

# Section Four

## The Consultation Questions

This section sets out the questions for consultation and instructions for submitting your response. Although many of the questions concern nursing or are targeted directly at nurses, we welcome responses from others including other professions, service managers, patients and the public.

### **How to submit a response to the consultation**

#### **Responding on line**

Once you have read the consultation document in full you can access the online questionnaire **via the Chief Nursing Officer's Website** [www.dh.gov.uk/cno](http://www.dh.gov.uk/cno). Click on the consultation web link that takes you directly to the online questionnaire, hosted by the Centre for the Development of Health Policy and Practice at the University of Leeds. Once you have completed the questionnaire, your response is automatically transferred to a secure database ready for analysis and a website link will be available to take you back to the Department of Health's website.

#### **Responding by post**

Once you have read the document in full print out Section Four and return by post to the following address:

Centre for the Development of Healthcare Policy and Practice  
Room 4.12  
School of Healthcare  
Baines Wing  
University of Leeds  
Leeds LS2 9UT  
United Kingdom

Please note that the consultation will last for three months and will close on 15 February 2008.

If you have any queries contact Hazel Gibbons at the Department of Health on [hazel.gibbons@dh.gsi.gov.uk](mailto:hazel.gibbons@dh.gsi.gov.uk) who will direct you to the most appropriate person. This section sets out the questions for consultation organised into four parts.

## Part 1 – Demographic Questions

### 1.1 Have you replied to this consultation document?

- a) on behalf of an organisation
- b) on behalf of a service or team
- c) as an individual

Please describe your interest in responding to this questionnaire

**See comments below**

### 1.2 How long have you been qualified as a nurse?

- <5 years
- 6-10 years
- 11-20 years
- 21+ years

### 1.3 What age group are you in?

- <25 years
- 26-35 years
- 36-45 years
- 46-55 years
- 56+ years

### 1.4 Ethnic Origin

#### Asian or Asian British

- Indian Caribbean
- Pakistani African
- Bangladeshi
- Any other Asian background background

#### Mixed

- White and Black
- White and Black
- White and Asian
- Any other mixed

**Black or Black British**

- Caribbean
- African
- Any other Black background background
- Chinese

**White**

- British
- Irish
- Any other White
- Any other ethnic group

**1.5 Gender**

- Male
- Female

**1.6 Do you have a disability?**

- Yes
- No

**1.7 What level is your role on The NHS Careers Framework (or equivalent)?**

- 1
  - 2
  - 3
  - 4
  - Student
  - 5
  - 6
  - 7
  - 8
  - 9
  - Other
- Please specify

See comments below

**1.8 In what setting do you work?**

Hospital

Community based care

GP Practice

Voluntary sector

Local Authority

Higher/further education

Other

Please specify

**See comments below**

**1.9 On what part(s) of the NMC register are you registered?**

**Nurses**

<b>Nurses</b>					
Level 1 Nurses			Level 2 Nurses		
Field of practice	Registration entry code	Tick	Adult	Registration entry code	Tick
Adult Mental Health Learning Disabilities Children	RN1, RNA RN3, RNMH RN5, RNLD RN8, RNC		Adult Mental Health Learning Disabilities General	RN2 RN4 RN 6 RN 7	
<b>Midwives</b>					
Field of practice	Registration entry code				
Midwifery	RM				
<b>Specialist Community Public Health Nurses</b>					
<b>Field of Practice</b>			<b>Registration Entry Code</b>		
Specialist Community Public Health Nursing			HV		
Specialist Community Public Health Nursing			SN		
Specialist Community Public Health Nursing			OH		
Specialist Community Public Health Nursing			FHN		
Specialist Community Public Health Nursing					

**See comment below**

**1.10 What is your highest nursing qualification?**

- Certificate
- Diploma
- Degree (e.g.)
- Masters Degree
- Doctorate

**1.11 Had you heard of Modernising Nursing Careers (MNC) prior to this consultation?**

- Yes`
- No

**1.12 If yes, where did you hear about MNC?**

- CNO Bulletin (via DH email alert)
- Work colleague
- Work meeting
- Manager
- Clinical supervisor
- Nursing press
- Other ...

Please specify

This response is submitted by the Community Practitioners' & Health Visitors' Association which is part of Unite. Unite is the UK's largest trade union with 2 million members across the private and public sectors. Our members work in a range of industries including manufacturing, financial services, print, media, construction and not for profit sectors, local government, education and the health service.

