Raising the Bar

Shape of Caring: A Review of the Future Education and Training of Registered Nurses and Care Assistants

Lord Willis, Independent Chair - Shape of Caring review
Health Education England
The establishment of Health Education England (HEE) as a Special Health Authority and its immediate future as a non-departmental public body with responsibility for the education and training of the health workforce has afforded a unique opportunity to look beyond the current mandate to the needs of a workforce some 10 or 15 years from now. Whilst the future is clouded with uncertainty – new technology, pharmaceutical advances, genetic engineering and emergent evidence based medical and nursing practice requires us to develop new ways of working with an aging population, that will have more complex co-morbidities, be more aware of their care needs and have growing expectations of what the care system should deliver with them and for them.

Against the backdrop of recent high-profile national reports such as Willis (2012), Francis (2013), Berwick (2013), Keogh (2013) and Bubb (2014) – all of which emphasised the need for care to be patient-centred, compassionate and well informed – HEE invited me to act as an independent chair of the Shape of Caring review, which focuses on care staff and registered nurses to determine if current education and training is fit for purpose.

It was an exciting time to undertake this review, given the abundance of recent reports and recommendations (which I was anxious to build on rather than duplicate), and particularly as it coincided with the publication of the NHS England Five Year Forward View which sets out the short-term challenges faced by the NHS and the steps needed to develop a workforce which is more community and public health-focused.¹

Inevitably, issues of staff shortages, use of agency staff, bank staff and overseas nurses, and in particular shortages of appropriately trained care staff were constantly brought to my attention. I fully recognise that these issues do impact on high-quality care, as does pay and conditions of service but so does having the right patient focused education and training, appropriate career structures and crucially the shape and nature of the culture within which our registered nurses and care staff deploy their skills and practice. Together these shape the nature of our health and social care services.

Ten months to review the current education and training system was clearly insufficient, and not enough time for me to become an expert or cover every aspect, though I saw little that contradicted my views when I wrote the review of pre-registration nurse education and training for the Royal College of Nursing (RCN). The majority of my time has been spent observing good practice and speaking with care assistants, registered nurses, organisations, patients and the public, and I have tried my best to identify key areas needing attention.

Recommendations should therefore be viewed as open suggestions, as many require detailed examination, consultation and further research before implementation. My hope is that they will raise debate amongst those who are charged with educating future generations of registered nurses and care staff – and also among front line staff themselves, who possess most of the solutions already!

I have met so many people who are raising the bar and are committed to a career in nursing or caring. I have learnt so much through our call for evidence and, whilst we have tried to include a myriad of examples of good practice, I only wish this report had more space to include everything I’ve witnessed and read.

My recommendations have been guided by two principles: to celebrate existing good practice, which needs to be widely disseminated to stimulate a debate around areas with less evidence and to generate a research culture; and the need to provide the appropriate foundation architecture to make change necessary. In both cases, the public must be at the heart of what we do, both as patients and as taxpayers and the NHS Constitution must be the guiding framework.

This review does not seek to apportion blame or criticism; indeed, the fact that we have in place such a strong foundation of regulation, education and commitment must be recognised as a huge strength. However, to meet the challenges that lie ahead, every individual or organisation providing healthcare must ask how can they raise the bar to continue to provide a world-class health and care workforce.
Recommendations

Care assistants, be they in health or social care settings, are a vital part of delivering frontline compassionate care. They currently provide approximately over 60 per cent of hands-on care, yet often have little access to training or personal development. They must be a significant focus for investment because they are so important to patient safety and wellbeing. In the future, as we move to a more integrated and co-produced model of care where the registered professional, care assistant and patient become inter-reliant, it is essential for patient safety and professional confidence that care assistants are working to high, consistent standards wherever they work.

For those experienced care assistants who wish to enter nursing, the system needs to recognise the benefits they can bring to the nursing profession. This is not to undermine the quality or the academic achievement of the graduate nurses, but to say that as long as care assistants meet the standards of entry and follow a clear education and career pathway, there are ways to develop a local ‘home-grown’ workforce. Developing an additional role for care assistants, targeted at Agenda for Change band 3 and with a clear training pathway and distinct qualification, will allow registered nurses to be confident in delegating and patients confident in receiving care.

Flexibility is a core theme of this review; flexibility for training, such as work-based routes, or increasing flexibility within pre-registration, which can often be perceived as a rigid system. The current four-strand pre-registration training route has served us well but has continued to marginalise mental health (other than in the specialised strand, where equally significant aspects of physical health can be marginalised). I would like to encourage a wider debate around current provision to see whether we can achieve greater parity between physical and mental health nursing and a more consistent holistic approach should be taken, with a focus on developing more general practice, district and community nurses.

