



# **Towards a Framework for Post Registration Nursing Careers**

*Consultation Document*

DH Information Reader Box			
Policy HR/Workforce Management Planning Clinical	Estates Performance IM & T Finance Partnership working		
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<b>Description:</b>	This consultation sets out a case for change to support a new post registration careers framework for nursing. Following a series of listening events, a model is proposed and an early response sought before any further progress.		
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# Executive Summary

This document presents for consultation, initial proposals for a new framework for post-registration nursing careers. This work takes forward recommendations made in *Modernising Nursing Careers: setting the direction* (DH, 2006) to align nursing careers with the national NHS Careers Framework and develop new career paths for nurses.

The proposals in this document build on the main themes emerging from a series of national and regional stakeholder events held over the last year. Participants at these events felt that a framework built around pathways and mirroring those most commonly followed by patients and service users, was a better basis than the current system for maximising the contribution of nursing to contemporary health care, for addressing some of the existing weaknesses in nursing careers and for clarifying career pathways.

The proposed pathways are:

- Children, family and public health
- First contact, access and urgent care
- Supporting long term care
- Acute and critical care
- Mental health and psychosocial care

Nurses would major in one pathway but intervene at a level appropriate to the situation, and degree of competence in cross cutting themes like holism, end of life care, health promotion, safeguarding vulnerable groups and preventative long term conditions.

Stakeholders did recognise the many uncertainties and challenges inherent in this approach, not least the impact on community and primary care nursing, specialist practitioner roles, children's, learning disabilities and mental health nursing.

This is why we are consulting early in the process. We want to gather as many views as possible on the options proposed and to find out if you think the options would work. The consultation document sets out the case for change, the main requirements of a new framework, a detailed explanation of the framework, some frequently asked questions and summary of the main challenges for implementation.

The consultation is currently confined to England but the other UK Health Departments have been involved at all stages and await the outcomes with interest. The document should be read in conjunction with the Nursing and Midwifery Council's consultation on pre-registration education *A Review of Pre-Registration Education* (NMC, 2007) and *Our NHS Our Future The NHS Next Stage Review Interim Report* (DH, 2007) that sets out Lord Darzi's emerging vision for a universally world-class NHS in England.

You can respond to the consultation individually or collectively. You may respond online via the Chief Nursing Officer's website or by downloading and printing out Section Four of this document and returning it by post to the address at the end of the questionnaire.

We want to know whether the case for change justifies the introduction of a new framework and whether the framework proposed here is taking us in the right direction. We would also like to hear alternative suggestions for a way forward. The consultation will close on the 15 February 2008.

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# Section One

## Background to the Consultation

### Purpose of the consultation

Following the launch of Modernising Nursing Careers an implementation programme was established to work on the priorities and actions.

We now want to consult on proposals for a new framework for nursing careers which has emerged from the work so far and that people have said will offer a better basis than the current system for maximising the contribution of nursing to contemporary health care, for addressing some of the existing weaknesses in nursing careers and for clarifying career pathways.

The consultation abides by the six consultation criteria set out in the revised Code of Practice on Consultation published by the Cabinet Office. We aim to:

1. consult widely throughout the process, allowing a minimum of 12 weeks for written consultation at least once during the development of the code of practice,
2. be clear about what our proposals are, who may be affected, what questions we want to ask and the timescale for responses,
3. ensure that our consultation is clear, concise and widely accessible,
4. ensure that we provide feedback regarding the responses received and how the consultation process influenced the code of practice,
5. monitor our effectiveness at consultation including through the use of a designated consultation co-ordinator, and
6. ensure our consultation follows better regulation best practice, including carrying out a Regulatory Impact Assessment if appropriate.

The full text of the code of practice is on the Cabinet Office website at:

<http://bre.berr.gov.uk/regulation/consultation/code/index.asp>

### Comments on the consultation process

If you have concerns or comments which you would like to make relating specifically to the consultation process itself please contact:

Consultations Coordinator  
Department of Health  
2N16, Quarry House  
Leeds LS2 7UE

e-mail [Mb-dh-consultations-coordinator@dh.gsi.gov.uk](mailto:Mb-dh-consultations-coordinator@dh.gsi.gov.uk)

**Please do not send consultation responses to this address.**

## Confidentiality of information

Information provided in response to this consultation, including personal information, may be published or disclosed in accordance with the access to information regimes (these are primarily the Freedom of Information Act 2000 (FOIA), the Data Protection Act 1998 (DPA) and the Environmental Information Regulations (2004)).

If you want the information that you provide to be treated as confidential, please be aware that, under the FOIA, there is a statutory Code of Practice with which public authorities must comply and which deals, amongst other things, with obligations of confidence. In view of this, it would be helpful if you could explain to us why you regard the information you have provided as confidential. If we receive a request for disclosure of the information we will take full account of your explanation, but we cannot give an assurance that confidentiality can be maintained in all circumstances. An automatic confidentiality disclaimer generated by your IT system will not, of itself, be regarded as binding on the Department.