The Health Sector of Unite-Amicus is comprised of seven professional associations

- Community Practitioners and Health Visitors' Association, (CPHVA)
- Guild of Healthcare Pharmacists, (GHP)
- Medical Practitioners' Union, (MPU)
- Society of Sexual Health Advisers, (SSHA)
- Hospital Physicists' Association, (HPA)
- College of Health Care Chaplains, (CHCC)
- Mental Health Nurses Association, (MHNA)

The membership of the CPHVA includes health visitors, school nurses, district nurses, community children's nurses, practice nurses and community mental health nurses. This response has been formulated following ten consultation events across the United Kingdom as well as discussions with members of our professional forums for education, research, health visiting and school nursing.

## Part 2 – The Need for Change

### 2.1 Do you think that there is a need for change in post-registration career structure?

Yes

No

Not decided

Please give your reasons why?

The framework for continuing professional development (CPD) currently provides scope for nurses to develop their career in the direction of specialist practice, nurse practitioner and consultant nurse. Within this trajectory there is opportunity for nurses to work within clinical nurse specialist roles which have been given a high profile within the Department of Health's National Service Frameworks, for example, Diabetes and Renal services and have proven that they are able to provide improved care and subsequent reduced morbidity for clients with these conditions<sup>1,2</sup>. The framework also enables nurses and midwives to progress their career towards specialist practice for example within the roles of health visitor, district nurse, and school nurse and community children's nurse. These roles each have a significant profile in helping the Government to achieve the high standards of care for children, families and communities<sup>3,4,5</sup>. There is also opportunity within the current framework for the nurse to develop along a specialist route within their main areas of practice, for example, the health visitor working with homeless families or the health visitor or nurse delivering the family – nurse partnership programme<sup>6</sup>.

The current framework allows nurses to undertake evidence based education as complete programmes or as individual modules which are completed over time. We would consider this to be a good and appropriate career framework for nurses because it is grounded in the philosophy of education. A robust education base within the nursing career framework means that all programmes and modules are quality assessed and validated to ensure that the content and delivery mechanisms are appropriate for the outcomes that are to be achieved. The mechanisms for monitoring quality within higher education also confirm that those who are delivering the programmes/modules are competent to do so.

We recognise that in recent years there has been underinvestment in health visitor training and education and a lack of recognition of the skills necessary to ensure that those within the profession continue to be fit for practice and purpose. However, the CPHVA strongly believe that this is a reflection of the loss of control of the health visitor curriculum which dates back to 1992 when control for health visitor education was given to the United Kingdom Central

Council (UKCC) <sup>7</sup>. It is important to note that despite this underinvestment it is extremely rare to find that a health visitor is under investigation by the NMC Fitness to Practice Directorate. This indicates that the current post registration career structure for education and training must be meeting the requirements and standards for contemporary practice <sup>8</sup>.

The features that must be changed within the current structure are related to the provision of sufficient funding for post qualification education and continuing professional development. The recent reduction in the budget for continuing professional development has severely inhibited the ability of nurses and health visitors to undertake career progression.

## **2.2 Do you think the framework in Section Two of this document helps to describe a positive way forward for nursing careers?**

- Yes
- No
- Not decided

Please give your reasons why?

The proposed framework does not provide a career pathway for the nurse who wishes to progress his/her career in terms of specialist practice whether this be as a health visitor, district nurse, school nurse or community children's nurse. Currently this education programme leads to a qualification that enables practitioners to work autonomously with clients and families in a variety of settings, for example, the home, the community, health and non – health environments.

Furthermore, it is illogical to develop a career framework which does not include midwives especially when there is such potential for overlap. For example the data show that more than 50% of health visitors are midwives who have followed the traditional career route when they have families and bring with them a wealth of skills. This has apparently been demonstrated by those who have been delivering the Family-Nurse Partnership model. It is imperative that midwives too are given the opportunity to develop along a career framework.

It is not clear in the proposed framework what the 'coherent set of universal skills and competences' for specialist practice refers to. Specialist practice is undertaken by practitioners who have gained expert skills and knowledge by completing specific programmes of education. This enables them to draw on a body of robust theoretical and professional knowledge which facilitates their ability to critically discriminate between different elements of situations <sup>9</sup>. It is not possible for practitioners to achieve this level of practice if they have merely been trained to undertake specific tasks in a particular way. For

example, in the last year alone Unite/CPHVA knows of at least one University that has only been able to recruit 14 practitioners to a Specialist Community Public Health Nurse programme and Primary Care programme despite having commissions for 38 places and receiving over 100 applications for each route. This was because the applicants were not prepared educationally or professionally for the radical change from registered nurse to specialist practitioner.

