

Post-graduate education and career pathways in nursing: a policy brief.

Report to Lord Willis, Independent Chair of the Shape of
Caring Review

Authors:

Anne Marie Rafferty

Andreas Xyrichis

Chris Caldwell

March 2015

Acknowledgements

We would like to thank all those who contributed to this work and particularly Lord Phil Willis and the Shape of Caring Sponsoring Board who gave generous advice and direction to this policy brief.

Thanks also go to our expert resource group members whose feedback helped shape this work: Professor Dame Jessica Corner, Professor Lisbeth Maria Fagerström, Professor Alison Leary, Professor Janice Sigsworth, Laura Harper, Suzie Loader and Laura Hatchard.

We are grateful to Professor Lisa Baylis-Pratt Health Education England for commissioning this policy brief and for her insights and direction.

This is an independent report prepared at the National Nursing Research Unit (NNRU), Florence Nightingale Faculty of Nursing and Midwifery, King's College London.

Contact address for further information:

National Nursing Research Unit
Florence Nightingale Faculty of Nursing and Midwifery
King's College London
James Clerk Maxwell Building
57 Waterloo Road
London SE1 8WA
Email: anne_marie.rafferty@kcl.ac.uk

NNRU website: <http://www.kcl.ac.uk/nursing/research/nnrui/index.aspx>

Florence Nightingale Faculty of Nursing and Midwifery website:
<http://www.kcl.ac.uk/nursing/index.aspx>

Contents

Executive Summary	4
1. Introduction	7
1.1 Background	7
1.2 Method: A Scoping Review of Policy and Research.....	8
1.3 Structure of the Policy Brief.....	9
2. The Policy	11
2.1 Modernising Nursing Careers	11
2.2 Summary	16
3. The Evidence Base.....	17
3.1 Continued Professional Development	17
3.2 Nurses' careers.....	19
3.3 Advanced/Specialist practice	20
3.4 Summary	23
4. Conclusion.....	25
4.1 Lessons learned	25
4.2 Key policy messages	26
4.3 Next steps.....	26
5. References.....	28

Executive Summary

Background

The move to degree policy in nursing implemented in 2013, its endorsement by the Willis Commission and the advent of the Shape of Caring Review led by Lord Willis of Knaresborough from Health Education England provides an opportune moment to reflect upon the implications that the move to degree holds for up-skilling the current and future workforce. It focuses our attention upon the vitality and sustainability of the workforce, not only for the 'new' graduate workforce but the workforce as a whole with a clear pathway to a challenging but rewarding career. Workforce policy in nursing has tended to focus laser like on the pre-registration period leaving the quality of the qualified workforce and post-registration career structures to the forces of local implementation. Consensus is growing that long-term strategic planning needs to replace the short-term boom bust of the past and the development of a self-sustaining plan for the future with an investment strategy to match.

Method

This policy brief is the result of an evidence scan of the policy and research literature to support Strand 6, 'Ongoing Learning Today', of the Shape of Caring Review. Relevant policies were identified through searching key websites including the Department of Health, Nursing and Midwifery Council, National Audit Office, Higher Education Statistics Agency, Royal College of Nursing and NHS Employers using terms such as post-graduate, post-qualification and nursing careers. The search for relevant research publications included the largest international bibliographic databases (MEDLINE, EMBASE, CINAHL) and the websites of key research organisations such as the National Institute for Health Research and the Canadian Institutes of Health Research. National and international experts were consulted to ensure key policies and research papers were not missed.

Findings

The identified policies revealed a long-standing commitment of successive governments to staff development, CPD and career progression in particular. However, even though these contained promising and inspiring messages many had

not gained traction in terms of follow through into implementation. Specific to the remit of the present policy brief are policies around nurses' career pathways and development, key among which is Modernising Nursing Careers. Although this was a substantial and forward thinking policy programme, a shifting political landscape meant that its framework development, like many of its predecessors, did not come to fruition and fell short of meeting its potential.

Evidence from the UK, Northern Europe and North America were identified and these have been synthesised around the key issues of Continued Professional Development, Nurses' Careers, and Advanced/Specialist practice. While there is an increasing evidence base in all three areas it is clear that further research is required on the utilisation, financing and impact of CPD as well as on understanding graduate nurses' career development and aspirations. However, it is clear that the evidence base around the benefits of APN/CNS has matured over the years and is now undisputed.

Conclusions

One of the major barriers to building momentum in forging a robust post-graduate pathway in nursing has been the tendency for every new reform initiative to revert to pre-registration education and set the counter back to zero. The Department of Health historically has set the policy direction and promoted policies on career frameworks but often left investment decisions in the hands of local commissioners. The challenge in the past has not been lack of initiatives and good intentions but translating these through to implementation.

There is currently a lack of clarity and evidence of confused, multiple accountabilities surrounding the post-graduate pathway for nursing. Considering the available evidence on CPD, advanced practice and nursing careers it is logical to conclude that investing in nursing, in any form, is a cost-effective intervention for improving staff, organisational and patient outcomes; and that this is long due. To avoid repetition of the same policies of the past and move forward, the design principles and assumptions of workforce planning policy need to be reset. The opportunity for aligning and integrating the different streams of workforce planning across career pathways is greater given the mandate held by HEE. The challenge is for that ambition to translate into long-term planning across the career cycle making short-termism a thing of the past.

Key messages

Future policy work should be designed with the following in mind: continuing professional development should not only be linked with mandatory training leading to revalidation, but also with opportunities for career advancement and progression; the existing workforce has an important and substantial production function, which needs to be recognised, rewarded and supported; the newly registered nurse, at the point of registration, is not the finished product. Investment in the development of the newly registered nurse is important to ensure safe and quality care, and to retain high calibre staff; responsibility and funding for post-qualification education need not lie exclusively with employers, but shared between all relevant parties (NMC, HEE, DH).