The Department will process your personal data in accordance with the DPA and in most circumstances this will mean that your personal data will not be disclosed to third parties.

## Progress so far

As part of the Modernising Nursing Careers implementation programme, we have undertaken a series of structured listening exercises with a wide range of stakeholders from across the UK.

A national summit, held in February 2007, invited nursing leaders from across the UK to:

- explore whether changes were needed to the content and level of pre-registration education, to support new patterns of care and flexible careers
- review careers paths and educational preparation for specialist and advanced roles
- review educator roles and encourage career paths between service and education

The event culminated in agreement that new post-registration career pathways should be developed, encompassing all stages of practice, including specialist and advanced levels and that a national stakeholder workshop should be held to elicit views on career pathways for nurse educators. This coincided with a decision by the Nursing and Midwifery Council to undertake a review pre-registration nurse education.

Work on developing a new career framework began in March 2007 with series of listening events across England. It is the predominant views expressed by more than 1000 participants at these, and related events, that you are being asked to express an opinion on now.

Though participants were drawn from all levels of nursing, and from all practice arenas, there was considerable consensus on what the way forward should be. Most people favoured organising nursing careers around broad care pathways, rather than clinical specialisms or the care group-specific models that we have at present. We explain how this could work in Section Two.

## The case for change

If you have not already done so, you should read the document *Modernising Nursing Careers: setting a new direction* (DH, 2006) that can be downloaded from [www.dh.gov.uk/cno](http://www.dh.gov.uk/cno). It will provide a full explanation of the case for change and more details about the choices facing the profession. A brief summary of the issues is given here.

- Health care must respond to the global shift in the burden of disease that is seeing a rise in the numbers of people affected by one or more long term condition. Many experience both physical and mental health problems at the same time.
- Health inequalities persist despite all efforts to reduce the gap. As well as the disadvantaged, many of those whose physical health is poorest have long term and enduring mental health problems or learning difficulties.
- Other important changes like technological advances and the expectation of the public that health care will be efficient, personal and responsive is influencing the way services are organised.
- Nursing careers currently are typified by early specialisation, division between acute and primary and community care, determined by title with limited room for movement between disciplines. Most people say this is no longer an adequate basis for developing contemporary nursing careers.

## Other factors

In designing a new framework, we need to take into consideration the implication of other initiatives including:

- The Skills for Health work on career paths and development of a new qualifications framework for health and social care education including 14-19 years provision.
- *From Values To Action: CNO's Review of Mental Health Nursing* (DH, 2006).
- *Vision and Values*. (QNI, 2006). (The Queen's Nursing Institute Review of District Nursing.)
- The UK Clinical Research Collaboration's proposals for clinical academic careers (UKCRC, 2006).
- *Facing the Future: a Review of the Role of Health Visitors* (DH, 2007).
- *Trust, Assurance and Safety, the Regulation of Health Professionals in the 21<sup>st</sup> Century* (DH, 2007).

## Scope of this consultation

Decisions about the level of registration, changes to the register, the process of regulation and educational preparation are not within the scope of this consultation. When we as a profession agree and describe a way forward, our regulating body, the Nursing and Midwifery Council, will be in a position to set standards for practice and education that will be required.

However, a new framework will influence what the NMC will put in place in the future, to protect the public.

In summary

- Modernising Nursing Careers sets out the case for change.
- Many nurses told us that despite the introduction of new roles and ways of working we still need to address the fundamental structure of nursing careers, which has changed very little for decades.
- We must respond to a very different world where health care is designed around patients, where long term conditions with their propensity for responding to preventative measures have a higher profile, where health promotion and self-care are recognised as the bedrock of a healthier society and where services are offered nearer to home.
- The divisions, like those between hospital and community nursing, the public and independent sector and generalist and specialist care no longer reflect how patients access treatment and therefore are not a secure foundation on which to build nursing careers.
- If nursing does not seize the moment to reform itself, the pressure for change will be such, that it will happen regardless and we may lose the chance to preserve the core identity and values that form the heart of our profession.

We want to use this consultation to gather as many views as possible on the options proposed in this paper and to find out if you think the options would work for you and your service users. For example, do you think it provides us with a firm foundation for nursing careers that will meet changing health needs, sustain the current workforce and attract new recruits into the profession? We would also like to hear alternative suggestions for a way forward. Our ambition is to involve as many people as possible so that we can be assured the future direction we take has the broad support of most nurses.

## Section Two

# A New Framework for Nursing Careers

This section describes the most popular option for a new framework for post-registration nursing careers. It offers a brief explanation of the key requirements of a new framework and shows what such a framework might mean for people.

### **Requirements of the framework**

Modernising Nursing Careers set out to describe a future for nurses which would enable them to maximise their contribution and meet the very real demands placed on our health care system, by societal, political and technological changes. It also took into account that nursing needed to be seen as a modern, dynamic and fulfilling career for a diverse range of new recruits, in the face of competition from a host of other possibilities.