We would therefore suggest that it is not possible to achieve specialist practice by providing a structure which promotes the collection of a set of general skills and knowledge and would therefore not support this proposal.

### **The 5 proposed pathways**

The proposed model is an employment model rather than a career framework. It is not appropriate to measure the progression of a career on the basis of an employment framework like Agenda for Change as this model proposes. There is no evidence in the document of evidence which supports the proposals that are being made. Are they based on opinion or are they research based? It is important to note that other health care professions, for example medicine has a high degree of professional involvement in the development of their curricula. This is evident by its absence in the current proposals. The standards for specialist post registration practice are monitored and set by the medical royal colleges and in so doing are standardised for all new registrants. The development of a career framework for the nursing profession must be lead by a professional body which is able to consider the needs of the profession, the requirements for service provision and the financial implications of education. The body must be able to standardise the curricula so that nurses undertaking particular programmes of education and training are receiving the same experience and programme content. Currently there is evidence of a post code lottery of skills<sup>10</sup>.

This is why the CPHVA is calling for separate registration for public health practitioners in statute. This will ensure public protection because public health practice will be given equal status to that attributed to nursing and midwifery.

We do not consider it appropriate to use a care pathway approach when developing a post registration nurse career framework. This is because many client groups cross care pathways and nurses/health visitors/registrants must be able to adapt their practice in response to the needs of the client/ client group. Hence they must have the opportunity to complete programmes of education that allow them to gain a wider experience. Rather we advise that education and training is targeted to the two key themes of:

- Nursing
- Public health practice

We would also seek to maintain the entry gate for public health practice from

midwifery.

We are also concerned that there is no indication in the proposals about the decision process for stipulating these pathways (research evidence or majority opinion). For example the children, public health and family health pathway is not sufficiently public health specific and also lacks specificity in terms of requirements for specialist children's nurses. It is important to acknowledge in any career framework that they are distinct areas of practice in their own right. The danger of clumping them together will be that one area of practice is acknowledged more than the other two. For example mental health nursing requires much more attention than it is awarded in this framework in order to ensure that the burden of mental illness is acknowledged and measures taken to reduce the cost in terms of morbidity and finance.

### **Nurses would 'major' in one pathway and 'minor' in others**

The idea of the major and minor pathways is extremely confusing and will be difficult to manage in practice because of the lack of clarity it provides in terms of the professional focus and the audit trail. This in turn will result in an inability to undertake accurate and effective audit which will thereby lead to an inadequate level of public protection/safety. The model does not acknowledge the level of skill and knowledge required by the nurse nor does it acknowledge the complexity of the individual components within the pathways, for example, the children, public and family health, mental health and psychosocial care. The components appear to have been added together in an ad-hoc way. Our members are concerned that this ad – hoc clumping together will result in a minimalist approach to attaining knowledge and skills where nurses are only able to retain just enough knowledge and skill to meet the requirements of all the components within the pathway and will thereby lack the required specialist knowledge.

It is imperative that the future career framework for the nursing profession must measure and acknowledge level/degree of educational achievement and not merely the progression of individuals along a pay scale. The later does not provide any measure of competence, skill progression and maintenance or quality assurance. The only way offered within this framework for acknowledging career progression is when the nurse achieves promotion within the Agenda for Change banding system, for example, from a band 5 job to a band 6 job. This does not provide a career framework for a nurse who has chosen to leave a high banded job, for example, senior registered nurse within secondary care to undertake a specialist practice education programme to become a district nurse. The nurse will be moving her/his career forward but may not be achieving a higher banding scale within Agenda for Change in the initial stages of this progression.

The CPHVA is calling for clarity in the terminology used to denote career progression. It is imperative that the proposed career framework acknowledges the importance of using both Advanced Practice and Specialist

Practice because of the potential they have to facilitate and denote career progression. In explanation, advanced practice refers to the nurse/health visitor who has progressed academically to Masters level or above and who is able to apply this level of cognition in practice. Moreover, specialist practice refers to the nurse/health visitor who has specific theoretical and professional/tacit knowledge to deliver expert, high quality and focused care to a specific client group. The National Institute of Health and Clinical Excellence (NICE) provide a plethora of ways in which this must be demonstrated in practice, for example, the promotion of breastfeeding and the promotion of antenatal and postnatal mental health <sup>10, 11</sup>.