Recommendations

Considering that future demands on the health service are predicted to increase exponentially it is crucial that the workforce is supported in order to respond to these successfully. There needs to be investment in CPD that reflects the diverse needs of the nursing workforce and the changing profile of the current and future patient as much as workforce. This needs to be linked with nurses' career pathways, enabling them to make the transition from newly registered to advanced practice nurse across different domains appear seamless. If the future is characterised by a move into the community and integrated models of practice, then it is well worth considering scaling and speeding up the pace of production of nurses with advanced practice skills to meet the challenges that lie ahead.

1. Introduction

1.1 Background

The move to degree is a landmark policy for nursing bringing England into line with other devolved nations and some of its peer European countries (Aiken et al. 2014). It builds upon the earlier move of nursing into higher education (HE) with Project 2000 and the establishment of the diploma in higher education as the entry level into practice. It is important to remember that Project 2000 sought to banish the apprenticeship system in which education was critiqued as being subordinate to the service needs of hospitals in which students were not only part of the workforce but considered to be 'pairs of hands' (UKCC 1986, Rafferty 1996). The speed with which Project 2000 was implemented however left little room for transition arrangements to be put in place. There was little strategic investment in up-skilling the teaching workforce to facilitate its adaptation to the very different demands and research culture of Higher Education Institutions (HEIs). Equally, there was little capacity building of the clinical workforce to meet the needs of a cadre of more highly qualified entrants beyond mentorship courses, albeit accredited by universities and subsequently endorsed as part of Agenda for Change promotion criteria. Instead the policy orbited into implementation without putting the planned mechanisms in place to compensate for some of the changes, especially the loss of students from the labour force and consequent service provision. Students' supernumerary status was supposed to be substituted for by the employment of healthcare assistants to fill the void but this policy seems to have been implemented to a variable degree. Analysis of the Nursing Quality Database, one of the most comprehensive sources we have over time, indicates before and after the introduction of Project 2000 a reduced RN proportion (Band 7 to 5 staff) to support workers, which may have had teaching and supervision implications for students (Hurst 2015). Implementation of Project 2000 was a complex process and may be one of the forces contributing to the negative press associated with Project 2000, for producing an 'over-academic' workforce, and the call from some quarters for a return to hospital based training and the apprenticeship model (ANCC 1997, Patterson 2011)

With the benefit of hindsight it is easy to see why critics might harken back to the 'good old days' of hospital training and the sense of comfort that might bring to a public subjected to media scandals and exposes of poor nursing practice (Gillett

2014). But at a time when health care is demanding more of its skilled practitioners not less and the higher education initial participation rate (HEIPR for 2012/13 was 43%¹) continues to rise to meet societal needs now is not the time to turn the clock back. The move to degree policy in nursing implemented in 2013, endorsement by the Willis Commission (2012) and the advent of the Shape of Caring Review from Health Education England (HEE) provides an opportune moment to reflect upon the implications that the move to degree holds for up-skilling the current and future workforce. In particular, it focuses our attention upon the vitality and sustainability of the workforce, in terms of how the system can ensure retention, is optimised not only for the 'new' graduate workforce but the workforce as a whole with a clear pathway to a challenging but rewarding career.

The move to graduate entry into practice and the Shape of Caring Review present the ideal opportunity to ensure the necessary pieces of the policy jigsaw puzzle are in place. Some of those are already in situ, such as NMC validation or, as in the case of preceptorship, as schemes and initiatives are adopted by individual Trusts and HEIs. But there is no consensus on what the different pieces of the policy jigsaw should be; what sequences they should be implemented in or the overall workforce and capability building strategy post-registration and whose role and responsibility it is to ensure they are put in place. It is clear we need a 'whole-systems' rather than the piecemeal approach of the past. Workforce policy in nursing has tended to focus laser like on the pre-registration period leaving the quality of the qualified workforce and post-registration career structures to the forces of local implementation. Consensus is growing that long-term planning needs to replace the short-term boom bust of the past and the development of a self-sustaining plan for the future with an investment strategy to match.

1.2 Method: A Scoping Review of Policy and Research

In order to meet the priorities set by Health Education England (HEE) and the Nursing and Midwifery Council (NMC) this brief was commissioned as an evidence scan of the policy and research literature to support Strand 6, 'Ongoing Learning

¹Department for Business Innovation and Skills (2014) Participation rates in higher education: academic years 2006/2007 – 2012/2013. Available online: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/347864/HEIPR_PUBLICATION_2012-13.pdf Accessed 03/11/2014.

Today', of the Shape of Caring Review. The review followed a standard pathway for the identification and analysis of the evidence, consisting of five main stages:

1. Database and archive searches using set keywords, complemented by manual searching of key information sources;
2. Identification of material to be included, following predefined inclusion and exclusion criteria;
3. Data extraction from key papers using a predefined template;
4. Content analysis following standard tabulation and summary techniques;
5. Conclusions drawn through consensus among reviewers during regular face-to-face meetings.

Relevant policies were identified through searching key websites including the Department of Health, Nursing and Midwifery Council, National Audit Office, Higher Education Statistics Agency, Royal College of Nursing and NHS Employers using terms such as post-graduate, post-qualification, and nursing careers. In addition, national and international experts were consulted to ensure key policies were not missed.

The search for relevant research publications included the largest international bibliographic databases (MEDLINE, EMBASE, CINAHL) and the websites of key research organisations such as the National Institute for Health Research and the Canadian Institutes of Health Research. A snowballing approach and consultation with experts was also employed to ensure comprehensive coverage. In order to build on, rather than duplicate previous work (e.g. Willis 2013), the database search was limited to research published post 2012; however, in the sections that follow we also selectively note older studies identified via informal search channels that have unique observations and contributions to make to the current brief. Finally, to meet the objective of this review within its time and resource constraints, the search for research evidence was focussed on three key areas: **continuing professional development, nursing careers and advanced practice**.