A new career framework must reflect this and patients' need for care and the way services are changing, in particular, bringing them closer to home. It must enable nurses to respond flexibly and progress up or along the career ladder at a pace appropriate to their skills, ability and aspirations.

In assessing the framework, you are asked to consider whether it will:

- align nursing careers with the future direction of health policy
- achieve a balance of generalist and specialist careers
- promote equality and diversity
- clarify levels of practice and milestones for progression
- provide a simplified career pathway for nursing
- break down divisions and promote transferability
- keep patients safer by standardising or accrediting higher levels of practice

The table below characterises what we want the framework to achieve:

<i>Coming from</i>		<i>Going towards</i>
First post in hospital		First post in community or a mix of both
Early specialisation		Pathway careers, built on portfolio of competencies
Often no link between job titles and level of competence		Nationally recognised standards for post-registration practice, and job titles that denote the level and seniority of the holder
Confusion and role overlap between generalists and specialists		Clarity about the division between generalist and specialist roles in the workforce and how they complement each other
Restricted career options		Opportunities to major in one pathway or sector, while attaining basic competencies across the spectrum
Preparation for higher levels of practice away from the workplace, in academic institutions		Modular programmes, underpinned by experiential learning
Career in NHS within traditional hierarchical structures		Careers spanning sectors, with opportunities for entrepreneurialism and self-employment

## Understanding the framework

The career framework encompasses nurses from all branches and locations. It takes as its starting point five broad categories of service delivery. It will enable nurses to follow the progression of patients as they move between health and illness, dependence and independence; institutional and community based care.

The five proposed pathways are:

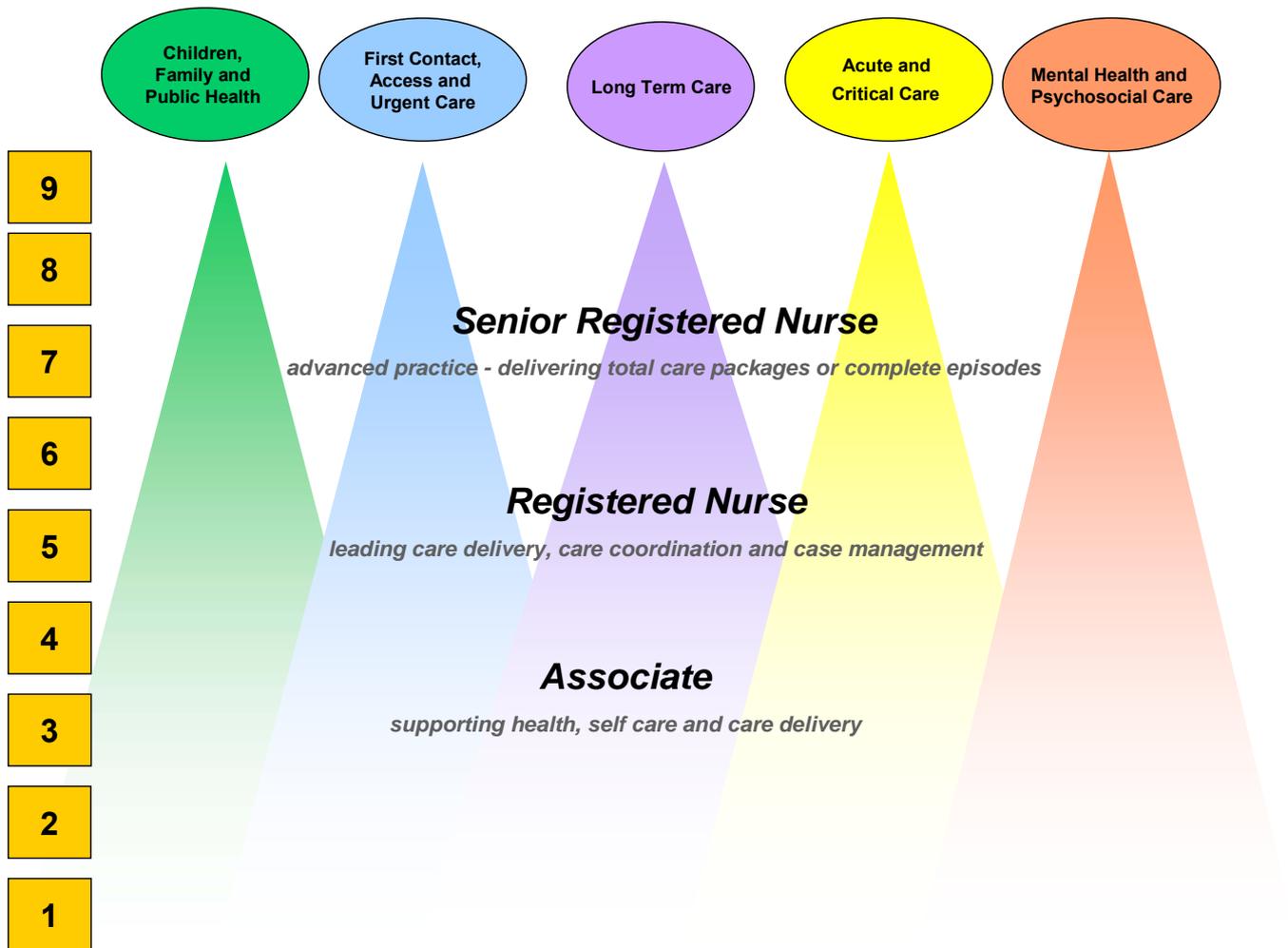
- Children, family and public health
- First contact, access and urgent care
- Supporting long term care
- Acute and critical care
- Mental health and psychosocial care