CPHVA asserts the need to recognise the inherent difference between advance practice and specialist practice and advancing levels of practice, which refers to the progression of practice in the absence of a definitive end point.

### **2.3 Is the framework flexible enough to accommodate changes you see happening to nursing careers in the future?**

- Yes
- No
- Not decided

Please give your reasons why?

Our members are concerned that there is no definition provided for the word “flexibility” in the proposals and this must be made clear in any subsequent models. Indeed the nurse of the future will need to be able to adapt and apply her/his skills and knowledge in a variety of settings/environments because of the changing nature and delivery of health care and subsequently nursing care<sup>12</sup>. The proposed framework does recognise some of the areas in which nurses will need to develop skills and knowledge. However, the groupings are far too wide and the implication of this will be to:

- Exclude pertinent specialist skills and knowledge
- Exclude important components of the pathways e.g. children, family and public health are all important components in themselves and require different knowledge and skills for different situations. This grouping does not give sufficient scope for nurses to develop skills and knowledge required to care for sick children nor does it give sufficient scope for nurses to develop specialist skills and knowledge to undertake public health nursing

- There is a danger that the specialities within these pathways will get subsumed by the component which has the potential to be delivered at low quality and low cost, for example, community mental health nursing will be subsumed within psychosocial care which is less clearly defined and less easy to measure in terms of quality assurance

It is important that any model for a career framework does not take nurses along the route of being 'jack of all trades and master of none'. The proposed model appears to be taking the nurse back to a time when they fulfilled a handmaiden role because they merely responded to workload need. What is required is a robust evidence based career framework that provides opportunities for the nurse to develop specialist skills which allows her/him to lead, plan and prescribe expert nursing and health visiting care.

#### **2.4 If this framework was adopted could it have a positive effect on other professions?**

- Yes
- No
- Not decided

Please give your reasons why?

It is not clear what this question is asking. In terms of the other professions it would seem pertinent to think that this question is asking us to comment on the effect that this model would have on the non-regulated professions, for example, the assistant practitioners because it is anticipated that this group of people will be delivering 'nursing care' in the future<sup>13</sup>. This would be the group of people who are at associate level on the proposed framework. The only way in which this framework would benefit this group of people is if they were successful in applying for a higher banded job. This may be possible within this framework because of the absence of measurement criteria for assessing attainment in terms of education and professional qualifications. The proposed framework is however, likely to have a negative impact on the medical professions because of the resultant lack of clarity that it provides in terms of skills training and education attainment. This means that it will no longer be possible for health visitors/nurses to take on the specialist skills that they are increasingly required to do in contemporary health and social care practice.

**2.5 In the long term would the adoption of a new careers framework improve public confidence in the profession?**

- Yes
- No
- Not decided

Please give your reasons why?

Not if this career framework were to be adopted. This model is extremely complicated and it is difficult to identify the skills and knowledge that the nurse would have/be expected to have. It is anticipated that the public would not be able to identify if the nurse was competent to deliver their care. Also the areas identified for the 'minor'/cross cutting themes require a high level of skills and are specialities of care in themselves, for example, end of life care is currently undertaken by nurses who are educated to masters level in the specific area of practice and who are employed in a consultant nurse position. The same is true for nurses working in safe guarding roles. Giving these areas of nursing care a title of 'minor' implies that they do not require a high level of skills and knowledge and can be undertaken by nurses without the relevant level of education and expertise. This is likely to reduce public confidence in the nursing profession because of the potential it has for them to receive sub-optimal nursing care.

**2.6 Will the framework encourage nursing careers that start in a community setting?**

- Yes
- No
- Not decided

Please give your reason why?

