

Modernising nursing careers *setting the direction*



Modernising nursing careers

setting the direction

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The purpose of this report

No one can doubt that health care services across the United Kingdom are going through a period of profound change. More change will be needed if we are to continue to provide a health service that is free according to need and that keeps the trust and support of the public. Wherever they work, nurses will be aware of how health care is changing and wondering what it all means for their careers.

The four United Kingdom chief nursing officers established the modernising nursing careers initiative in 2005/6. It forms part of an overarching programme of work covering all the main health care professionals. A UK-wide group of nursing leaders formed the Modernising Nursing Careers Board, chaired by Christine Beasley, Chief Nursing Officer for England (See Annex 1 for membership). This report is the outcome of their discussions, a series of national stakeholder workshops, and the views of nursing colleagues from all parts of the health services across the four countries and including the independent sector. The report is for frontline nurses, nurse leaders, education and workforce planners, commissioners and employers to use locally to develop nursing careers.

The four countries will take forward the actions in this report to modernise nursing career structures throughout the United Kingdom.

This report sets the direction for modernising nursing careers. The priorities focus on the careers of registered nurses, but it is recognised that nurses do not work in isolation and nursing teams include more than registered nurses. Nursing careers also need to take account of changes in the careers of other professional groups. Importantly, this report recognises that careers take different forms: while some will choose to climb an upward ladder of increasing responsibility and higher rewards, many other nurses choose a more lateral career journey, moving within and between care groups and settings. Our actions are for all nurses no matter what the nature of their career.

Nursing careers must respond to the profound changes taking place in the structure of health care delivery and the need for nurses to exercise leadership to bring about change. We hope this report will open the way for flexible, diverse and rewarding careers for all nurses.

This report is only the beginning. More work will need to be done by many stakeholders to take forward the priorities and actions set out at the end of this report.

Message from Martin Bradley, Chief Nursing Officer, Northern Ireland



In Northern Ireland we are in the process of one of the largest organisational changes seen by our public services in a generation. We are developing new structures which will bring our community and hospital services into single organisations and will allow us to exploit the potential of our integrated health and social care services.

The challenging new targets for service delivery will require a fundamental rethink and redesign of our current systems. We need to harness the skills and competencies of the whole system – primary care practitioners, community nurses, and allied health professionals to work together with colleagues in the hospital sector to meet the needs of patients and their families.

As nurses what we do affects every single person in Northern Ireland at some time in their lives. We help people to live healthier lives, support those with a disability or chronic disease to achieve their full potential, and care for those who are terminally ill and help them have a dignified death.

The next ten years will bring an ever greater pace of change and difficult dilemmas on where to focus our health and social care resources. Rather than wait passively for the tough choices to emerge, we must look ahead, act now and prepare for the future.

This will require meaningful engagement with the public if we are to avoid a system which becomes unresponsive to need and find ways for the public to take greater ownership of, and become actively involved in promoting their health and wellbeing.

Modernising Nursing Careers, with its emphasis on putting the patient at the centre of everything we do, sets out the direction of travel for our profession. I look forward to working with you in achieving this vision for a health and social care service that invests in health and wellbeing, is responsive and integrated in its approach and actively involves people.

A handwritten signature in black ink that reads "Martin E. Bradley". The signature is written in a cursive style.

Belfast
September 2006

From **Christine Beasley**, Chair of the Modernising Nursing Careers Board and Chief Nursing Officer, England

“The world of nursing is changing rapidly, patient and user expectations are increasing and health reforms are altering professional roles and how services are delivered. In this report, we have looked at what nursing careers need to look like in the future and make recommendations to ensure a rewarding career for nurses as well as a confident, high quality service for patients and users.

I would like to thank all those people who have contributed to this report and for helping us take the first step on the journey to modernising nursing careers.”



London
September 2006

The context of nursing is changing

Nursing is changing almost as rapidly as the context in which it is practised. As a dynamic profession, nursing is responsive and is adapting to meet the needs of patients and the public. Across the United Kingdom nurses have taken on new roles, work across boundaries, and are setting up new services to meet patients' needs. Now is the time to take stock, consider what these changes mean for nursing careers, and ensure that nursing is fit for the future.