1.3 Structure of the Policy Brief

Having presented the policy context within which the Shape of Caring Review takes place, set the scene for this policy brief and clarified the search approach, we will move onto presenting our key findings from the analysis of the identified policy and research literature. The next section (2) summarises key policy issues surrounding

the main concern of this piece: career pathways in nursing. The analysis here centres on the history, current state and future direction of Modernising Nursing Careers (DH 2007) as the key and most significant policy in this area. Section three (3) continues with the synthesis of current best evidence drawing from UK, European and North American literature. Here, the discussion focuses on the three issues of continuing professional development, nursing careers and advanced practice; key policy initiatives are also threaded throughout to demonstrate the policy backdrop within which the research has taken place. This policy brief concludes in section four (4) with key lessons learned through this process along with implications for policy.

2. The Policy

This section reports on the health policies identified from the archival search that were related to the objective of this policy brief. A breadth of related policies was identified, which revealed the commitment of successive governments to staff development, CPD and career progression in particular. However, even though these contained promising and inspiring messages many had not gained traction. Specific to the remit of the present policy brief are policies around nurses' career pathways and development, key among which is Modernising Nursing Careers (DH 2007). Therefore, next we devote some space to the analysis of key issues surrounding Modernising Nursing Careers including its history and future direction.

2.1 Modernising Nursing Careers

The Modernising Nursing Careers programme (MNC) (DH 2007, 2008a) set out from the onset through wide scale engagement of the profession across the UK to ensure that nurses would be better equipped with the skills and capabilities for their roles (at the point of registration and throughout their working lives) by:

- creating a more flexible and competent workforce;
- updating career pathways and choices for nurses;
- better preparing nurses to lead in a changed system and a competitive labour market;
- updating the image of 'the nurse'.

In England, the publication of the Labour Government's 'Next Stage Review: *High Quality Care for all*' (DH 2008b) and its associated workforce strategy, '*A High Quality Workforce*' (DH 2008c) provided the opportunity to integrate its aspirations with the Government's workforce strategy (DH 2008d). Modernising Nursing Careers (MNC) acted as a policy vehicle to deliver a number of significant enablers for the development of the profession. These built on the policy vision set out in the Next Stage Review, which included four steps:

- Building consensus about the role of the nurse;
- Finding meaningful ways to improve the quality of nursing care;
- Modernising nursing educational pathways; and
- Retaining the best candidates within nursing.

The link between a career structure and quality of care was made explicitly in 'A High Quality Workforce', which further stated that '*A national and co-ordinated approach to nursing careers will provide the enabling infrastructure for local organisations and individual practitioners to achieve much greater gains in healthcare quality.*' (DH 2008c, pg 53). Thus the creation of MNC delivered the dual objectives of matching professional aspirations with motivations for retention and quality of care.

By far its most significant achievement was gaining Government approval of a policy resulting in degree level education for all registered nurses. This aspect of MNC was endorsed by the Prime Minister's Commission on the Future of Nursing and Midwifery (2011) and was implemented as policy by the NMC from 2013.

There were four other outputs of MNC, three of which relate to a focus on ensuring that once educated nurses would be supported to establish long and fulfilling careers through which they could impact the needs of patients, service users and the service.

The '*Preceptorship Framework for Nursing*' (DH 2010a) was intended as a resource for those in NHS and non-NHS organisations with responsibility for establishing systems for the management and development of the newly registered nursing workforce, those directly responsible for managing local preceptorship arrangements and newly registered nurses themselves. It set out the requirements for an effective programme or system to ensure that nurses entering the profession on registration could gain the confidence they needed to consolidate their competence as a registered nurse as they set out on their careers.

At the other end of the career spectrum, the '*Advanced Level Practice Position Statement*' (DH 2010b) set out a national consensus on advanced level practice in nursing for those wishing to further develop their skills and competence at a significantly higher level of autonomy and decision making than at the point of registration.

The final area of focus of MNC was on the establishment of a clearly articulated career framework for nurses. This aspiration was set out in '*Towards A Framework for Post-registration Nursing Careers*' (DH 2008a), one of the reports published in the first phase of the MNC programme. The visual map was launched in November 2009 and was the first step in delivering the recommendations of that policy document, followed later by an interactive individualised careers mapping tool. It mapped directly with '*The Next Stage Review*' objective to '*To update career pathways and choices for nurses*'.

'A Framework for Post-registration Nursing Careers' resulted from wide-reaching stakeholder engagement and gained wide overall support. The consultation response recommended *'developing the pathway approach and the specific pathways identified through further work'* (DH 2008a, p15). Specifically,

- to map careers across these pathways;
- to identify core transferable and specific competencies within and across pathways;
- to consider education and training requirements, funding and commissioning options; and
- to integrate the concepts of 'Leader', 'Partner' and 'Practitioner'.

The overall aim of the nursing career framework project was to develop a career framework which would:

- demonstrate the wide range of career opportunities available in nursing;
- provide a road map for efficient individual career planning;
- provide a simple approach to workforce planning and service redesign for use by managers at all levels by presenting the range of role options available in nursing;
- support effective education and service commissioning from local to regional levels;
- enable development of 'fast track' and other targeted schemes to support efficient service delivery and career progression;
- support a marketing campaign to be used in careers advice to promote nursing as a career choice;
- be flexible and dynamic and support/promote maximum movement across fields of practice, settings and care pathways both now and into the future.