Nurses would move from novice to expert along one of the pathways as they gain skills and experience. Nurses with the most advanced skills would manage patients with the most complex needs or would lead multi-skilled teams. This principle is proposed in the recent review of health visiting (see *Facing the Future: a Review of the Role of Health Visitors* (DH, 2007) available via [www.dh.gov.uk/cno](http://www.dh.gov.uk/cno)).

Coherence across pathways would be achieved through common educational and professional milestones and common role elements at each level of practice (see *Modernising Nursing Careers* page 9). Skills and competencies at differing levels of practice would have a common currency across all care settings.

Specialist practitioner qualifications would translate into a coherent set of universal skills and competencies. As nurses would be ‘majoring’ in one pathway, they would minor in others, so would acquire a portable portfolio of knowledge and skills that would support new directions at any step on the career framework.

This would not preclude specialisation in, for example, hospital intensive care or in acute and enduring mental health services, but would promote acquisition of a holistic balance of knowledge and skills, more relevant to the health needs of contemporary patients and users.



## Careers in the five care pathways

**The Children, Public and Family Health Pathway** will help build dedicated public health capacity and capability into the system. The emphasis will be on intervening at a population level and in working in partnership to address the determinants of health. Health needs assessment for populations, communities, groups, families and individuals will be a key component and will provide the basis for intervention to improve health, reduce health inequalities and support for vulnerable families and individuals. This pathway will also encompass the maintenance and improvement of children and young people’s health within a philosophy of family centred care in a range of settings.

**The First Contact, Access and Urgent Care Pathway** will develop nurses who can respond to a variety of undifferentiated need, support children, families and adults to manage their own healthcare through advice, information or treatment for minor injury or illness or disturbances in mental health and well-being.

**The Long Term Care Pathway** takes account of the increased number of people living with long term health conditions because of demographic changes and improved treatment. The nursing contribution will focus on supporting self-care, independent living, personalised care, case management of complex conditions, and end of life care. It will span the full range of long term conditions, covering all ages, and including mental health and learning disabilities. It will see nurses working across organisational boundaries in partnership with patients and carers.

**The Acute and Critical Care Pathway** will ensure nurses are able to offer scheduled or unscheduled care for people needing continuous clinical, technical and nursing support often in potentially life threatening situations, following elective surgery, or acute psychotic episodes. The pathway covers patients of all ages and backgrounds and in various settings, such as community outreach and tertiary settings.

**The Mental Health and Psychosocial Care Pathway** will build the capacity of nurses to work with mental health service users and other clients requiring psychosocial care. It will encourage a holistic approach and help nurses work across a range of settings - including acute and community care settings as well as clients own homes – in order to build strengths, recovery and optimise health and well-being.

## Cross cutting themes

Although nurses will major in one pathway, they will minor in others, but at a level appropriate to the situation and their degree of competence.

- **Health promotion.** All nurses will contribute in some way to public health via short opportunistic or planned health promotion or education interventions.
- **Preventative, long term conditions management or crisis monitoring.** All nurses will identify and refer people at risk or who might benefit from crisis intervention or increased support for self-management.
- **Safeguarding vulnerable people and those in need.** Nurses in all pathways will play a vital role in the identification, referral or protection of children, young people and adults who are vulnerable or in need.
- **End of life care.** Although expertise in the provision of end of life care has been included in the long term conditions pathways all nurses will participate in end of life care in some way.
- **Holistic care.** A common theme, reiterated in *Our Health, Our Care, Our Say* (DH, 2006), is that people want a more integrated approach to social, physical and mental health and wellbeing. This was reflected strongly in *From Values To Action CNO's Review Of Mental Health Nursing* (DH, 2006).