There is nothing in this model to indicate that nursing care is being centred on encouraging nurses to start their career pathway within a community setting. It is not correct or appropriate to assume that the title children, family and public health will merely provide a community nursing career pathway. If this pathway remains it will have to accommodate the requirements for developing nurses who are competent to nurse children in primary, secondary and tertiary care settings. It must also acknowledge that public health is about much more than working with children and families i.e. "the science and art of preventing disease, prolonging life and promoting health through the organised efforts of society." <sup>14</sup>

## 2.7 What might be the equalities and diversities impact of the framework concerning...

### 2.7.1 Age

### 2.7.2 Disability

### 2.7.3 Gender

### 2.7.4 Race

### 2.7.5 Religion and belief

### 2.7.6 Sexual orientation

### **CPHVA Response**

Our members are not clear why this question is relevant in a consultation document that purports to be developing a career framework for post registration nurses. The proposed framework must concentrate on providing the structures that will promote career progression for all nurses.

## Part 3 - Framework Detail

### 3.1 On considering the detail of the framework do you think the pathways proposed are the right pathways?

Yes

No

Not decided

Please give your reasons why?

The framework must acknowledge the importance of education attainment. Any measure of progression must be based on an education hierarchy rather than a job assessment/evaluation system. Being able to undertake a senior role in nursing/health visiting must not be measured purely in terms of the ability to command a higher banding within Agenda for Change. This merely identifies that the practitioner has achieved the required level of activity to meet the requirements of the job description. It is an extremely regressive/reductive approach and devalues the profession. CPHVA feel that such a step would negatively impact on the profession because it would encourage nurses/health visitors to devalue their professionalism.

If this is to be a career framework rather than a job matching tool then these distinctions must be made. A higher pay banding must be the outcome of the career progression, however, the process of assessing and planning progression must be measured by the individual's knowledge, skill and education attainment.

### 3.2 Should there be any other pathways?

Yes

No

Not decided

Please give your reasons why?

The current pathways are insufficient to allow nurses to progress along a robust career trajectory that recognises the importance of education attainment and increasing expertise in professional practice.

The career framework must be staged in terms of:

- Opportunities to increase expertise in a specific field of practice
- Opportunities for education attainment

These stages will enable the nurse to plan her/his career trajectory and identify her/his progress for example,

<b>Nursing level</b>	<b>Academic attainment</b>	<b>Professional practice</b>
Registered nurse (initial post registration stage)	BSc	Providing basic and advanced nursing care in a specific area of practice
Senior Nurse position	MSc	Increasing professional expertise in a specific area of practice
Nurse consultant	PhD/Professional Doctorate	leadership, management and education responsibilities

A career framework must take steps to enable the nurse to progress in their chosen area of nursing. Progression must be evidenced by the attainment of increasing levels of education and specialist practice/expertise, rather than by merely obtaining a higher banding within Agenda for Change. This current proposal has the potential to limit career progression because there will not be any incentive to increase education attainment once the required pay banding has been achieved. It is thereby likely to negatively impact on the profession's ability to recruitment and retain appropriately educated practitioners. Nursing cannot afford to weaken its attraction to young people more than has already been the case as it competes with a plethora of other occupational routes with less unsocial hours and better pay.

The current framework is more akin to a probationary scheme/employment framework that provider services could use in order to grant promotion i.e. there is no scope within this framework for specialist practitioner, consultant nurse or for developing a clinical –academic role especially in research <sup>15</sup>.

**3.3 On considering the levels of responsibility described in the framework would it be helpful to clearly link job title, level of practice and educational attainment?**

Yes

No

Not decided

Please give your reasons why?

See comments above

**3.4 If the proposal in question 3.3 above was adopted (a clear link to job title, level of practice and educational attainment) who should take the lead on communicating this to the public.**

**Please rank in order of importance between 1- 5 (with 1 being the most important and 5 being the least important).**

Nursing and Midwifery Council

Department of Health

Health Service Employers

Professional Associations and Unions  (these are not set up to fulfill this role)

University and Colleges

Other – please specify

**CPHVA RESPONSE**

There is a need for professional leadership and clear lines of accountability to set standards for practice, assess the quality of education programmes and to monitor the quality of delivery. One way of doing this would be by creating a professional body, as the medical profession have done, for example an academy for public health practices. This would remove public health education from the Nursing and Midwifery Council (NMC) so that it is not confused with the regulatory function. This professional body would lead programmes of evidence based education, ensure consistency of programme content and monitor local and national standards of delivery. It would thereby be possible to develop standardised curricula. It essential that this is an organisation which is able to act independently of national and local financial constraints within health, health care and education provision.

**3.5 Will the framework provide a more flexible approach to skills acquisition to produce a more responsive career structure?**

- Yes
- No
- Not decided

Please give your reasons why?