A set of four case study maps were developed through stakeholder engagement in a series of four workshops and consensus building using experts in each field, focussing on:

- Learning disabilities nursing
- Cancer nursing
- Health visiting (public health with well children & families)
- Nurses working with sick & disabled children and young people

These case studies maps were supported by core competences focussing on the nurse as 'partner, practitioner and leader', developed by the sector skills council, Skills for Health:



Figure 1: Competency areas for nursing roles, Skills for Health

The resulting 'framework' was complex and multi-dimensional, and therefore a clear simple and attractive visual representation was essential to ensuring its usefulness in reality. A 'wheel' based design was developed which was multi-layered to allow care pathways, nursing roles, care settings and education and training requirements as well as competences to be laid over one another. Initially this was published as a one-dimensional image in 2009, but later in 2010 a three-dimensional version of the framework was developed to allow the inter-relationships between different parts of the nursing career framework to be demonstrated. This was hosted on the NHS Careers website, where it was available, first and foremost for individual nurses to map their careers.

The framework set out:

- To represent the range and richness of nursing roles and be used by nurses and others to support career planning, individual and personal role development, as well as potentially support service design and role development;
- To provide an enabler for greater standardisation around levels of practice, roles and the education, training, skills, competence and experience that is required for roles at similar levels of practice to support greater flexibility

nurse educator as someone who could facilitate learning both in the classroom and in the practice setting using coaching skills; and the realisation that the framework might also enable the profession to better articulate the relationships and commonalities between the different fields and roles within the nursing 'family', between nursing and other related professions, sectors and workforces (e.g. health, social care and education; nursing and social work; NHS and independent/voluntary sector, etc.) and the relationship between registered nursing and support worker roles. A shifting political landscape however meant that the framework development, like many of its predecessors, did not come to fruition and fell short of full implementation in meeting its potential.

A number of these ideas however have gone on to be the focus of subsequent workforce developments or have been raised during the 2015 Shape of Caring Review's engagement process as areas still needing to be addressed. Indeed, one of the most commonly raised issues, especially by students, was the need for a structured career framework and this echoes the results of research by Philippou's (2011) study of career management in nursing which found that the desire to establish a satisfactory career was the second most commonly reported reason for nurses wanting to leave the profession, after the desire for a better-paid job.

2.2 Summary

As this section has discussed, the policy jigsaw in this area is a complex one and promising attempts of the past have yet to bear fruition. It is evident that past concerns and ideas continue to hold currency, but these require integrating into a whole systems approach. Planning for nurses' careers must occur within, not outside of, wider health policy planning. The significance of this is revealed in the next section where the evidence base is explored and implications for policy considered.

3. The Evidence Base

This section summarises key findings from the search for research literature. It brings together evidence from the UK, Northern Europe and North America and reports on the key issues of **Continued Professional Development, Nurses' Careers,** and **Advanced/Specialist practice.** Relevant UK health policy identified through the archival search is also threaded throughout this section as relevant to substantiate the research presented.

3.1 Continued Professional Development

The Willis (2013) review on nurse education made the shrewd observation that *'most of the nurses who will deliver care for the next 10 years and more are already in the profession and mainly at work, so there must be more emphasis on continuing professional development (CPD) and retaining staff.'* (p24). In 2014, the Government issued a mandate to Health Education England (HEE): *'HEE will provide leadership to ensure CPD continues beyond the end of formal training to enable staff to deliver safe and high quality healthcare and public health services both now and in the future (6.33).'* The commitment of Government to CPD is not new; it has been part of health policy since the early years of the National Health Service (NHS). In its constitution, most recently renewed in 2013, the NHS commits to: *'provide all staff with personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential'*. However, the effectiveness of CPD has been contentious in the literature because, in research terms, it is a 'complex intervention'; this means that causality, especially in terms of patient outcomes, is difficult to gauge.

The importance of CPD extends beyond the NHS commitment to staff development; it is a prerequisite for patient safety. In a systematic review of North American studies relating medical knowledge and health care quality to physicians' years in practice, including 62 evaluation studies totalling a sample of 34,487 physicians, increasing years in practice were associated with decreasing physician performance (Choudry et al. 2005). In particular, of the 62 published studies more than half suggested that physician performance declined over time for a variety of physician and patient outcomes. Therefore, it can be deduced that CPD is crucial for maintaining care quality and safety standards of the existing workforce.

While similar evidence is not easy to unpick in the UK context, in a recent survey of doctors' (n=902) views on CPD commissioned by the General Medical Council (GMC) and the College of Emergency Medicine, the majority agreed that CPD led to knowledge acquisition (70%), learner satisfaction (69%) and importantly, a change in treatment practice (61%) (Schostak et al. 2010). Even though this evidence does not demonstrate a direct link between CPD and patient outcomes, it is clear that CPD does have clear, indirect implications for patient safety and quality of care. The evidence within nursing paints a similar picture. In particular, a systematic review of post-registration nurse education, including 61 studies, concluded that CPD is linked with benefits in terms of changes in nurses' attitudes, perceptions, knowledge and in skill acquisition; however, the evidence in terms of patient outcomes is weak (Gijbels et al. 2010).

Despite the Government's commitment to and importance of CPD, a recent survey (Philippou 2011) of 813 nurses and 58 nurse employers in London found that 31% (251) of nurses were only sometimes able to attend training courses, while 11% (88) indicated they were never able to do so. The most frequently reported barriers to attending training courses were restrictions caused by lack of funding and by staff shortages or workload demands. Most nurses in that research (57%, 416) reported attending courses because they were required to do so, with only a third (36%) reporting they did so out of personal interest. This suggests that CPD for nurses is mostly seen as part of mandatory training, rather than linking with professional and personal development. Similar findings were identified from a recent major review of CPD across professions in the EU. Difficulties in releasing staff and prioritising mandatory training over on-going learning were cited as barriers to CPD. Furthermore, the very definition of CPD itself is problematic, being more of a catch-all category encompassing everything from mandatory training to Master's programmes, making evaluative studies of its efficacy challenging (EC 2015). Finally, the employers in Philippou's (2011) study indicated that the most frequent mechanism through which nurses' training needs were identified was through nurses' own requests, and that prioritisation of nurses' education and training opportunities was mostly based on the Trust's current or future needs rather than on nurses' career plans.