All modern health care systems are facing major global and societal changes. A number of factors lie behind government policies to reform the way the health service works.

- Society in the UK today is more complex, giving rise to greater social, cultural, racial and geographical diversity.
- There are more people in the older age range so long term conditions are more prevalent. As a consequence demand for health and social care will continue to rise.
- Major causes of morbidity and mortality such as heart disease and some cancers can respond well to preventative measures, but these frequently require life style changes which can be hard to achieve.
- Health is not distributed equally and inequalities continue to be a major challenge.
- The working population is smaller so fewer people are available to enter the profession.
- People's expectations of health care are changing. They are more knowledgeable and expect to be treated as partners and equals, and to have choices and options available to them.
- Rapid advances in technology mean more effective treatments as well as the ability to provide care in different settings.
- The cost of new treatments and new information and communication technologies means a greater focus on value for money.

Key changes

The number of people aged over 85 years is projected to rise by nearly 75% by 2025.

Over 15 million people in the UK currently have a long term condition, and as the number of older people is projected to increase across the UK by between 18% and 23% so this number will increase.

Obesity rates have doubled in the last 10 years and potentially lead to a rise in strokes, heart attacks and Type 2 diabetes. It is estimated that 1 in 4 people will be obese by 2010.

Infant mortality rates vary from 1.6 per 1000 live births in Eastleigh, Hampshire to 9.8 per 1000 live births in Birmingham.

Smoking is still the single greatest cause of illness and premature death in the UK, killing at least 86,500 people a year and accounting for a third of all cancers and a seventh of all cardiovascular disease.

Health care is changing

Health services in the UK are undergoing unprecedented reform backed by massive extra investment. This reform programme is transforming the way health care is provided.

The reform programmes across the UK are:

- putting the needs and preferences of patients, users and the public, rather than those of professionals, at the forefront of decisions about patterns of services
- focusing on integrated care based on individualised pathways across local health economies and social care
- enabling much more choice for individuals
- improving the care of people with long term conditions
- laying greater emphasis on prevention, health promotion and supporting self-care
- moving more care outside of acute hospitals into the community and people's homes
- providing incentives for working in new ways.

Massive investment in reform

The NHS budget in England has doubled since 1997 and will have trebled by 2008 when it reaches £93.6 billion.

In Northern Ireland there has been a 35% increase in health and social care spending over the last three years, with £3.8 billion being spent in the current year.

In Scotland the health care budget has increased by 76% since 1999 to £8.9 billion.

The health and social services budget in Wales has doubled to £5.1 billion since 1999.

Throughout the UK these reforms are underpinned by consultations that show what people are looking for from health services. They want:

- choice about services
- more care available outside hospital and closer to home
- to take personal responsibility for their own wellbeing and to be supported in caring for themselves
- better care for those with long term conditions.

What patients say about care that is effective and meets their needs:

"I am only small, but now I feel tall. Now I can hold my head up high"

(Now I feel tall, DH 2005)

While significant improvements have already been made there still remains much to be done if we are to continue to have a world class health care system in a rapidly changing environment.

Some key achievements

Waiting lists are at their lowest since records began.

In Northern Ireland virtually no patient is waiting longer than 12 months for any treatment.

Throughout the UK 19 out of 20 people at A&E are dealt with within four hours.

Mortality from heart disease across the UK has fallen by 20% and for some cancers by 10%.

What will this mean for the way nurses work?

The success of the health care reforms depends on the contribution of nurses: they are responsible for delivering the care that patients want. Nurses know that if they are to meet patients' needs in a variety of care settings, the values of their profession must remain.

Wherever nurses work, there are four elements to the nurse's role. Across the UK these elements link to the core and specific dimensions of the generic NHS Knowledge and Skills Framework and so provide a sound structure for future developments.

Elements for all nurses

Practice

Education, training and development

Quality and service development

Leadership, management and supervision.

Nurses will continue to care for people who cannot care for themselves, support and empower people with long term health care problems to care for themselves, and to help people to promote their own health. This will apply to children, young people, adults and older people.

