

The changing face of student nurse education and training programmes

The debate regarding entry to nursing has often centred on the struggle between the needs of the profession, that is to say, what nursing wants from its registered practitioners, and past and present governments' directives surrounding 'widening participation' for entry to nurse education and training programmes. This paper presents an overview of the changes that pre-registration nurse education and training has undergone from the influence of Florence Nightingale to university-based degree education for all student nurses.

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KEY WORDS

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Nurse education and training is moving to an all-degree profession from 2013 raising the current minimum diploma level registration standard. This paper presents an overview of the policy changes that have influenced pre-registration education and training from the influence of Florence Nightingale to the present day.

Influence of Florence Nightingale

From the 1860s nurse training was undertaken in hospitals, which was mainly attributed to the influence of Florence Nightingale with the most well-known and influential training school being the Florence Nightingale School, set up at St Thomas's Hospital, London in 1860. Abel-Smith (1960) identified the desire to create a new

profession for women, an outlet for the moral enthusiasms of Victorian ladies and a respectable alternative to the work of the governess for the economically marginal female members of the middle class. Training influenced by Nightingale was based upon a two-year training programme with the students being referred to as probationers, each being paid £12 per year for wages, £110 for board and lodgings and £32 for washing and the use of the furniture, no probationer was expected to finance their own training. The entry criteria had been decided in private negotiations and, therefore, it is impossible to say which criterion was utilised (Dingwall, et al. 1988).

Registration of nurses

Nurses have not always been registered. It was as a result of the Nurses Registration Act, 1919, that the General Nursing Council (GNC) was established with the duty of setting up a register of nurses. Between September 1921 and December 1938, a total of 97,028 general female nurses registered, compared with 435 males on their own supplementary register; the 1931 census indicated only 100 males identified their occupation as nursing (Dingwall et al, 1988). In 1949, the male part of the register was amalgamated with the other constituent parts, with 108 schools of nursing accepting male probationers. Additionally, the GNC recognised four supplementary registers:

- ▶▶ Sick children's nurses
- ▶▶ Mental nurses
- ▶▶ Male nurses
- ▶▶ Fever nurses.

Changes to admission criteria for nurse education

Platt Report 1964

The Platt Report (Royal College of Nursing [RCN], 1964) recommended that the standard of entry to nurse training should be five subjects at General Certificate of Education level (ordinary level). The students would receive a training grant and would pursue a course of controlled clinical experience for two years, with a third year under supervision as a paid member of the team. The state enrolled nurse (SEN), who was required to complete two years' training rather than the three-year training programme required of a state registered nurse (SRN), would also receive a training grant. Once the training programme was completed, the SRN would have their name placed on a professional register, whereas the SEN would have their name placed on a roll. The report concluded that nursing should be able to offer a course that could attract and retain students who might otherwise have chosen to go to university or some other form of higher education (RCN, 1964). The RCN wanted to be able to equip students with the skills to assume responsibility of leadership when qualified. However, the report

was criticised by the GNC (1969) who questioned the move away from the vocational ethos of nursing.

The first course leading to a degree in nursing was accepted at the Welsh School of Medicine in 1969, with a number of other degrees in nursing being introduced at various universities in Wales during the 1970s. Following publication of the Platt Report, students remained employees, effectively a member of staff; students were funded by the Regional Health Authorities and paid a basic grant.

Briggs Report

The Briggs report published in 1972 reviewed the role of the nurse and midwife in the hospital and community. The committee recommended that all students start on the same course, consisting of an 18-month foundation course leading to a certificate in nursing practice. A further 18 months would allow the student to register with a higher certificate in a particular branch of nursing or midwifery. Recommendations from the Briggs Report were not implemented until 1979 as the basis for the Nurses, Midwives and Health Visitors Act. This 1979 Act and the subsequent Bill passed through the House of Commons marked the decisive break with the apprenticeship tradition of nursing (Bradshaw, 2001).

The purpose of the Bill was to establish one statutory body concerned with basic and post-basic training in Great Britain, with an advisory board for Scotland. By 1977, the Department of Health (DH) accepted that this should be the United Kingdom Central Council for Nursing, Midwifery and Health Visiting (UKCC) with four national boards, all with midwifery committees. The Briggs report suggested the development of 'joint appointments' to aid in the bridging of the gap between education and service. He envisaged that this role would bring together the roles of the trained teacher and practicing trained nurse, thereby helping to bridge the theory practice divide.