Although the research evidence base around CPD remains relatively limited and weak, key conclusions can be drawn. Paradoxically, CPD does not appear to be widely regarded as being part of *development* but rather *maintenance* of health professionals' standards of practice. A fresh approach to thinking about CPD as part

of an articulated system that is clearly linked to professional, personal and career development is needed. This needs to be accompanied by the necessary funding and study leave arrangements, and may be enabled by greater transparency in terms of funding allocation.

3.2 Nurses' careers

The Willis (2013) review issued a clear challenge to the UK governments: *'A national nursing career framework must be implemented urgently by all partners and properly resourced. It should be based on the four governments' existing policies of building career frameworks and pathways that support movement between, and synthesis of, practice, management, education and research; that value and reward different career paths; and that attract and retain high quality recruits.'* (p.38). The focus on nurses' careers is an important one since satisfaction with their career development contributes significantly to nurses' intentions to remain in or leave nursing. The Department of Health (DH) has maintained that high quality care is of prime importance in the future of the NHS and placed frontline staff such as nurses at the centre of the changes needed to deliver this vision (DH 2008b). Retention of qualified nurses in the NHS therefore is critical in order to achieve the goals of improving the quality of healthcare services and the working lives of healthcare professionals. In particular, the reports *'High Quality Care for All'* and *'High Quality Workforce'* (DH, 2008b,c) advocated advancing and clarifying roles and career pathways of the healthcare workforce, in order to address more effectively the needs of the health service and its patients. With regard to nursing, following *Modernising Nursing Careers* (DH 2007) nurses now largely have prescriptive elements of what they need to achieve in order to maintain their registration and progress with their career.

A review of international research, including 68 studies, identified three categories of factors that can act as nurse turnover determinants: organisational, individual and career advancement and pay/benefits (Hayes et al. 2012). While organisational and individual factors have been explored in the literature, career-related factors have not been extensively researched (National Nursing Research Unit 2008). This is despite research showing that effective career management policies are associated with cost savings, in terms of workforce recruitment and retention and increases in job and career satisfaction among employees, which in turn result in greater organisational commitment (Carter and Tourangeau 2012, Philippou 2015). Philippou (2015) explained that the limited focus on nurses' career management may be because

career progression for nurses in the UK has long been typified as a simple linear advancement from staff nurse to ward sister or charge nurse and then, for a few, a move into management (Robinson and Murrells 1998).

Recent evidence from London confirms the above position. Through a survey of 871 nurses and nurse employers, Philippou (2011, 2015) found that the desire to establish a satisfactory career was the second most commonly reported reason for nurses wanting to leave the profession, after the desire for a better-paid occupation. Specifically, in that study, nurses with a degree were more likely to report that nursing did not live up to their expectations with regard to career development, compared with nurses without a degree. Junior nurses in particular, were less likely to report receiving feedback on their performance or career advice compared with other senior nurses. Moreover, Philippou (2015) identified a temporal dimension to career management responsibilities in nursing. Specifically, short-term responsibilities for securing funding and time for development lay more with employers. Medium-term responsibilities for assessing nurses' strengths and weaknesses, determining job-related knowledge and skills and identifying education and training needs appeared to be shared. Long-term responsibilities for developing individual careers and future development plans lay primarily with employees. That study concluded that responsibility for nurses' career management should be shared between nurse employers and employees yet the two parties currently hold differing views.

Empirical research within the field of nursing careers, especially of post-graduate and community pathways, is sparse at least in the UK context. The National Nursing Research Unit's² longitudinal cohort studies are a notable exception, yet this programme of research is no longer active and ceased to be supported by the Department of Health in 2008. Considering the significance nurses attach to their careers it is worth reflecting on the future need for such research to be revived, especially in the context of recent workforce initiatives such as the move to the community and the development of Advanced/Specialist practice nursing.

3.3 Advanced/Specialist practice

The literature on the effectiveness of Advanced Practice Nurses (APN) and Clinical Nurse Specialists (CNS) is relatively well developed, with many randomised

²<http://www.kcl.ac.uk/nursing/research/nnru>

controlled trials comparing APN/CNS care with physician care in a range of settings and with different patient groups. A number of reviews of available research (e.g. Dicenso and Bryant-Lukosius 2010, Caird et al. 2010, Newhouse et al. 2011, Delamaire and Lafortune 2012, Donald et al. 2013) identify positive effects from APN/CNS on a range of outcomes including patients' Health Status, Quality of Life, Quality of Care, Patient Satisfaction, Length of Stay, and Costs. It is significant that Delamaire and Lafortune (2012) in their study of advanced nursing roles in 12 European countries on behalf of the OECD revealed that the uptake of advanced roles is on the rise, noting that the value for money aspect was considered an important feature of advanced practice and solution to bridging short-term workforce challenges.

A recent rapid review on the socioeconomic contribution of nursing and midwifery (Caird et al. 2010) concluded that APN/CNS can and do make a substantial and positive contribution to the management of long-term conditions, including cancer, chronic respiratory and heart conditions (e.g. COPD, CHF³); mental health, including post-natal depression and drug and alcohol abuse; and, acute and emergency care through nurse-led inpatient units. Moreover, a systematic review of the research literature commissioned by the Canadian Institute for Health Research (Dicenso and Bryant-Lukosius 2010) concluded that APN/CNS can improve patient access to services and reduce waiting times, while delivering the same quality of healthcare as doctors. In addition, APN/CNS care can lead to a high patient satisfaction rate, as a result of APN/CNS spending more time with patients providing information and counselling. In terms of cost, research concludes that APN/CNS are either cost reducing or cost neutral. Finally, there is no evidence that APN/CNS have an adverse effect on patient care. Recent evidence from the UK in areas such as breast and prostate cancer support the view that patient experience is enhanced for those patients who have a CNS allocated to their care (Ream et al. 2009, Hardie and Leary 2010). Such outcomes become even more evident in long-term care settings, where APNs have been found to lead to lower rates of depression, urinary incontinence, pressure ulcers, restraint use, and aggressive behaviours while increasing patient and family satisfaction with services (Donald et al. 2013).