## How it might work

- Nurses may begin their careers in any of the pathways. The skills escalator, in recognising competencies that have already been acquired, will help them either move between pathways, or to a higher level in their originating pathway.
- During their pre-registration programme, nurses will be encouraged to gain some experience in each of the pathways, while developing core competencies in the pathway of choice. For example, if they are to work in a community setting these would include assessment, home visiting, the service context, partnership working and changing health behaviours. This proposal is adaptable and will hold whatever the outcome of the NMC's review of pre registration programmes.
- During the first years of their career, nurses will build on their core competencies, adding to their experience and skills. They will need access to continuing professional development in areas related to their clinical or public health practice, so they can respond to local service commissioning requirements and population health needs.
- Some nurses working in each pathway may work at advanced levels of practice. Their roles, responsibilities and contribution will be defined and standardised across England. They will include nurses who can:
  - provide expert, evidence based care and interventions to patients, families and individuals with the most complex needs,
  - lead multi-skilled teams across organisational boundaries, ensuring the quality of services, and
  - oversee and provide high quality practice based training and education as required.
- There will be a clear relationship between job title, level of practice, contribution and educational attainment.
- Individuals will be able to move through a pathway and develop increasingly advanced and or specialist careers. Also, they may move across pathways bringing useful combinations of skills and experience, taking on more generalist roles. It will be possible for those nurses who want to, and who are competent to do so, to move rapidly through their pathway.
- The flexibility of the framework will allow individuals with interests in education, research, management, leadership, policy and practice development to develop their skills and expertise in these areas without finding themselves isolated and unable to move into new areas of career interest.

The Nursing and Midwifery Council are considering options concerning the standardisation of preparation, education and regulation for higher levels of practice that will aid this.

The next section seeks to answer some of the questions people frequently ask about the framework.

## Some frequently asked questions

### 1. Whose pathways are they – nursing pathways, patient or clients pathways?

These are patient or client pathways – they reflect the main treatment categories people are likely to find themselves following. All professionals will work predominately in one pathway, though of course people may cross from time to time, according to their health needs.

### 2. How will organising careers around pathway benefit patients or clients?

Patient or clients will know that the nurses involved in their care have been educated and trained appropriately, and that they have the knowledge and skills to practice at the level of intervention required.

### 3. How will organising careers around pathways benefit staff?

Nurses will be able to pursue a career in the areas that interest them most and it will be clear what knowledge and competencies are required at each level of practice from novice to expert. They will also have a better idea of all the fields of practice that are open to them, which will help widen their vision of the opportunities a career in nursing presents. This approach serves to highlight the skills of generalists as well as specialists and offers more clearly defined career and development paths for associate level staff.

### 4. How will organising careers around pathways benefit employers, commissioners and service providers?

These groups develop patterns of service provision based on health need. Aligning the nursing resource across broad pathways will help match staff numbers and post registration education and development with service requirements. It will also help to ensure education programmes support changes in delivery of care for the nurses involved, to underpin high quality services and care.

### 5. How will organisations know how many nurses they need in each pathway?

Employers and providers will assess the workforce they need against the commissioning plans of their local PCTs and practice-based commissioners.

### 6. Why not use the clinical pathways described by Lord Darzi in the NHS Next Stage Review - 'Our NHS, Our Future'?

Though the clinical pathways in this report offer another useful way of describing categories of health need and associated treatments, we could lose some elements of flexibility if the pathways are defined in too narrow a manner. Obviously, within any pathway there will be segments representing a much more specialised need for care.

## 7. Will all nurses follow one of the pathways?

Yes - though the care group in which they are proficient will have needs across pathways. For example, a nurse majoring in the care of children and young people may follow a long-term care pathway.

## 8. Can nurses move between pathways?

Yes - a nursing careers framework must promote opportunity and transferability of skills: moving between pathways for reasons of career progression, job opportunities or personal preference or patient demand will be easier as core competencies will be recognised and transferable. Nurses may need an adaptation programme to transfer which could be based on accreditation of prior learning and therefore personal to the individual nurse.

## 9. How do people get on the pathways?

This could begin at associate level or at the pre-registration stage of a nurse's career. For those getting on to a pathway at post registration level it will involve a mix of personal preference, professional and performance development and job opportunities in the location in which the nurse wants to work.

## 10. How many nurses will work as advanced practitioners?

The actual numbers will be determined locally, according to how providers organise care. What we believe is important is that there are standards for practicing at advanced level, that hold across the country, so that patients know their advanced practice nurse has a specific set of high level skills. Whether advanced practice should be regulated, is a decision that needs to be made by the NMC, in collaboration with key groups.

## 11. Where do the specialist nurses fit in?

This is a separate stream of work under the Modernising Nursing Careers programme. However, as the pathway framework assumes levels of practice aligned to Agenda for Change banding, we anticipate what we now call specialist nurses will have a defined set of skills, knowledge and competence, standardised across England, which will incorporate most of the activities that fall within our understanding of advanced practice.

## 12. Where does the Specialist Practitioner Qualifications (SPQ) fit in?

The review of health visiting points to a consensus view that SPQs need to be brought into the advanced practice sphere. Further work will be needed to determine whether this model is the most appropriate for all of the traditional community nurse branches.

**13. What about the specific needs of care groups like children?**

The needs of particular care groups such as children and older adults, will represent a specialty within a pathway, though there will be core competencies associated with such groups that all nurses would need.