Nurses' roles and responsibilities will continue to change in line with the health reforms that are improving care for patients. The nursing workforce will need to:

- organise care around the needs of patients
- ensure patients have a good experience of nursing as reputations of organisations and patient choice will rest on the quality of nursing
- work in a range of settings, crossing hospital and community care, and use telemedicine
- have the skills and competencies to care for older people and people with long term conditions, who may have both physical and mental health needs
- be able to use preventative and health promotion interventions
- work for diverse employers, and take opportunities for self-employment where appropriate
- have sufficient numbers of nurses with advanced level skills to meet demand
- work as leaders and members of multidisciplinary teams inside and outside hospital, and across health and social care teams
- work with new forms of practitioners, for example assistant practitioners and anaesthesia practitioners
- deliver high productivity and best value for money.

Individual nurses' stories have been used to illustrate how modern nursing careers can develop.

Modern nursing career

Sag trained and worked as an enrolled nurse before leaving to work for a bank for four years. Returning to nursing she worked in care of the elderly then moved to the community rehabilitation team. After qualifying as a first level nurse she moved to the independent sector for two years before returning to the NHS as ward manager. She worked as a nurse consultant then became associate director of integrated services and now manages 200 staff and a budget of £6.2 million. Her experience of all parts of the career pathway has driven her ambition to improve patient care.

4 Nursing and nursing careers today

By taking on new and enhanced roles and responsibilities, nursing has been instrumental in delivering the improvements in patient care in recent years. Nurses have already played a vital part in reducing waiting times, making services more accessible and improving the quality of care.

Since 1997 there has been major investment and change in nursing.

- There are 85,305 more nurses in the NHS in England, 4,295 more in Scotland and 8,228 more in Wales.
- The number of student nurses in training across the UK has increased since 1996.
- Over 18,000 nurses have returned to the NHS in England since 1999.
- 50,000 nurses in the UK can prescribe for their patients, with over 7,000 being able to prescribe from the whole British National Formulary.
- New senior clinical roles such as clinical nurse specialists, nurse consultants, and modern matrons and community matrons in England ensure experienced and highly skilled nurses stay close to patient care.
- The Chief Nursing Officer's 'ten key roles' for nurses in England has given them the legitimacy and authority needed to assume new responsibilities, like the freedom to admit and discharge patients.
- Changes in the law enable nurses in primary care to become partners in general practices or run nurse-led primary care practices and the white paper, *Our Health, Our Care, Our Say* (DH, 2006) signals new options for nurses to be entrepreneurial.

- Scotland are developing a set of clinical quality indicators that will enable clinical leaders to demonstrate the impact of the nursing team on the delivery of safe and effective care.
- Tools like *Essence of Care* and *Fundamentals of Care* have been introduced to support nurses caring for patients.
- Over 30,000 nurses in the UK have benefited from leadership programmes since 1997.
- In Scotland a review of the role of the senior charge nurse will assist in the creation of modern charge nurse roles to enable frontline clinical leaders to maximise their contribution to delivering safe and effective care.

Modern nursing career

Lancia is a nurse clinician with a masters degree. She works as part of a multiprofessional community nursing team and has a caseload of people with acute and chronic problems. Her focus is to improve holistic care while keeping people out of hospital. She is an independent prescriber and refers direct for admission and consultant opinion. She is becoming involved in commissioning and in how advanced nursing practice can contribute to modern health care services.

Modern nursing career

Craig's career in psychiatric nursing found him specialising in the care of older people. However, after a few years he was ready for a new challenge but remained committed to improving care for older people. The solution? Craig works part-time as assistant manager in a care home for older people and part-time in a drug detoxification unit mainly for young people.

Modern nursing career

Megan started her career as a care assistant in the community and gradually took on a small caseload of families working with the health visitor. During that time, she gained more knowledge and skills in the field. She has recently taken up a new role with the community children's nurse supporting children with asthma and their families.

Nursing has been supported in this by radical workforce reforms that have increased capacity, capability and flexibility and introduced new roles and freedoms. Working conditions have improved to help people achieve a better work-life balance and through pay modernisation, Agenda for Change has harmonised conditions of service and provided a more transparent system of reward and staff development.

Modern nursing career

Charlie spent four years in the army, owned a building company and ran a market stall before working as an NHS volunteer. After working as a healthcare assistant he joined the local cadet scheme, went to university at 50 years of age and is now staff nurse on a stroke unit. He values the effective mentoring arrangements that are available and his aim is to make the unit a place of excellence for stroke care.