Through a survey of 758 advanced practice nurses and clinical nurse specialists in the UK, Ball (2005) identified that APN/CNS's work clustered around three main categories: Case Management, which included coordinating care plans with other

³COPD – Chronic Obstructive Pulmonary Disease; CHF – Congestive Heart Failure

professionals; Diagnosis, which included undertaking physical examinations and other investigations; and Organisational activity, which included leadership, education and research. The APN/CNS surveyed reported higher than average satisfaction rates with their work, especially about them 'making a difference' to patient care. However, they reported difficulties relating to increasing workload and infrastructure that lagged behind new modes of service delivery. The same evidence extends to the initiative of the nurse consultant role. In a systematic literature review, including 36 studies, nurse consultants were found to have wide-ranging impact on service and care outcomes (Kennedy et al. 2012). For example, the introduction of the nurse consultant role in various services was associated with improved clinical outcomes; perceived quality of life; reduced ventilator days, length of stay, admission rates, A&E and GP attendance rates. Despite the significant impact nurse consultants have had, early evaluations also found areas of difficulty with regard the operationalisation of this role (Guest et al. 2001). For example, nurse consultants were not always clear about how their performance would be assessed, about the criteria for success in the job and about the resources they would have. Moreover, many reported that they were experiencing role ambiguity, role conflict, role overload and problems of role boundary management. Finally, nurse consultants who had been in the role longer reported higher work overload, a lower sense of fairness of rewards and less optimism about career and growth opportunities (Guest et al. 2001).

More recently, advanced nursing roles are rising in the UK political agenda with a recent (2015) issue of the Health Service Journal devoted entirely on this topic⁴. APN/CNS are now recognised for their role in improving the delivery of patient care, reducing costs, enabling more efficient ways of working and redesigning services around patient need. This is because APN/CNS have:

- knowledge of, and insight into, the entire patient pathway;
- high level expertise of the patient group for which they care;
- additional qualifications and skills to perform advanced tasks (e.g. ordering and interpreting tests and investigations, conducting physical assessments, and prescribing medications);
- considerable knowledge of the healthcare organisation in which they work, and of partner organisations.

⁴<http://www.hsj.co.uk/5082712.article#.VPAIxvmsW7o>

In particular, APN/CNS can reduce costs and increase efficiency by ensuring the best use of hospital and consultant time, freeing up the time of other members of staff, driving innovation and offering value for money. They can enable timely, seamless and integrated multidisciplinary care by making the right care interventions and referrals at the right time and brokering care between healthcare professionals and other organisations. Finally, they can offer excellent patient care and experience by offering accessible support and expertise when patients need it.

Leary and colleagues⁵, who looked at the work of 12,000 specialist nurses in advanced practice and around 50 million hours of work, argued in the same HSJ issue that APN/CNS can be a cost effective, high quality option for delivering care in acute settings and in the community. This is because they can be very good at proactive case management, able to see problems before they arise and in this way avoid unnecessary admissions. For example, the Multiple Sclerosis (MS) Trust has shown that MS specialist nurses help avoid admissions – in just one primary care trust the MS nurse directly avoided 28 patient admissions, which at a national tariff of £3,039 per non-elective admission this achieved a total saving of £85,000 – and reduced consultant follow ups – in that same site 271 appointments were avoided achieving a total saving of £28,000⁶. Similar savings are found in other areas such as rheumatology, where specialist nurses can save more than £175,000 per nurse by freeing up consultant time (Leary and Oliver 2010; Oliver and Leary 2012), and notably cardiac care. An evaluation of the role of specialist cardiac nurses found that these APN/CNS achieved a reduction in all cause admissions by an average of 35%, a net saving of approximately £1,826 per patient (after the cost of the nurse's salary) and total savings to the NHS of more than £8 million per year (Pattenden et al. 2008).

As care continues to move from the hospital into the community and as the number of people with long-term conditions increases there will be an increasing reliance on APN/CNS roles in the future. Considering the improved outcomes and cost benefits associated with APN/CNS care, investment in these roles seems long overdue.

3.4 Summary

The above discussion demonstrated an increasing evidence base in the areas of CPD, nurses' careers and advanced practice. It is clear that further research is

⁵<http://www.hsj.co.uk/5082712.article#.VPAlxvmsW7o>

⁶<http://www.mstrust.org.uk/downloads/defining-the-value-of-ms-specialist-nurses-2012.pdf>

required on the utilisation, financing and impact of CPD although the existing evidence point clearly towards the potential benefits to quality and safety of patient care. Similarly, while research demonstrates the importance that nurses attach to their careers as an influencing factor on whether to stay in or leave the profession, more is needed to understand the effects of recent changes on graduate nurses' career development, their desires and aspirations in particular. However, this section has made abundantly clear that the evidence base around the benefits of APN/CNS has matured over the years and is now undisputed. The evidence is strong enough to make a reasoned recommendation for further deployment of and policy support for advanced and specialist nurses as a viable option to overcoming the future challenges of the health service.