**14. What impact will this have on pre-registration education?**

Pre-registration education is undergoing a parallel review. Undoubtedly, a post-registration career framework built around pathways will have an impact both on education providers and on prospective student nurses. The latter will be able to see more clearly the opportunities that nursing offers and the broad arena in which they work. It should be more apparent, that working on acute hospital wards is only one of many options open to the modern nurse.

**15. How do the pathways relate to the branch programmes?**

This will depend on what the NMC, following their own consultation, decide are the future of the branches. However, assuming they stay the same, a nurse specialising in learning disabilities, for example, may choose a long term care pathway, in recognition of the multiple pathologies of some of this particular group, or may want to practice within public health, families, children and young people, where emphasis is laid on well-being, normalisation and social models of health.

**16. Will there be different parts of the register for each pathway?**

This is a decision for the NMC, but there is no reason why the pathways should precipitate a move from the present three-part register.

**17. Will this mean fewer registered nurses and more assistants?**

Demography is the likely arbiter of whether the ratio of registered nurses to assistants is set to change. What a new career framework must do is define clearly the role, responsibility, authority and accountability of the registered nurse at each point on the scale.

**18. Will the associate level practice be regulated?**

The associate level describes staff who work specifically in nursing teams and settings with registered nurses. Regulation is a matter for another programme under Modernising Nursing Careers, and for the Nursing and Midwifery Council. Whatever the outcomes it is unlikely to affect the pathway framework significantly

# Section Three

## The Challenges of Implementation

Introducing this framework in a way that delivers the hoped for benefits but minimises the risks inherent in any change, will require a high degree of consensus and sustained commitment to follow through. There is clearly a risk that all we do is ‘cut the cake in a different way’ or replace one set of problems with another. That is why we are consulting early so that we can gauge opinion before we go any further and ensure all aspects are given due regard during the process.

Stakeholders have told us that the main issues presented by a single unifying framework are as follows:

- **Promoting equality and diversity**

We cannot simply assume that this approach would be equally beneficial for everyone and the Chief Nursing Officer is committed to making sure that any change promotes equality in access to care and to educational and career opportunities in nursing. We have considered the potential impact on particular populations at every stage, engaging experts and stakeholders throughout. Part of the rationale for consulting at this early stage was to gain specific feedback on this important issue before progressing any further.

- **Community and Primary Care Nursing**

There is likely to be a greater impact on community and primary care nurses whose careers are built on and loosely organised around adult nursing, services for children and families and nursing in general practice. *Liberating the talents: Helping primary care trusts and nurses to deliver the NHS Plan* (DH, 2002) described the main activities of community nurses under the headings of first contact care, management of long-term conditions and public health. Whilst this approach was well received, so far it has not impacted on education or workforce planning. In this sector, there is greater complexity of organisational structures and systems with many employers and employment models (e.g. PCTs, GP practices, social enterprise or local authorities) and multiple commissioners and providers who may have differing views. The future of the specialist community and public health practitioner qualification also needs to be considered, which has provided a benchmark of competency for some nurses working in primary and community care.

- **Children’s Nursing, Learning Disabilities Nursing and Mental Health Nursing**

There are concerns about the fit with mental health, learning disabilities and children’s nursing. In this model these areas of nursing could either be a specialist dimension of another pathway such as the long-term care pathway or part of a discrete pathway like psychosocial care. Over the years these areas of nursing have developed their particular body of knowledge and acquired a strong sense of identity about how they work with patients, users and carers. Some may fear fragmentation of care for people in these care groups or a diminution of core values and skills.

- **Coherence with clinical academic careers**

We have been keen to encourage coherence between practice based and clinical academic careers in order to increase partnerships between service and education, to promote movement and the exchange of skills. Clinical academic career structures differ widely across the country but have tended to develop along the lines of branch, discipline or setting. Some work would be required to consider the impact of pathways on the education and research community who prepare practitioners and who generate the knowledge and evidence on which the profession is built.

If this proposition receives widespread support, we must consider how the present structure of careers can be adapted to meet pathway configurations and what this will mean for how we educate, commission and manage nursing.

We also need to make progress with the career navigation tools and ‘competency passport’ scheme proposed in Modernising Nursing Careers, in order to maximise the benefits of the model for the workforce and promote the sort of flexibilities people want.

We welcome comments on the framework, including how the challenges set out above and the tensions and potential risks may be managed. You may have your own examples of creative and flexible solutions that have already been implemented.

There may also be comments you would like to make about the ability of these proposals to enhance equality of opportunity, or their funding and implementation implications.

# Section Four

## The Consultation Questions

This section sets out the questions for consultation and instructions for submitting your response. Although many of the questions concern nursing or are targeted directly at nurses, we welcome responses from others including other professions, service managers, patients and the public.

