Graduate Nursing

The analysis of how many of our nurses are currently educated to degree level is happening in trusts at the moment and Mary Lewis, Senior Workforce Planner, NHS South Central is working very closely with them. There are variations but there will be a higher number in acute trusts.

In what way will there be a difference between the existing graduate nurses from the new ones? New programmes will have new standards and there will be revalidation. Outcomes in patient care may be an indicator.

The job description, which is the same at the moment for diplomats and graduate nurses, will need to take account of the differences in the future.

Employing new graduates could be a risk. Existing nurses may feel devalued. Will the expense of employing graduates be the best value? We might need more experts; look at service priorities and where the graduate nurses are needed, expertise may be more valuable. If the graduates are to be used as team leaders then the graduate programme will need to contain more leadership knowledge.

Katherine Fenton, Head of Clinical Standards and Workforce and Suzanne Rankin, Deputy Chief Nurse, NHS South Central, are working on how to assess if there has been an improvement since training.

The key issue is what can graduate nurses do that others can’t and what should they be doing that’s different to the existing nursing workforce now.