4. Conclusion

4.1 Lessons learned

One of the major barriers to building momentum in forging a robust post-graduate pathway in nursing has been the tendency for every new reform initiative to revert to pre-registration education and set the counter back to zero. While it is clear who is responsible for ensuring that students meet: national and professional standards of competence (NMC); are employment ready (NHS Trusts and HEIs) and meet academic thresholds (HEIs) there is no such clarity of accountabilities nor governance of these for the post-graduate pathway. The NMC as regulator sees its remit as protecting the public - and has a role to play in revalidation and ensuring those who remain on the register are fit for practice - but has no statutory duty beyond that. Employers have a vested interest in the quality assurance of the practitioners they employ and feed into commissioning decisions of CPD but do not necessarily see themselves as responsible for the career development of their employees (Philippou 2015). The DH historically has set the policy direction and promoted policies on career frameworks notably 'Modernising Nursing Careers' (DH 2007) but often left investment decisions in the hands of local commissioners.

The challenge in the past has not been lack of initiatives and good intentions but translating these through to implementation. It is significant that we have not yet regulated advanced practice or specialist areas of practice. Commissioners CCGs and LETBs have the power to commission but not set the strategic direction for pathway planning. At best there is a lack of clarity and evidence of confused, multiple accountabilities surrounding the post-graduate pathway for nursing.

Considering the available evidence on CPD, advanced practice and nursing careers it is logical to conclude that investing in nursing, in any form, is a cost-effective intervention for improving staff, organisational and patient outcomes; and that this is long due. This policy brief found that the key issue of ensuring adequate numbers of adequately prepared nurses for the future has been at the core of workforce policy for years, and remains, with older objectives and initiatives having contemporary relevance. To avoid repetition of the same policies and move forward, the design principles and assumptions that have underpinned previous policy need to be reset.

4.2 Key policy messages

In conclusion, future policy work should be designed with the following in mind:

- continuing professional development should not only be linked with mandatory training leading to revalidation, but also with opportunities for career advancement and progression;
- the existing workforce has an important and substantial production function, which needs to be recognised, rewarded and supported;
- the newly registered nurse, at the point of registration, is not the finished product. Investment in the development of the newly registered nurse is important to ensure safe and quality care, and to retain high calibre staff;
- responsibility and funding for post-qualification education need not lie exclusively with employers, but shared between all relevant parties (NMC, HEE, DH).

4.3 Next steps

HEE by commissioning Lord Willis as Independent Chair to lead the Shape of Caring Review has taken a significant step forward in reconciling the different areas of contention among key stakeholders, bringing together diverse sources of evidence and weaving a pathway for the future. Considering that future demands on the health service are likely to increase exponentially it is crucial that the workforce is supported in order to respond to these successfully. There needs to be investment in CPD that reflects the diverse needs of the nursing workforce and the changing profile of the current and future patient as much as workforce. This needs to be linked with nurses' career pathways, enabling them to make the transition from newly registered to advanced practice nurse across different domains appear seamless.

Aligning with the recommendations set out in the NHS Five Year Forward View (2014), such as the creation of integrated out of hospital care pathways, and the characteristics of the future workforce envisioned by HEE (2015), is the requirement for new hybrid roles that can provide care across primary and acute care systems. All these signal enhancing the skillset of the current workforce as well its capacity to work differently across boundaries.

As the needs of the primary and community care sectors continue to increase, we are faced with the inevitable realisation that we cannot produce enough GPs to

speed and scale in order to meet the increasing demand. This could well be met by scaling and speeding up the production of advanced and specialist nurses. The development of an articulated career framework for nursing will go some way to address this, but this will require investment.

Over the past decade we have witnessed growth in the numbers of healthcare professionals (HEE 2015), however, while the consultant workforce grew most by nearly 50% the nursing workforce grew least by 11%. One reason identified by HEE for this discrepancy is that prior to 2012 the planning processes for doctors and nurses happened in isolation, with post-graduate medical numbers decided first, thus reducing the opportunity to consider the relative priorities across all parts of the workforce. Moreover, any investment in the development of the current workforce was considered only after money had been committed to new medical and nonmedical commissions.

Currently, the creation of a national workforce planning process by HEE allows many of these issues to be addressed. There is now a single process that can connect the local with the national, bring together decisions about the medical and non-medical workforce, and the relative investment between existing and new staff in one place. This alignment of workforce planning practices by HEE is a historic first and opens the opportunity for the logics of those planning systems to also be aligned, along with those staff numbers across career pathways. The challenge is for that ambition to translate into long-term planning across the career cycle making short-termism a thing of the past.

5. References

Aiken, L., Rafferty, A.M. & Sermeus, W. 2014, "Caring nurses hit by a quality storm: Low investment and excessive workloads, not uncaring attitudes, are damaging the image of NHS trusts, argue the authors of groundbreaking research into Europe's nurse workforce", *Nursing Standard*, vol. 28, no. 35, pp. 22-25.

ANCC. 1997, "ANCC Magnet Recognition Program®", Online: <http://www.nursecredentialing.org/magnet.aspx>

Ball, J. 2005, "Maxi nurses. Advanced and specialist nursing roles", RCN, London.

Caird J., Rees R., Kavanagh J., Sutcliffe K., Oliver K., Dickson K., Woodman J., Barnett-Page E., Thomas J. 2010, "The socioeconomic value of nursing and midwifery", EPPI Centre

Carter, M.R., Tourangeau, A.E. 2012, "Staying in nursing: what factors determine whether nurses intend to remain employed?", *Journal of Advanced Nursing*, vol. 68, no. 7, pp. 1589-1600.

Choudhry, N.K., Fletcher, R.H., Soumerai, S.B. 2005, "Systematic review: the relationship between clinical experience and quality of health care", *Annals of Internal Medicine*, vol. 142, no. 4, pp. 260-273.

Department of Health (2007) "Modernising nursing careers: Setting the direction", London: DH.

Department of Health (2008a) "Towards a Framework for post-registration Nursing Careers: Consultation Response Report", London: DH.

Department of Health (2008b) "Next Stage Review: High Quality Care for all", London: DH.

Department of Health (2008c) "A High Quality Workforce", London: DH.