### How to submit a response to the consultation

#### Responding on line

Once you have read the consultation document in full you can access the online questionnaire via the **Chief Nursing Officer's Website** [www.dh.gov.uk/cno](http://www.dh.gov.uk/cno). Click on the consultation web link that takes you directly to the online questionnaire, hosted by the Centre for the Development of Health Policy and Practice at the University of Leeds. Once you have completed the questionnaire, your response is automatically transferred to a secure database ready for analysis and a website link will be available to take you back to the Department of Health's website.

#### Responding by post

Once you have read the document in full print out Section Four and return by post to the following address:

Centre for the Development of Healthcare Policy and Practice  
Room 4.12  
School of Healthcare  
Baines Wing  
University of Leeds  
Leeds LS2 9UT  
United Kingdom

Please note that the consultation will last for three months and will close on 15 February 2008.

If you have any queries contact Hazel Gibbons at the Department of Health on [hazel.gibbons@dh.gsi.gov.uk](mailto:hazel.gibbons@dh.gsi.gov.uk) who will direct you to the most appropriate person.

This section sets out the questions for consultation organised into four parts.

## Part 1 – Demographic Questions

### 1.1 Have you replied to this consultation document?

- a) on behalf of an organisation
- b) on behalf of a service or team
- c) as an individual

Please describe your interest in responding to this questionnaire

### 1.2 How long have you been qualified as a nurse?

- <5 years
- 6-10 years
- 11-20 years
- 21+ years

### 1.3 What age group are you in?

- <25 years
- 26-35 years
- 36-45 years
- 46-55 years
- 56+ years

## 1.4 Ethnic Origin

### Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

### Black or Black British

- Caribbean
- African
- Any other Black background
- Chinese

### Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background

### White

- British
- Irish
- Any other White background
- Any other ethnic group

## 1.5 Gender

- Male       Female

## 1.6 Do you have a disability?

- Yes       No

## 1.7 What level is your role on The NHS Careers Framework (or equivalent)?

- 1
- 2
- 3
- 4
- Student
- 5
- 6
- 7
- 8
- 9
- Other

Please specify

**1.8 In what setting do you work?**

- Hospital
- Community based care
- GP Practice
- Voluntary sector
- Local Authority
- Higher/further education
- Other

Please specify

**1.9 On what part(s) of the NMC register are you registered?**

<b>Nurses</b>					
Level 1 Nurses			Level 2 Nurses		
Field of practice	Registration entry code	Tick	Field of practice	Registration entry code	Tick
Adult	RN1, RNA	<input type="checkbox"/>	Adult	RN2	<input type="checkbox"/>
Mental Health	RN3, RNMH	<input type="checkbox"/>	Mental Health	RN4	<input type="checkbox"/>
Learning Disabilities	RN5, RNLD	<input type="checkbox"/>	Learning Disabilities	RN 6	<input type="checkbox"/>
Children	RN8, RNC	<input type="checkbox"/>	General	RN 7	<input type="checkbox"/>
<b>Midwives</b>					
Field of practice	Registration entry code	Tick			
Midwifery	RM	<input type="checkbox"/>			
<b>Specialist Community Public Health Nurses</b>					
Field of Practice			Registration Entry Code		
Specialist Community Public Health Nursing			HV		
Specialist Community Public Health Nursing			SN		
Specialist Community Public Health Nursing			OH		
Specialist Community Public Health Nursing			FHN		

**1.10 What is your highest nursing qualification?**

- Certificate
- Diploma
- Degree (e.g.)
- Masters Degree
- Doctorate

**1.11 Had you heard of Modernising Nursing Careers (MNC) prior to this consultation?**

- Yes`
- No

**1.12 If yes, where did you hear about MNC?**

- CNO Bulletin (via DH email alert)
- Work colleague
- Work meeting
- Manager
- Clinical supervisor
- Nursing press
- Other ...

Please specify

## Part 2 – The Need for Change

### 2.1 Do you think that there is a need for change in post-registration career structure?

Yes

No

Not decided

Please give your reasons why?

### 2.2 Do you think the framework in Section Two of this document helps to describe a positive way forward for nursing careers?

Yes

No

Not decided

Please give your reasons why?

### 2.3 Is the framework flexible enough to accommodate changes you see happening to nursing careers in the future?

Yes

No

Not decided

Please give your reasons why?

**2.4 If this framework was adopted could it have a positive effect on other professions?**

Yes

No

Not decided

Please give your reasons why?

**2.5 In the long term would the adoption of a new careers framework improve public confidence in the profession?**

Yes

No

Not decided

Please give your reasons why?

**2.6 Will the framework encourage nursing careers that start in a community setting?**

Yes

No

Not decided

Please give your reason why?

## 2.7 What might be the equalities and diversities impact of the framework concerning...

### 2.7.1 Age

### 2.7.2 Disability

### 2.7.3 Gender

### 2.7.4 Race

### 2.7.5 Religion and belief

### 2.7.6 Sexual orientation

## Part 3 - Framework Detail

### 3.1 On considering the detail of the framework do you think the pathways proposed are the right pathways?

Yes

No

Not decided

Please give your reasons why?