1977 syllabus recommendations

The emphasis of teaching at this time

was based on the 'medical model' of disease approach to care, despite the 1977 syllabus stating that nursing should be viewed in terms of the nursing process. The clinical teaching was by the ward staff, who were expected to instruct the students in practical nursing, making use of the clinical opportunities as they occurred on the ward (Jacka and Lewin, 1987).

The 1979 Nurses, Midwives and Health Visitors Act

It took seven years from the publication of the 1972 Briggs report to its implementation as the basis for the 1979 Nurses, Midwives and Health Visitors Act (House of Lords [HoL], 1979). The Bill included the reorganisation of nursing bodies and developing a new structure that would explore the training needs of the three professions; creating a framework within which decisions could be made.

Judge Report — RCN Commission on Nursing Education (1985)

The move to higher education institutions for nurse education was initiated by the Judge Report (RCN, 1985a). The Commission was concerned about the large numbers of student nurses who required supervision from trained staff while on placement, and that the attrition rate for student nurses was high at 15–20%, with a further 30% failing to meet the qualification criteria. The commission believed that the curriculum needed to be broader and to encompass subjects such as sociology and psychology.

The Judge Report (1985) recommended the:

- ▶▶ Transfer of nurse education to the higher education sector
- ▶▶ Student status
- ▶▶ A three-year course starting with a one-year foundation course, a second year in adult nursing and a third year in a speciality.

English National Board (ENB) proposals for education

The ENB proposals assumed a model of nursing that concentrated on health promotion and disease prevention. The traditional model of nursing as caring for the sick was seen as marginal; nursing was envisaged as being a complex and

sophisticated activity with the curriculum being designed to match these presuppositions (ENB, 1985).

The ENB proposed that there should be:

- ▶▶ A common core initial training followed by qualification in specialisms
- ▶▶ Supernumerary status for the students
- ▶▶ Collaborative links between health service institutions
- ▶▶ Preparation in both hospital and community for mental health, mental handicap nursing and paediatric nursing
- ▶▶ Programmes of post-initial education
- ▶▶ Single category of nursing teacher.

It was suggested that the first year would be theory-centred; the second year would be application-centred with supernumerary practice, with the third year being practice-centred and salaried.

Project 2000

The implementation of Project 2000 courses began gradually from September 1989, with the National Audit office (1992) reporting concerns among managers regarding nurses' practical skills and whether or not they would be capable of contributing effectively to the ward teams on registration. The publication of the ENB Regulations and Guidelines for the Approval of Institutions and Courses (1993) allowed for the freedom of educational institutions to individualise their own curricula, stating that curricula should produce a 'knowledgeable doer' who was capable of competent and research aware practice.

The ENB (1994) identified five categories to be covered:

- ▶▶ Nursing
- ▶▶ Development of the individual
- ▶▶ Human growth and development
- ▶▶ Definitions of health, wellness, illness, care and cure
- ▶▶ Health care systems.

The guidelines (ENB, 1994: 2) aimed to facilitate approved institutions and their service partners to develop, implement and evaluate innovative, practice-orientated pre-registration

nursing programmes, which:

- ▶ Prepared individuals to work in a wide range of rapidly changing health services
- ▶ Were flexible, adaptable and directed towards current and future needs
- ▶ Were relevant to local patterns of service provision while being consistent with national healthcare policies
- ▶ Reflected on contemporary educational thinking
- ▶ Met statutory and regulatory requirements and, where applicable, European Directives.

The importance of nurses understanding the European and wider international context of health care was being identified, with the ENB recommending that, where possible, the learning outcomes of curricula should reflect the European and wider international context in which learning to be a practitioner took place. Furthermore, the ENB (1994) recommended that curriculum development should be a collaborative venture with teams representing the key stakeholders from education and practice areas, including students. The ENB suggested that curriculum developers should refer to the 10 key characteristics of expert practice contained within the Board's Framework for Continuing Professional Education (ENB, 1991) to promote articulation between the Common Foundation Programme and the Branch Programmes.