A feature of workforce reform has been the move towards a competency-based work system to drive service and role redesign. Through Agenda for Change we now have a national NHS careers framework that provides the opportunity to break down traditional occupational boundaries, enables greater movement and transferability of skills and provides better career opportunities for all staff. Key to these changes will be effective mentoring arrangements.

Modern nursing career

Patricia started her nursing career in mental health, followed by general nursing. She then became involved in HIV and AIDS work, which took her to Oxford, Los Angeles and Johannesburg. She became interested in end of life care and moved into palliative care, and now has a role which combines lecturing in the undergraduate programme with leading the palliative care team in a district general hospital. She continues to have a combined career linking education with hands-on clinical care while maintaining her interest in mental health and uses those skills in her work with patients with breathlessness, for example brief interventions and cognitive behavioural therapy.



Nursing careers for tomorrow

Nurses are vital to achieving the health care reform programme. We need to make sure that nurses have a career structure which enables them to work in different care settings, to take on changed roles and responsibilities, develop a varied mix of skills, to pursue education and training when they need it, and to develop both generalist and specialist skills as they require them.

To highlight what will be different in the future we have compared traditional nursing careers with those we need to see in the future.

Modern nursing career

Anne started her career in nursing practice and became a ward sister. She moved to a corporate management post to manage complaints in the acute sector before pursuing an interest in telehealth and information technology with NHS Direct. This experience has taken her along a different path into national leadership helping to develop new IT systems for nursing.

Modern nursing career

Laura was a late entrant to nursing working on a temporary contract with her local trust for several years whilst her children were young. She then pursued a successful career in nurse teaching and research before establishing a small consultancy business. Now looking at retirement Laura has scaled down her business and restarted temporary work with NHS Professionals.

Nursing careers

Coming from  Going towards

Outdated image of nursing careers dominated by media stereotypes	An up-to-date picture of nursing careers characterised by opportunity and diversity
A nursing workforce focused on hospital based care	Care taking place in and outside hospital with the workforce moving between. Nurses starting their career in the community
A single point of entry to nursing	A career framework that allows nursing to 'grow its own' with multiple entry points for those taking up nursing as a second career or as mature entrants
Working for the NHS as a single employer	Plurality of provision offering alternative employers and employment models including NHS Foundation Trusts, self employment and social enterprises
An education system with a one size fits all approach, struggling to balance academic and practical learning and reflective of health care today not tomorrow	A flexible principle-based curriculum that is built around patient pathways, with a strong academic foundation and interdisciplinary learning
Linear careers characterised by increasing specialisation or promotion out of practice with penalties for those stepping off or changing pathway	A framework that supports movement between career pathways, practice, management and education, and that values and rewards different career types
Increasing specialisation and sub-specialisation	Better balance of generalists and specialists to provide integrated networks of urgent, specialist and continuing care
Careers defined by discipline or setting	Careers built around patient pathways using competence as the currency for greater movement and flexibility
Career structure with few opportunities for assistants	A career structure with increased number of assistants working as part of multidisciplinary teams
No standardisation of advanced level skills	Standardisation of advanced level skills
Organisation-based careers with a proliferation of titles	Patient pathway-based careers focusing on nursing roles rather than titles
Role dictated by title	Nursing roles defined according to patient need – to provide intervention that is timely, accurate and swift
Nursing teams hierarchically managed	Nursing teams more self-directed and professionally accountable
Nurses involved mainly in giving care	Nurses leading, co-ordinating and commissioning care, as well as giving care, to bring about change measured by health gain and health outcomes
Care dictated by custom and practice	Care based on evidence and critical thinking and assisted by new technology

These shifts in the direction of travel for modern nursing careers will promote greater movement and diversity than ever before. People will be able to move between clinical, management and academic careers and into different organisations and sectors. A nurse in care or service delivery might move between the health service (NHS), independent and third sector¹, or increasingly into social services, housing and schools. As more services are delivered in or closer to home, there will be many opportunities for nurses in acute settings to follow patients and work wholly or partially outside hospital. Some nurses will start working in the community and will spend all or most of their careers there developing effective models of care.

