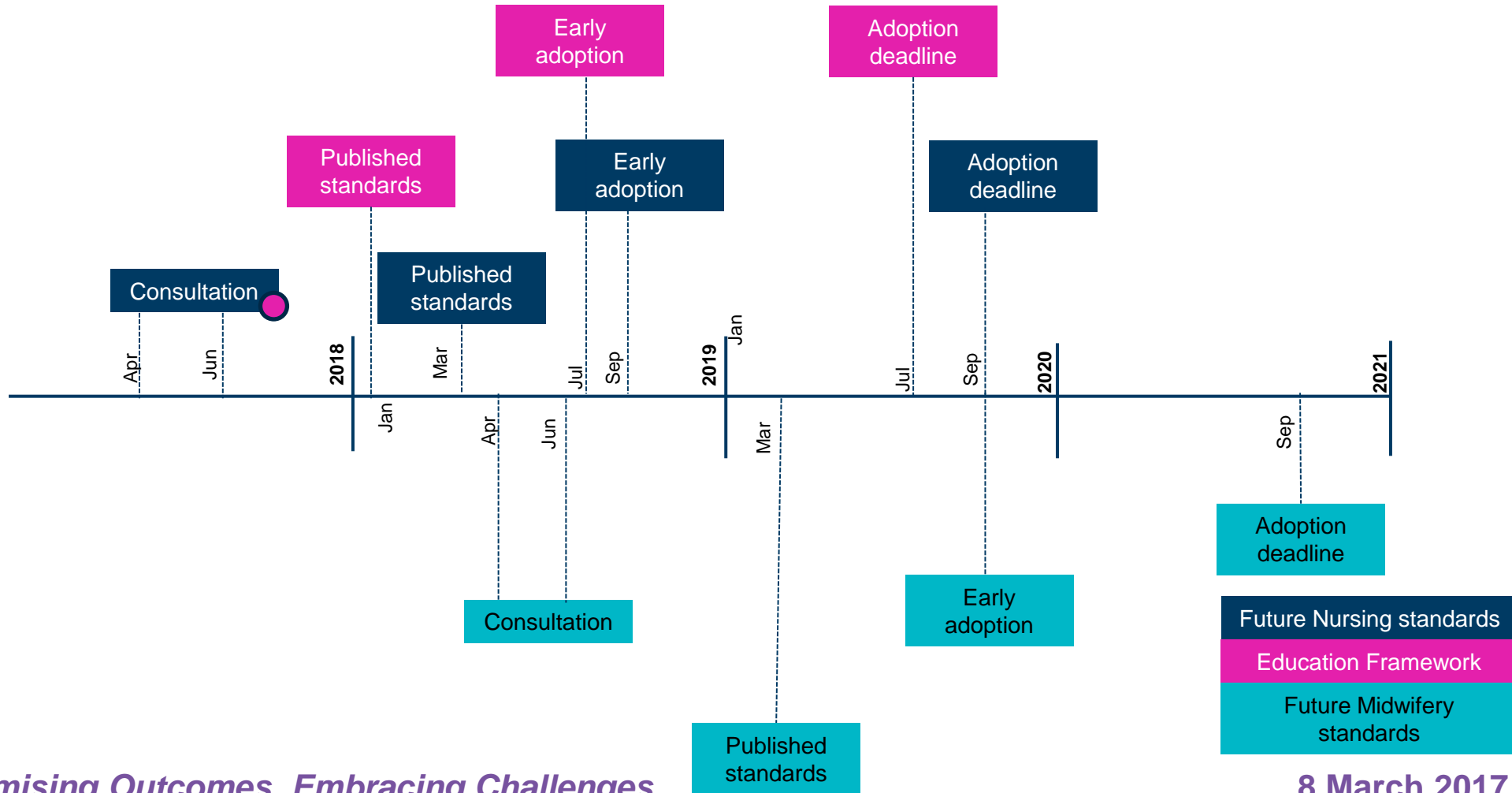
A new education framework for institutions will be published in early 2018

Consultation in June 2017 – what’s new?

Suggested:

- A new model of Mentoring and Assessment
- A change in theory and practice hours
- More emphasis on simulation and assessment of skills in simulation
- Approach to APL (more than now? Less?)
- Return to Practice requirements
- “Redefinition” of supernumerary status

Timeline



Controversies!

“Advanced” skills

To what extent? Autonomous practitioners will need advanced assessment, diagnostic and intervention abilities. Or should the focus be on fundamental care giving?

Prescribing?

Should all nurses prescribe to some extent and be taught prescribing in pre-registration education?

Four fields (Adult, Child, Mental Health, Learning disability)?

Should we keep the four fields .. forever? Or have a generic core of pre-reg training with specialisation afterwards? (NB no immediate plans to remove the four fields!!)

Should preceptorship be more formalised?

A longer pre-reg course? A period of “internship” before registration?

In summary

Hard times

A nursing/midwifery voice comes through having confidence

Confidence is developed by improving and enhancing education

But.....

Opportunities and Challenges

There are definitely opportunities

Never easy to implement

“clinical areas over-stretched already”

.....but if you always do what you always did.....

What would make it possible?

Also....

- There are lots of us.
- Very diverse. 650,000 nurses and 40,000 midwives on the register.
- Skewed views. Entrenched positions
- Controversies
- We must overcome this
 - Support our leaders in making decisions
 - Engage
 - Debate
 - Listen
 - Aim to speak with one voice

Thank you

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