The pre-registration pathways are not the only areas that need to be debated in education, but let me emphasise just how crucial it is to get pre-registration education and training right. It is a vital element in producing tomorrow’s nurses and I am therefore a little disappointed that many of the comments I made around pre-registration remain as they did when I first embarked on the Willis Commission, in 2012, that is, developing high-quality mentorship and improving practical learning experiences, so students have more hands-on experience working with patients.

More needs to be expected from the graduate nurse of the future to meet a population-based and integrated community approach. Greater acquisition of skills that were previously considered advanced or post-registration should be included in the pre-registration programme. Equally, the emphasis on developing greater decision-making skills and share-decision making and the routine application of research and innovation should be included.

However, the current workforce is just as important as the future workforce and we must not forget that the majority of our current registered nurses and care assistants will remain in, and impact upon, the future workforce. So far, there has been insufficient attention and investment given to improving their skills or developing a career model that is flexible enough to enable movement between environments. Registered nurses need to be valued throughout their career and should understand that, like other professions such as medicine, there is commitment to them as a valuable member of the team.

Increasingly numbers of registered nurses are engaging with research and, more importantly, seeking to implement research findings to underpin daily work. However, this is not seen as the norm and applies particularly to early career nurses. The ability to research, engage in critical inquiry and implement research findings that imbue everyday practice is imperative and there are many examples of where this makes a significant difference to care experience and clinical effectiveness. Both registered nurses and care assistants need to acquire a strong grounding to develop a questioning approach to care that encourages them to question inappropriate care practice and to adopt an adaptive and innovative approach to care that seeks to impact positively on patient care experience.
Conclusion

I am acutely aware that many of the recommendations in this review are not novel, nor will they (in isolation) bring about the changes that are necessary to meet the enormous workforce challenges of the future. I am, however, equally convinced that by creating a more robust framework to shape the caring workforce, encourage individuals and organisations to constantly seek better solutions to the problems they see and disseminate their ideas more widely, much can be achieved.

Over the past two decades there has been an emphasis on central planning, of education by directive rather than encouraging the spirit of nursing pioneers who made change from what they saw when they interacted with patients and their families. The post-Francis drive for safe and compassionate nursing and care will drive innovation and change, but only if the nursing profession, higher education institutes (HEIs), employers and those leading the new generations of care staff work with patients and the public to seize the moment.

HEE is ideally placed, alongside the local education and training boards (LETBs), to recognise and encourage change by intelligent and courageous commissioning, and the Nursing and Midwifery Council (NMC) as a vital partner can act as a catalyst for change. The relationship between HEE and NMC will be key in taking many of the ideas contained in this report forward. Both organisations have demonstrated to me a level of commitment far beyond what I could have expected, and I am truly grateful. Indeed, the developing relationship between HEE and NMC has been one of the most tangible benefits of this review. I understand that some of the recommendations may have implications for the other UK nations, so I hope this report will foster debate.

Finally, I would like to thank Professor Lisa Bayliss-Pratt, the Director of Nursing at HEE, and Jackie Smith, the Chief Executive of the NMC, for their support and for allowing me the freedom to follow my own path. Also the Sponsorship Board, who have been a remarkable source of information, ideas, support and critical guidance during this brief process.
Recommendations

Theme 1: Enhancing the voice of the patient and the public

1. HEE should commission research to identify the forms of patient and public involvement that best support learning, and to ensure that patients and the public are utilised as a valuable resource.

2. NMC and HEE must incorporate the findings of recommendation one into future standard and quality assurance processes.

Theme 2: Valuing the care assistant role

3. HEE should evaluate the impact of the Care Certificate on care outcomes and patient experience.

4. Subject to the outcome of recommendation three, any future government should ensure that the Care Certificate is a mandatory resource.

5. HEE should implement the Higher Care Certificate.

6. HEE should set the competency standards for care assistants (NHS bands 1-4) in both health and social care, and work with employers to ensure the workforce is trained to meet those standards.

7. NHS England should agree titles and job descriptions that align with HEE’s development of a career and education framework for care assistants, as part of HEE’s Talent for Care strategy for developing the health and social care support workforce.

8. HEE should explore with others the need to develop a defined care role (NHS Agenda for Change band 3) that would act as a bridge between the unregulated care assistant workforce and the registered nursing workforce.

9. HEE should work with the care sector to develop or use an existing e-portfolio tool that will allow signed-off competencies to be recorded electronically on a national database for care assistants, across both the health and social care sectors. All competencies held within the database will be achieved at nationally accepted standards (which are quality assured on a regular basis) so that they are truly transferable and accepted by all health and social care organisations; reducing the duplication of unnecessary education and training.