Careers in education and research might take place in or between service and the university; leadership might take people into directorships or chief executive posts; into government, professional or employee organisations as well as regulation. All types of career can lead to social enterprise through self-employment, franchised services or small business operations.

Modernised nursing careers should encourage movement and progression but also provide rich opportunities for those who want to stay where they are and to work as locally as possible. They should also support more personalised career paths that meet the need and aspirations of individuals at different stages in life.

There are already examples of nurses who have developed careers that reflect the modern career structure that we want to see for all nurses.

¹ Includes local community and voluntary groups, registered charities, foundations, and social enterprises and co-operatives.



Towards modern nursing careers: priorities and action

Four key priority areas have been identified that need to be addressed. To create modern nursing careers that are fit for purpose we need to:

- Develop a competent and flexible nursing workforce
- Update career pathways and career choices
- Prepare nurses to lead in a changed health care system
- Modernise the image of nursing and nursing careers.

The Department of Health in England and the devolved administrations² of Northern Ireland, Scotland and Wales will now engage stakeholders on these priorities making links to existing initiatives wherever possible.

Where appropriate actions will be taken forward across the four countries. In some instances the action will be country specific. Discussion is underway across the four countries to set out the details of implementation for each action.

2 These will be referred to as 'the Health Departments' in the priorities and action.

Priority: Develop a competent and flexible nursing workforce

Rationale: Nurses should be prepared for different patterns of care, in particular, caring for older people, working with the whole family, meeting mental health needs, supporting self care, rehabilitation, integration across the health and social care system and working outside hospitals. They need to be competent to deliver high standards of nursing care as well as new and advanced clinical interventions. They need to be able to provide high quality services and value for money. Pre- and post-registration learning needs should therefore be planned and funded to take account of patient needs and the changes identified in this report.

Nurses will take responsibility for care co-ordination, standards of care and leading the nursing workforce as part of multidisciplinary teams.

There will be a need to manage changes in supply and demand and to plan for advanced level and specialist roles, balancing local provision and access with plurality, diversity and choice. Investment in 'growing' senior and advanced nurses from within the existing workforce will be important.

We also need to address the current inflexibilities and barriers in nursing that get in the way of integrated care for patients, restrict the ability to redeploy resources to shortage areas and limit career opportunities for staff. These currently exist between the branches, different parts of the register, education, research and service, and the public and independent sector.

Nurses also need a sense of identity and confidence in their specific contribution to multidisciplinary teams. Pre- and post-registration education will need to increase the flexibility and responsiveness of the nursing workforce to health service changes.

Action

The Health Departments will work with others to explore whether changes are needed to the content and level of the pre-registration programme. Initially we will scope the changes that have already been made to support new patterns of care, and flexible careers.

The Health Departments will work with stakeholders to map nursing roles and competencies to the national NHS careers framework with proposals for a competency passport scheme.

The Health Departments will work with stakeholders to review the career pathways and educational preparation required for specialist and advanced roles.

These are major pieces of work so more detailed information on process and timescales will be published in 2006/7.

Priority: Update career pathways and career choices

Rationale: Nursing careers in the future will be shaped by the needs of patients and clients. They will encompass the wide range of new and advanced roles, clarify the contribution of specialist and generalist roles and show how they fit with the wider workforce. Nursing careers in the community are a priority area for development.

Nurses should all feel confident to work with a wider range of providers and new organisational models. Careers will need to take account of the global nature of the nursing workforce. Renewed effort will be needed to ensure a critical mass of high quality educators supporting academic and practical learning.

Action

The Health Departments will work with key stakeholders to review the career pathways and educational preparation required for nursing in the community, focusing on public health, long term conditions and acute care³. This will include supporting acute nurses to follow services from hospital to community⁴, and in Scotland reviewing nursing in the community.

The Health Departments will initiate a review of educator roles and career paths spanning service and education. More detailed information on the scope and timing to emerge 2006/7. It will draw on the UK Clinical Research Collaborative work on clinical academic careers and recommendations from the Strategic Learning and Research Advisory Group (StLaR).

Tools to support career choices, such as career navigation aids, will be produced⁵.

The UK chief nursing officers will work with the new and existing independent sector providers on supporting modern careers for nurses.