Clinical assessors were identified by the ENB, now referred to as mentors, who would be responsible for the collection of information to serve as a basis for the student/assessor discussion about knowledge, skills, understanding and attitudes. The assessor was to observe directly the student's performance in practice and liaise with relevant colleagues to discuss the student's overall performance. Integral to this was the importance of students compiling and maintaining a portfolio of learning. The purpose was to provide cumulative information regarding each student's achievement and progress, demonstrating

the relationship of theory to practice. The portfolio would allow for the recording of any 'cause for concern,' comments by assessors or academic staff could also be written in the student's assessment documents. The ENB (1996) produced guidelines that included the student's record of initiatives demonstrating analytical and problem-solving skills, learning contracts and outcomes, reference to relevant reading and the application of research findings, and the student's achievement of outcomes and learning through reflection.

The curriculum and assessment would now contain descriptors that discriminated how the acquisition of knowledge, skills and attitudes should be applied and assessed at different academic and professional levels. The student would be able to demonstrate competence within practice through the achievement of learning outcomes in both theory and practice (ENB, 1997: 24 & 25). The ENB (1997) stated that curricula should be founded on professional and academic knowledge, practice and education which, where possible, were evidence/research-based. The methods of assessment were not prescribed and therefore subject to interpretation. The effectiveness of the learning environment was to be evaluated through student evaluations, student achievement of clinical competencies and relevance of the placements to the curriculum objectives. The success of clinical placements in enabling students to achieve their competencies was to be determined through continuous clinical assessments, board of examiners' reports and external examiners' reports.

However, concerns regarding the content of curricula were raised in the nursing press. Macleod Clark et al (1996) claimed that students were learning too much theory at the expense of practical skills, with the underpinning educational philosophy being one of health promotion rather than disease management. They believed that this marked a shift of emphasis in the content of the curricula from the biomedical towards the psychosocial, and from the practical to the theoretical.

While in placement the emphasis for the students was on performing tasks and on what the nurse could do, rather than the application of theory to practice.

A new preparation for practice

The ENB (1985) had published their strategy that included a common core initial programme leading to qualifications in each speciality, direct entry to district nursing, midwifery and health visiting, and student status for two years with collaborative links between higher and further education. The comments from these documents were utilised by the UKCC to finalise their report on the Project 2000 recommendations.

The UKCC were concerned about educational quality and mode, the service/education compromise and that, they believed, the current system of education was so closely linked to service that it isolated the majority of students and staff from broader fields of education (UKCC, 1986: 10). They alleged that the needs of the learner were being subordinated to the needs of the service sector, with students being relied upon to provide the labour in a system of constant replacement for the wastage of trained staff. Recruitment remained a concern for the UKCC, with a declining number of 18-year-olds wanting to undertake nurse-training programmes. In addition, there were continuing criticisms of initial nurse preparation, with these criticisms centring on the theory practice gap, fragmentation, divisions and overlap between different programmes and a lack of progression from teachers and managers.

The UKCC issued their document entitled, *Project 2000: A New Preparation for Practice* (1986) that was a joint exercise with the four national bodies, the English National Board for Nursing, Midwifery and Health Visiting (ENB), National Board for Nursing, Midwifery and Health Visiting for Scotland (NBS), Welsh National Board for Nursing, Midwifery and Health Visiting (WNB), National Board for Nursing, Midwifery and Health Visiting for Northern Ireland (NBNI). The terms of reference for

Project 2000 were; to determine the education and training required in preparation for the professional practice of nursing, midwifery and health visiting in relation to the projected healthcare needs in the 1990s and beyond, and to make recommendations.

The main recommendations were:

- ▶ A three-year programme with a common foundation programme of two years and one year in branch, the total programme to lead to a Diploma in Higher Education
- ▶ Branches to include midwifery, adult nursing, children's nursing, nursing the mentally ill and mentally handicapped
- ▶ Second level training to be phased out
- ▶ Full student status, with no contribution to rostered service
- ▶ Improved educational facilities and the development of links with the higher education sector.

The UKCC recommended that there should be a new registered practitioner, competent to assess the need for care, provide care and monitor and evaluate care, in institutional and non-institutional settings. Students should be supernumerary to NHS staffing establishments throughout the period of their training. The registered practitioner would monitor a new helper grade and teachers would have opportunities for further training and full participation in wider educational activities. The practitioner of the future would be a 'knowledgeable doer' and a 'networker' (UKCC, 1986).

The final proposals were amended to allow for a 20% student contribution to service due to the high cost of student status and the relative shortage of qualified practitioners in the clinical areas. The UKCC saw the implementation of Project 2000 as the means to develop a nursing programme that intertwined both theory and practice, they argued that:

The programme should aim to provide the student with a knowledge and understanding of the individual in society and should be soundly grounded in the behavioural sciences. All this should form the background

for the development of nursing theory, thus enabling students to develop and apply the theory in the practice setting under supervision.