10. Following implementation of recommendation nine above, a standardised portfolio skills passport should be developed for nurses.

11. HEE should maximise existing collaboration opportunities and use funding levers to support HEIs that are willing to become centres of excellence. Care assistants should be offered APEL that could account for up to 50 per cent of the undergraduate nursing degree.

12. HEE, in collaboration with employers and HEIs, should support the development of more innovative work-based learning routes. Those learning routes should be standardised to allow care assistants to move easily into the nursing profession without having to give up their employment, as they study and train for their nursing degree and registered nurse status.

Theme 3: Widening access for care assistants who wish to enter nursing

13. HEE should maximise existing collaboration opportunities and use funding levers to support HEIs that are willing to become centres of excellence. Care assistants should be offered APEL that could account for up to 50 per cent of the undergraduate nursing degree.

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

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

Theme 4: Developing a flexible model

16. Universities, RCN, HEE and NMC should work together to bring forward into pre-registration education and preceptorship the advanced skills that will support the delivery of future patient care.

17. NMC should review its current mentorship model and standards, informed by the outcome of the RCN review and final evaluation of the Collaborative Learning in Practice model, and amend the standards relating to the requirement for one-to-one mentor support.

18. Without duplicating existing data collections the NMC, in conjunction with HEE, should develop an annual undergraduate student nursing survey, with the results used to inform local and national improvement in both care practice and education delivery.

19. NMC should explore the development of a national assessment framework.

Theme 5: Assuring a high-quality learning environment for pre-registration nurses

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19. NMC should explore the development of a national assessment framework.
Theme 6: Assuring high-quality, ongoing learning for registered nurses

20. Universities, employers, regulators, professional bodies and commissioners should work together to build on the existing preceptorship standards in order to explore the development and implementation of a year-long preceptorship programme for newly qualified registered nurses, which will meet requirements for revalidation.

21. HEE should undertake an evidence review to identify the educational attainment of the current qualified workforce, to provide a baseline in order to develop appropriate and effective learning standards and raise the bar across the workforce.

22. HEE should set the standards and selectively commission from other organisations with the ability to accredit and deliver ongoing learning, including authorisation to permit LETBs to recognise and commission HEIs as centres of excellence.

23. HEE should develop and consult on the integrated ‘pillars’ model of self-care, shared managed care and restorative care, and commission appropriate organisations to develop a career framework (in conjunction with the other three nations).

24. HEE should consult and explore the membership and fellowship model. Then allow (as part of the career framework model) appropriate expert organisations, in partnership with HEIs where appropriate, to develop clinical membership and fellowship standards, where members would be following an awarded postgraduate pathway/programme.
   - The member would be responsible for renewing their registration with NMC through revalidation.
   - Any member who is peer reviewed can be appointed a fellow. These fellows will also be responsible for developing education and training programmes.

25. HEE should ensure that funding arrangements for ongoing learning (and ongoing learning and career pathway qualification in speciality learning) for registered nurses should be made more transparent across the system.

Theme 7: Assuring sustainable research and innovation

26. HEE should forge greater links with the Academic Health Science Networks (AHSNs) to ensure that the workforce is able to adopt and use the latest research to inform and provide better patient care.

27. HEE should accredit Academic Health Science Networks (AHSNs) and Collaborations for Leadership in Applied Health Research and Care (CLAHRCs) to work with LETBs.

28. There should be greater development of postgraduate doctoral centres in LETB areas to drive up clinical research in practice and increase the number of academics in practice.

29. HEE should establish an expert group to examine the potential and implications of developing and implementing Magnet principles to improve the education of the workforce and patient outcomes.

Theme 8: Assuring high-quality funding and commissioning

30. HEE should review current commissioning and funding mechanisms to explore whether a more multi-professional skill mix/population-based approach should be taken forward for education and training.

31. HEE should ensure that the funding for ongoing learning (and ongoing learning and career pathway qualifications in speciality learning) for care assistants and nurses becomes more transparent across the system.

32. HEE should work closely with the voluntary and independent sectors, and local government, and seek lay input to provide more integrated education and workforce planning across the system.

33. HEE, working with HEIs, should support the development of a standardised student minimum data set, which would enable the calculation of attrition rates at HEI, local and national levels.

34. HEE should work with HEIs to develop a standardised exit tool to explore in greater depth the causes for leaving the pre-registration programme. Such data should be reviewed and analysed urgently by HEE to inform future student nurse commissioning intentions and processes.
The Shape of Caring Review was commissioned by Health Education England in partnership with the Nursing and Midwifery Council.