3 This includes first contact care.

4 This work will be taken forward in England in partnership with NHS Employers.

5 This will be taken forward in England with NHS Careers.

Priority: Prepare nurses to lead in a changed health care system

Rationale: Nurse leaders of the future will need to deliver ever-improving quality and productivity and have business and entrepreneurial skills. Nurses need to have greater confidence to engage in strategic decision-making and business issues and to achieve the maximum gain from nursing skills and better health outcomes for the public. If frontline leaders, including modern matrons and nurse consultants, have these skills it will build leadership capacity and provide this group of nurses with alternative career options.

Nurses will play a central role in patient choice and developing a quality driven service. This is an area where nursing is already active but where we need to be pro-active to ensure there is leadership development in this area. Nurturing ability, fast tracking and career development opportunities for key leaders at board level will be important.

Nurses will also continue to lead ever-changing skill mixed teams. They will need to know how to maximise the contribution of individuals and the team so that they are patient focused and quality orientated.

Developing leaders in education and research will need to overcome the current divisions between service based and academic careers, with their separate career paths and employment arrangements.

Action

The Health Departments will work with key stakeholders to provide information for the profession on the nursing responsibilities of leading and co-ordinating care.

The Health Departments will work with stakeholders to nurture ability and develop fast track schemes for future nurse leaders.

Work on these actions will commence in 2006/7.

Priority: **Modernise the image of nursing and nursing careers**

Rationale: We need to attract the best and most suitable people into nursing, promote a more accurate view of what nursing involves and reflect the different motivations and career choices of today. Nurses should be encouraged to consider a wider range of employment options for their career in health. Everyone in the profession needs to promote a public image that reflects the constant values of nursing with its caring role, along with opportunities for the complex and varied roles of nursing today.

Action

The Health Departments will work with stakeholders to agree and communicate key messages about nursing and nursing careers⁶, including information for the public on 'what nurses can do these days'. To be available by early 2007.

⁶ This work will be taken forward in England with NHS Careers.

Annex 1

Membership of the Modernising Nursing Careers Board

Professor Christine Beasley, Chief Nursing Officer, Department of Health, England (Chair)

Gail Adams, Head of Nursing, UNISON

Obi Amadi, Lead Professional Officer, Amicus (CPHVA)

Sir Jonathan Asbridge, President, Nursing and Midwifery Council (*until July 2006*)

Dr Neil Brimblecombe, Director of Mental Health Nursing, Department of Health

Professor Tony Butterworth CBE, Professional Advisor on Nursing and Professions, NHS Employers

Guy Cross, Account Manager Workforce Directorate, Department of Health

Kathy Fodey, Nursing Officer, Department of Health, Social Services and Public Safety, Northern Ireland

Nic Greenfield, Acting Director of Workforce, Department of Health

Karen Lockhart, Nursing Officer Education and Regulation, Scottish Executive Health Department

Paul Loveland, Head of Education Training and Development, Department of Health

Professor Dame Jill Macleod Clark, Deputy Dean of the Faculty of Medicine, Health and Life Sciences, Head of School of Nursing and Midwifery, University of Southampton, and Chair, Council of Deans and Heads of UK University Faculties for Nursing and Health Professionals

Ros Moore, Professional Officer Acute Care Nursing and Research, Department of Health

Maureen Morgan, Professional Officer Policy and Practice, Department of Health

Jane Naish, Policy Advisor, Royal College of Nursing

Chris Pearson, Director of Development, Skills for Health

Catherine Powell, Nurse Advisor, Department for Education and Skills

Deborah Sturdy, Nursing Advisor Older People, Department of Health

Noel Scanlon, Director of Nursing, East and North Hertfordshire NHS Trust, and Nurse Directors Association

Janice Sigsworth, Deputy Chief Nursing Officer, Department of Health

Louise Silverton, Deputy General Secretary, Royal College of Midwives

Robert Tunmore, Nursing Officer Communications, Department of Health

Professor Graham Wilcox, Professor of Clinical Geratology, University of Oxford

Sula Wilshire, Director of Quality and Professional Development, Oxford City Primary Care Trust

Jean White, Nursing Officer, Welsh Assembly Government

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