The year 2015 will herald a fundamental change in the nursing workforce in England. This is when the first cohort of all-graduate nurses will enter practice. The change will have an impact on existing staff, including healthcare support workers. Career pathways, continuing professional development and mentoring could all be affected.

It is unclear as yet whether the entire existing nursing workforce will then have to be trained to graduate level. What is clear is that adjustments must be made to the training and education for all nursing staff, and South Central is gearing up to bring these adjustments in.

South Central’s Deputy Chief Nurse Suzanne Rankin says that the Department of Health will provide some direction, but the SHA began its own engagement and planning in January, in partnership with NESC and other stakeholders.

Ms Rankin believes that the profile of the entire nursing workforce will need to be examined, taking into account Agenda for Change Bands and the Knowledge and Skills Framework. ‘Where will emerging roles, such as the assistant practitioner (AP), fit? What roles or functions may graduate nurses take on? I would not take the line that you have to have a degree or you are out. It is not a “one size fits all” approach.’
Debate: All-graduate Nurses

Fiona Barber (right), Sister on the Dialysis Unit at the Churchill Hospital, Oxford Radcliffe Hospitals NHS Trust, will see a difference in her working environment

The message is that this is about developing people rather than just developing a workforce.

The main stumbling block is cost, warns Ms Sheldon. Because bursaries are available for diploma but not degree courses, many nursing students step off the training path at diploma level and complete their degrees while in employment. Therefore the Department of Health will have to examine extending bursaries to degree students. She emphasises that nursing support (to encourage its diploma nurses to undertake a new curriculum) will need to be ongoing for some time and they will get support from the university’s study skills advisers and internally,” says Nicola Clark, Associate Director of Nursing (Learning Disabilities) at the Hampshire Partnership NHS Trust. She believes the biggest challenge will be to ensure there are enough degree-educated mentors for the all-graduate nursing workforce.

Finding mentors

Ms Gillow’s solution is to think creatively. She questions whether all nurses have to be mentored by other nurses. ‘Nurses can have different mentors at different times of their development’ – for example, it could be a physiotherapist mentor if they are on a rehabilitation pathway’.

Nurse directors are also expecting an increase in demand for post-qualifying training and higher-level qualifications when the all-graduate workforce comes on stream. Ms Gillow is already talking to local EHS to ensure there are more opportunities to access higher-level training as advanced practitioners will need to have gained, or be working towards, a Master’s. ‘More nurses will be wanting to undertake higher-level qualifications right up to clinical PhDs and this will need to be examined in terms of overall workforce planning.’

Ms Gillow’s solution is to think creatively about the academic nature of a degree. She adds that a publicity campaign is needed to communicate to the general public the changes in the workforce. ‘This needs to happen in a very sensitive way,’ she says.

Despite the challenges ahead, all four of our interviewees are fully supportive of the move to an all-graduate nursing workforce. But they emphasise the need to ensure that the nurses who are not degree-educated but possess a huge amount of nursing skill and experience are not discounted. Development of the AP role is key.

Ms Clark concludes: ‘The message is this is about developing people rather than just developing a workforce.’

For further information please contact Suzanne Rankin at suzanne.rankin@southcentral.nhs.uk or Lesley Sheldon at lesley.sheldon@nesc.nhs.uk

Do you have any questions or comments on this article? We want to hear your views. Email nesceducation@nesc.nhs.uk

Debate: All-graduate Nurses

A new order

Ms Sheldon acknowledges that some nursing directors might want to vary one such Nursing Director. She says: ‘We have to be clear about where healthcare support workers can take over some of the tasks and interventions of the qualified nurse. Some change in skill mix will apply – we do not know what exactly yet – and there will be fewer Band 5s. I’d rather we saw their skill being used to manage care. We need more nurses at Band 6 and 7 so the workforce is fit for purpose.’

She envisages APs taking on more care management responsibilities for groups of patients without complex needs under the supervision of qualified nurses. They could also supervise Band 3 and Band 2 HCAs.