### 3.2 Should there be any other pathways?

Yes

No

Not decided

Please give your reasons why?

### 3.3 On considering the levels of responsibility described in the framework would it be helpful to clearly link job title, level of practice and educational attainment?

Yes

No

Not decided

Please give your reasons why?

### 3.4 If the proposal in question 3.3 above was adopted (a clear link to job title, level of

**practice and educational attainment) who should take the lead on communicating this to the public.**

**Please rank in order of importance between 1- 5 (with 1 being the most important and 5 being the least important).**

- Nursing and Midwifery Council
- Department of Health
- Health Service Employers
- Professional Associations and Unions
- University and Colleges
- Other – please specify

**3.5 Will the framework provide a more flexible approach to skills acquisition to produce a more responsive career structure?**

- Yes
- No
- Not decided

Please give your reasons why?

**3.6 How might existing specialist practitioner qualifications fit into this framework?**

Please give details

**3.7 Currently the majority of Specialist Community Public Health Nurses qualifications are achieved via fully funded full time programmes of study. How should they be achieved in the future?**

Please give details

## Part 4 – Wider Considerations

**4.1 If the framework were to be introduced what three things would you change in the initial preparation of nurses?**

**4.2 If the framework were to be introduced what three key things would you need to change in the current approach to the continuing professional development?**

**4.3 Do you think it would be a priority for existing practitioners to be supported to make the transition into the new framework?**

Yes

No

Not decided

Please give your reasons why?

**4.4 Are you aware of any individuals, teams or services who already work in some of the ways described by the framework? If so could you give us a brief description.**

**4.5 Do current workforce planning models support the adoption of the new career framework?**

Yes

No

Not decided

Please give your reasons why?

**4.6 Do you think that nurses now expect to take more personal responsibility for developing their skills?**

Yes

No

Not decided

Please give your reasons why?

**Please return completed questionnaire to the following address, by 15 February 2008. Thank you.**

Centre for the Development of Healthcare Policy and Practice  
Room 4.12  
School of Healthcare  
Baines Wing  
University of Leeds  
Leeds LS2 9UT  
United Kingdom

# References

- Department of Health (2002) *Liberating the talents: Helping primary care trusts and nurses to deliver the NHS Plan*. London, DH
- Department of Health (2006) *From Values To Action: CNO's Review of Mental Health Nursing*. London, DH
- Department of Health (2006) *Modernising Nursing Careers: setting the direction*. London, DH
- Department of Health (2006) *Our health, our care, our say: a new direction for community services*. London, DH
- The Queen's Nursing Institute (2006) *Vision and Values*. London, QNI
- UK Clinical Research Collaboration (2006) *Developing the best research professionals. Qualified graduate nurses; recommendations for preparing and supporting clinical academic nurses in the future. Draft report of UKCRC Sub Committee for Nurses in Clinical Research*. London, UKCRC
- Department of Health (2007) *Facing the Future: a Review of the Role of Health Visitors*. London, DH
- Department of Health (2007) *Our NHS Our Future: The NHS Next Stage Review Interim Report*. London, DH
- Department of Health (2007) *Trust, Assurance and Safety, the Regulation of Health Professionals in the 21<sup>st</sup> Century*. London, DH

# Annex A

## Impact Assessment Statement

There has been a strong commitment throughout this work to assessing the impact of this work on service, regulation, and particular populations. It has played a prominent role in our approach and rigorous monitoring systems have been built in through the project governance structures. Equalities impact has been a standing item for the UK Modernising Nursing Careers Coalition and Programme Implementation Team whose members include a dedicated nurse advisor on equalities

### **Impact Assessment**

Impact Assessment is a tool to ensure that proposals or interventions from government are thought through in terms of their consequences on the public, private and third sectors. The Department considers that at this point, the document does not constitute a clearly defined intervention but rather seeks views from stakeholders on the case for developing a new post registration framework for nursing careers with one possible scenario. It is likely that other options could emerge during consultation. The responses to this consultation may inform a more detailed proposal on a post registration careers framework in the future that would likely constitute a government intervention. At that stage a more detailed range of impact assessments would be developed and published.

### **Equality Impact Assessment (EQIA)**

A initial EQIA screening has been carried out on this document in conjunction with DH advisors, experts from the field and the internal steering group to ensure that issues of human rights are considered in treating everyone with fairness, respect equality and dignity. If policies are assessed for their impact on different sections of the population from the outset, we are better placed to meet our legal obligations.

There is no doubt that a new post-registration careers framework could affect staff in terms of careers and patients in terms of shifts in workforce planning. However, the department considers a full equalities impact unnecessary at this stage for the reasons set out in the previous section.

This consultation will ask what the equalities impact of a new framework might be, and will collect data about response rates. This will help formulate a full EQIA for when we progress to the next stage.