The framework suggested in the consultation will merely act to reduce the quality, depth of skill and knowledge within the profession. See responses to earlier questions.

**3.6 How might existing specialist practitioner qualifications fit into this framework?**

Please give details

There is no provision for specialist practitioner qualification in the proposed framework.

**3.7 Currently the majority of Specialist Community Public Health Nurses qualifications are achieved via fully funded full time programmes of study. How should they be achieved in the future?**

Please give details

For this programme to be able to produce practitioners who are fit for practice and purpose it is important that they continue to be delivered as complete programmes over a fixed term. It is also essential that practitioners undertaking this programme of education continue to complete 50% practice and 50% theory. The suggestion would be to maintain the current way of providing this programme. The danger of providing a collection of modules that practitioners take over an unspecified amount of time is that there is a lack of consistency and no standardisation of content, for example, modules with the same title will have different content at different universities. Specialist practice qualifications are about practical and education attainment. It is not like completing a theoretical degree where modules can be accrued over an unspecified amount of time.

CPHVA would also favour a specific programme for public health practice which would be followed by those delivering public health across the lifespan with specialisation within it. Such a programme would allow for the

development of research and higher level specialist practice which in turn would influence public health outcomes. Indeed Wanless has clearly stated that this is an area where the NHS reforms is lagging and it is clear from the lack of investment by Primary Care Trusts (PCTs) that currently public health practice is undervalued<sup>16</sup>. This is despite the fact that policy advises a move to community care, early intervention and a growth of preventative interventions and better health promotion<sup>17</sup>.

## Part 4 – Wider Considerations

### 4.1 If the framework were to be introduced what three things would you change in the initial preparation of nurses?

Our members are clear in their response that the current proposed framework does not meet the requirements for a career planning and progression. However, it is still possible to suggest ways in which programmes of pre-registration nurse education must be prepared in order to enhance career progression during the post-registration period. Suggestions made by our members about how to achieve this include:

- Make entry into nursing an all graduate profession

- Make the nursing programme a generalist programme with common core elements and not a branch programme

### 4.2 If the framework were to be introduced what three key things would you need to change in the current approach to the continuing professional development?

Our members are clear in their response that the current proposed framework does not meet the requirements for a planning and providing continuing professional development (CPD). However, it is still possible to suggest ways in which CPD programmes must be prepared in order to enhance career progression within during the post-registration period. Suggestions made by our members about how to achieve this include:

- There is a need to improve the funding mechanisms for the provision and delivery of CPD. Currently the 30% cut in the CPD budget means that there is a radical reduction in level of access to CPD for nurses within the profession

- There is a need for education funding to be ring fenced in order to ensure equity and equality of access and prevent organisations/PCTs using the money to balance other budgets that they are responsible for.

**4.3 Do you think it would be a priority for existing practitioners to be supported to make the transition into the new framework?**

- Yes
- No
- Not decided

Please give your reasons why?

This question is not applicable to our response because as we have already stated we do not consider that this framework meets the requirements for planning and progressing nursing careers.

**4.4 Are you aware of any individuals, teams or services who already work in some of the ways described by the framework? If so could you give us a brief description.**

No

**4.5 Do current workforce planning models support the adoption of the new career framework?**

- Yes
- No
- Not decided

Please give your reasons why?

Workforce planning models would see this framework as a way in which to obtain 'nursing' at lowest cost. The suggested nursing career framework includes non - qualified practitioners working at associate level. The fact that the only measure of attainment is the Agenda for Change banding system means that cost will be the key factor when determining strategies for workforce planning rather than the quality, skill and knowledge base that the nurses need in order to meet client needs in the future.

#### 4.6 Do you think that nurses now expect to take more personal responsibility for developing their skills?

- Yes
- No
- Not decided

Please give your reasons why?

Nurses have always taken responsibility for developing their skills and knowledge, for example, they apply to the Nursing and Midwifery Council (NMC) on an annual basis for re-registration and work to the NMC guidance on maintaining competence and the Code of Professional Practice<sup>18</sup>. They do not receive any financial support to do this. What is important is that nurses must receive the appropriate education for their area of practice and that they are supported to achieve and maintain their professional practice skills. There must also be support and opportunity for nurses to attend education and training because currently staff shortages mean that despite nurses good intentions to maintain their skills and knowledge the demands in the workplace prevent this from materialising.

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**Please return completed questionnaire to the following address, by 15 February 2008. Thank you.**

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