(UKCC, 1986, p.46)

They also proposed that there should only be one level of qualified registered practitioner and to achieve this the SEN training was to cease with those nurses, who so wished, being offered the opportunity to 'convert' their status to that of registered nurse (SRN). Student nurses would now be recognised as a learner rather than a worker, and, as such, would be supernumerary. They would be paid via a non-means tested bursary paid by the DH (Burnard and Chapman, 1990).

The Making A Difference curriculum

Following the implementation of Project 2000 and subsequent evaluation of pre-registration nursing courses in the UK, recommendations from the Dearing Report (DoE, 1998); *Making A Difference* (DH, 1999a) and *Saving Lives: Our Healthier Nation* (DH, 1999b) created an impetus for change from professional, political and educational perspectives. The UKCC (1999) established a Commission for Education with the remit to prepare a way forward for pre-registration nursing and midwifery education that enabled fitness for practice based on healthcare needs, with particular regard to:

- ▶ Contemporary and anticipated needs of health care
- ▶ Outcomes-based competency approach to fitness for practice
- ▶ Sound assessment of practice and its integration with theory
- ▶ Nature and standards for the teaching of nursing and midwifery
- ▶ Positioning in relation to possible interprofessional approaches where appropriate.

The commission recommended widening the access gate to pre-registration programmes and that the common foundation programme should be reduced from 18 to 12 months in length, with all branches learning together to:

- ▶ Provide a firm foundation for the rest of the programme, comprising

50% theory and 50% practice with accreditation for both components defined

- ▶ Be outcomes-based, the theory taught would support the practice
- ▶ Be shaped by the individuals prior academic and/or experiential learning
- ▶ Provide study skills and information technology training.

The DH (1999a) wanted pre-registration nursing programmes to demonstrate a stronger practical foundation allied to greater emphasis on clinical practice placements and the achievement of clinical competencies at the point of registration.

Nursing and Midwifery Council (NMC)

It is important to note that the UKCC was superseded by the Nursing and Midwifery Council (NMC) in April 2002, at the same time the English National Board was also abolished and its quality assurance function was taken over by the NMC.

Nurse education programmes 2011 — all-degree education

Nursing and midwifery account for a large share of public spending, including over £13bn spent in 2009 on NHS pay and pre-registration education alone (DH, 2010). The DH (2010) stated that a recent review of the standards of pre-registration nurse education concluded that new programmes of nurse education should better reflect changes in healthcare delivery and equip newly-qualified nurses to work competently and flexibly across healthcare settings. The NMC (2009) had already announced that by 2013, the minimum academic award for pre-registration nursing programmes in the United Kingdom would be a degree, with the DH's (2008) report on workforce planning, education and training exploring workforce planning issues relevant to nurse education in higher education and recommending moving to an all-graduate profession.

For those registered nurses and midwives who do not currently possess a degree, the DH (2010) have suggested that they must be fully supported if they wish to obtain a relevant degree and

that this should become a requirement for all nurses in leadership and specialist practice roles by 2020.

Summary

Nurse education is not static and has evolved since Florence Nightingale and her training schools. One of the most noticeable changes has been the movement out of schools of nursing based on hospital sites, to university-based education. In addition, the ethos is to make nursing a more academic form of training rather than one that is based on the 'apprentice' style of learning. The move to an all-degree profession will present challenges but should be viewed as positive, ensuring that nursing is recognised as a profession rather than the nurse being seen as a 'hand maiden' to medical staff. **WUK**

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Key points

- ▶▶ Nurses have not always been registered, it was as a result of the Nurses Registration Act, 1919, that the General Nursing Council (GNC) was established with the duty of setting up a Register of Nurses.
- ▶▶ The Platt Report (RCN, 1964) recommended that the standard of entry to nurse training should be five subjects at General Certificate of Education level (Ordinary Level).
- ▶▶ The move to Higher Education Institutions for nurse education was initiated by the Judge Report.
- ▶▶ Nursing and midwifery account for a large share of public spending, including over £13bn spent in 2009 on NHS pay and pre-registration education alone.
- ▶▶ Nurse education is not static and has evolved since Florence Nightingale and her training schools.