There will be no difference in what diploma-holding nurses and their degree-holding colleagues do at Band 5, Ms Gillow adds, but the latter may have a greater understanding of the application of research. Support for the diploma nurses who do not go on to complete degrees is essential, she adds, throughout the transition period. ‘They are, and must be made to feel, valued.’

Education to match

Ms Sheldon says that future commissions and the shape of education programmes will be based on what nursing directors and directors of commissioning need to underpin their service delivery models. ‘We could introduce a new curriculum enabling students to start at the same level but to exit after two years and become APs or exit at three years and register as a nurse. The framework could be flexible enough to reflect changing service requirements,’ she says.

There are other questions to address. ‘Simply turning off diploma training and re-directing all aspiring nurses to a graduate programme is not likely to be a viable option,’ says Ms Rankin. ‘The question is “how much of a hill is there to climb?” And what are the resource implications in terms of cost, support, mentorship and programme capacity?’

Ms Gillow’s trust has been encouraging its diploma nurses to take up extra credits for many years and she believes that many do not realise how close they are already to achieving a degree.

‘We would encourage a nurse with a diploma to go up to degree level, perhaps over several years,’ she says, ‘but I would not take the line that you have to have a degree or you are out. It is not a “one size fits all” approach.’

Some nurses haven’t done academic work for some time and they will get support from the university’s study skills advisers and internally,” says Nicola Clark, Associate Director of Nursing (Learning Disabilities) at the Hampshire Partnership NHS Trust. She believes the biggest challenge will be to ensure there are enough degree-educated mentors for the all-graduate nursing workforce.

Finding mentors

Ms Gillow’s solution is to think creatively. She questions whether all nurses have to be mentored by other nurses. ‘Nurses can have different mentors at different times of their development’ – for example, it could be a physiotherapist mentor if they are on a rehabilitation pathway’.

Nurse directors are also expecting an increase in demand for post-qualifying training and higher-level qualifications when the all-graduate workforce comes on stream. Ms Gillow is already talking to local EHS to ensure there are more opportunities to access higher-level training as advanced practitioners will need to have gained, or be working towards, a Master’s. ‘More nurses will be wanting to undertake higher-level qualifications right up to clinical PhDs and this will need to be examined in terms of overall workforce planning.’

Her colleague Celina Eves, the Head of Midwifery and Divisional Lead Nurse at Buckinghamshire Hospitals NHS Trust, agrees that the new degree-educated nurses will have to be stretched and that the professional development work of her trust will need to be strengthened, formalised, and linked to the Knowledge and Skills Framework, as has already been achieved in midwifery in her trust.

An all-graduate nursing workforce is not free from risk. There could be a reduction in recruitment, with some potential candidates not confident about the academic nature of a degree. For Ms Gillow, the way to deal with this is through communication and PR, both externally and internally, with a strong focus on developing Band 3 and 4 HCAs.

Ms Eves is also concerned about recruitment, particularly the possibility that RCAs may be deterred from moving into nurse training in the future. Her trust is already looking at how it supports maternity support workers in moving up to Band 4 so that the gap to degree level isn’t as wide. There are also specific challenges in recruiting on to undergraduate mental health and learning disability nursing programmes, adds Ms Clark. ‘At the moment, students on these programmes are often local people who have worked in local services and they might not be the most academically prepared for a degree programme. This might result in fewer recruits and might necessitate the expansion of the existing secondment arrangement between NESC and trusts to enable these recruits to be better supported,’ she says.

Opening up bursaries

The main stumbling block is cost, warns Ms Sheldon. Because bursaries are available for diploma but not degree courses, many nursing students step off the training path at diploma level and complete their degrees while in employment. Therefore the Department of Health will have to examine extending bursaries to degree students. She emphasises that nursing support (to encourage its diploma nurses to undertake a new curriculum) will need to be ongoing for some time and they will get support from the university’s study skills advisers and internally,” says Nicola Clark, Associate Director of Nursing (Learning Disabilities) at the Hampshire Partnership NHS Trust. She believes the biggest challenge will be to ensure there are enough degree-educated mentors for the all-graduate nursing workforce.

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