

Children and Young People will still need expert nursing care

There is very little stability in nurse education. Over the last two decades a range of trends and influences have been brought to bear on our nurse education system. None of these have the benefit of a robust evidence base but tend instead to be formed by expert opinion. One such trend is towards generalist education for nurses. This is an attractive option for the those in our profession who undertook their education in the 1970s and early 1980s when they gained a generalist SRN/RGN qualification. Many nurse managers are attracted by this option as it would provide the 'jack of all trades' nurse who could be deployed across a range of clinical settings and would provide the flexible and versatile nurse to rise to any occasion. The world of health care has moved on and clinical care has increasingly been characterised by complexity and enhanced sophistication. In children's and young people's nursing the case has often been made that, in fact, today's specialist children's and young people's nurse (CYP) education is generalist in its nature as the newly qualified CYPN will almost certainly be required to undertake specialist post-registration education in areas such as children's cardiac, respiratory or genetic nursing in order to be fit for purpose in today's health services.

Lord Willis, on reviewing nurse education again for his most recent report, Raising the Bar/the Shape of Caring (Willis, 2014) makes the case based on his consultation of expert opinion for an approach towards genericism in nurse education although this was decisively rejected by the profession following the first Willis report in 2012. This approach has not been formally accepted in any quarter although there is a risk that supporters of genericism will use it to further their cause.

An interesting development on this issue has been the response of Professor Bernie Carter and colleagues on the UK Committee on Children's and Young People's Nursing (Carter et al., 2015) citing evidence such as that from the Health Outcomes Forum (2015). The stream of thought arising from this Committee's work would tend to refute Lord Willis' conclusions and support the development of children's and young people's nurse education to build upon existing strengths but, at the same time, exploit the opportunity to secure further improvements.

What is really required now is the development of a sound body of evidence-based knowledge to define the strengths and weaknesses of the current system of nurse education with the distinct fields of practice as well as those of any proposed new models of education. It is often stated that there is little evidence of the impact of CYP nurses although children and young people consistently state their preference for nurses who have been educated in the expert care of children and young people. One factor which requires consideration here is the stark fact that the 32 000 children's nurses on the NMC's Register constitute 5% of the nursing workforce while children and young people make up 25% of the population. The matter surely merits further consideration and debate.

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