Department of Health (2008d) "Framing the Nursing and Midwifery Contribution driving up the quality of care", London: DH.

Department of Health (2010a) "Preceptorship framework for nursing", London: DH.

Department of Health (2010b) "Advanced level practice: A position statement", London: DH.

Delamaire M.L., Lafortune G. 2012, "Nurses in advanced roles: a description and evaluation of experiences in 12 developed countries", OECD Health Working paper No 54.

Dicenso A., Bryant-Lukosius D. 2010, "Clinical nurse specialists and nurse practitioners in Canada: a decision support synthesis", Canadian Health Services Research Foundation

Donald, F., Martin-Misener, R., Carter, N., Donald, E.E., Kaasalainen, S., Wickson-Griffiths, A., Lloyd, M., Akhtar-Danesh, N., DiCenso, A. 2013, "A systematic review of the effectiveness of advanced practice nurses in long-term care", *Journal of Advanced Nursing*, vol. 69, no. 10, pp. 2148-2161.

European Commission. 2015, "Study concerning the review and mapping of continuous professional development and lifelong learning for health professionals in the EU." Available: ec.europa.eu/health/workforce/docs/cpd_mapping_report_en.pdf.

Gijbels, H., O'Connell, R., Dalton-O'Connor, C. & O'Donovan, M. 2010, "A systematic review evaluating the impact of post-registration nursing and midwifery education on practice", *Nurse Education in Practice*, vol. 10, no. 2, pp. 64-69.

Gillett, K. 2014, "Nostalgic constructions of nurse education in British national newspapers", *Journal of Advanced Nursing*, Online first.

Guest D, Redfern S, Wilson-Barnett J, Dewe P, Peccei R, Rosenthal P, Evans A, Young C, Montgomery J, Oakley P. 2001, "A preliminary evaluation of the establishment of nurse, midwife and health visitor consultants" London, King's College London

Hardie, H., Leary, A. 2010, "Value to patients of a breast cancer clinical nurse specialist", *Nursing Standard* vol. 24, no. 34, pp. 42-47.

Hayes, L.J., O'Brien-Pallas, L., Duffield, C., Shamian, J., Buchan, J., Hughes, F., Laschinger, H.K.S. & North, N. 2012, "Nurse turnover: a literature review—an update", *International Journal of Nursing Studies*, vol. 49, no. 7, pp. 887-905.

Health Education England. 2015, *Investing in People: Workforce Plan for England*. London, HEE

Hurst, K. 2015, "Personal communication based on data extraction from The Nursing Quality Database", 29th January 2015

Kennedy, F., McDonnell, A., Gerrish, K., Howarth, A., Pollard, C. & Redman, J. 2012, "Evaluation of the impact of nurse consultant roles in the United Kingdom: a mixed method systematic literature review", *Journal of Advanced Nursing*, vol. 68, no. 4, pp. 721-742.

Leary, A. Oliver, S. 2010, "Clinical nurse specialists: adding value to care." London, Royal College of Nursing

National Health Service. 2014, "Five Year Forward View". London, DH

National Nursing Research Unit. 2008, "Career Planning in a Changing Landscape: Do Nurses Need Support?" Policy Plus Issue 10, London, King's College London

Newhouse, R., Stanik-Hutt, J., White, K., et al. 2011, "Advanced practice nurse outcomes 1990-2008: a systematic review", *Nursing Economics*, vol. 29, no. 5, pp. 1-21.

Oliver, S. & Leary, A. 2012, "Return on investment: workload, complexity and value of the CNS", *British Journal of Nursing*, vol. 21, no. 1, pp. 32.

Patterson, C. 2011, "Care to be a nurse? BBC Four Thought (in conjunction with Royal Society for the Arts). Radio broadcast, Sunday 4 May 2011. BBC Radio 4", Online: <http://www.bbc.co.uk/programmes/b010mrzt#synopsis>

Pattenden, J., Coulton, S., Spilsbury, K. et al. 2008, "The development and impact of the British Heart Foundation and Big Lottery Fund Heart Failure Specialist Nurse Services in England: Final Report." York, University of York

Philippou, J. 2011, "Career Management in Nursing: An Examination of the Views of Employers and Employees." London, King's College London

Philippou, J. 2015, "Employers' and employees' views on responsibilities for career management in nursing: a cross-sectional survey", *Journal of Advanced Nursing*, vol. 71, no. 1, pp. 78-89.

Rafferty, A.M. 1996, "The Politics of Nursing Knowledge", Psychology Press.

Ream, E., Wilson-Barnett, J., Faithfull, S., Fincham, L., Khoo, V. & Richardson, A. 2009, "Working patterns and perceived contribution of prostate cancer clinical nurse specialists: a mixed method investigation", *International Journal of Nursing Studies*, vol. 46, no. 10, pp. 1345-1354.

Robinson, S., Murrells, T. 1998, "Developing a career in the mental health services: guidance for student nurses", *Journal of Psychiatric and Mental Health Nursing*, vol. 5, no. 2, pp. 79-88.

Schostak, J., Davis, M., Hanson, J., Schostak, J., Brown, T., Driscoll, P., Starke, I. & Jenkins, N. 2010, "Effectiveness of Continuing Professional Development: A summary of findings", *Medical Teacher*, vol. 32, no. 7, pp. 586-592.

UKCC. 1986, "Project 2000: A New Preparation for Practice", London, UKCC

Willis Commission. 2012, "Quality with Compassion: the future of nursing education." London, Royal College of Nursing

Further copies of this report can be obtained from:

National Nursing Research Unit
Florence Nightingale Faculty of Nursing & Midwifery
King's College London
James Clerk Maxwell Building
57 Waterloo Road
London SE1 8WA

Email: nuru@kcl.ac.uk

NNRU website:

<http://www.kcl.ac.uk/nursing/research/nuru/>

© King's College London 2015