



ENTRY ROUTES INTO HEALTH VISITOR EDUCATION: OPENING THE DOOR AND EMBRACING THE FUTURE

Professional Briefing

Unite the Union/CPHVA - September 2009

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■ INTRODUCTION

Health visitor education and training has been a subject of much debate since 2001 when the health visitor title was taken out of statute. Debate has increased considerably over the last few years in response to the resultant falling number of places available on education programmes for those interested in entering the profession. This has caused the closure of several programmes because they are no longer financially viable. Currently entry into the profession is known to take up to of six years because people have to complete initial registration on part one or two of the Nursing and Midwifery Council register (NMC) before they are able to apply to undertake the relevant education programme towards second registration. Many provider organisations in the UK also require applicants to have at least two years experience of working in the community, ideally within the health visitor team prior to commencement on the programme. Anecdotal evidence states that the loss of title in statute and the reduced number of places and programmes has significantly decreased the appeal of the Specialist Community Public Health Nurse (SCPHN)/health visitor programme to people who are currently not a nurse or a midwife because they must first undertake and successfully complete a three year nurse education programme to achieve initial registration.

Health visiting practice is changing as health visitors are increasingly expected to work in multi-skilled teams and with Children's Centre personnel. In England they also have new responsibilities in terms of leading the Healthy Child Programme¹. These responsibilities require new skills and an even greater need to attract the right recruits into the profession who are able to embrace Masters level education and manage the complexity of their public health and leadership roles.

In March 2009 the then Secretary of State for Health and the president of Unite the Union/CPHVA published a joint statement to launch an 'Action on Health Visiting' programme which will include examination of routes into health visiting. For some time Unite the Union/CPHVA had already been

considering different options that may be available for health visitor education programmes which would widen the entry gate for applicants with the relevant knowledge and skills. This document outlines the context for current health visitor education and describes a series of alternative routes towards qualification and entry into the health visitor profession. The aim is to explore quicker entry into the profession by an increasing number of people and to increase the appeal of the health visitor profession as a career option for those in possession of the relevant and desirable academic and experiential knowledge and skills.

The focus throughout the document will be to achieve the following three outcomes:

1. Explore ways in which to achieve entry into the profession within four years or less.
2. Explore ways in which to facilitate entry into the profession by non-nurse/midwife applicants.
3. Explore ways in which to increase the appeal of the profession as a career option for graduates in professions allied to health/nursing.

Throughout the document the term health visitor will be used to represent a practitioner who is registered as a Specialist Community Public Health Nurse with the annotation of health visitor and the term health visitor education programme will be used to represent the education programme leading to the professional award of Specialist Community Public Health Nurse (health visitor) and registration on the Specialist Community Public Health Nurse part of the NMC register.

■ THE CONTEXT OF CURRENT HEALTH VISITOR EDUCATION

Currently practitioners wishing to follow a career pathway into health visiting undertake a 52 week Specialist Community Public Health Nurse programme which enables them to develop a robust grounding in public health policy and practice, evidence based practice, discipline specific instruction and attain registration on the third part of the NMC register with the annotation of health visitor. All education programmes are delivered by higher education institutions at a minimum of degree level (academic level 6) with many being offered and undertaken at Masters level (academic level 7)². The Masters level courses offer one of two academic awards. Firstly the Post Graduate Diploma (PGdip) is awarded on successful completion of the programme without a dissertation and the Master of Science (MSc) is awarded with the successful completion of the programme including a research dissertation.

The educational underpinnings of these programmes therefore enable the qualified practitioner to be analytical, critical, assertive and innovative in the planning and delivery of care and service. They will also be able to operate as proficient practitioners as illustrated by their ability to be accountable for their actions, to work independently and to work as part of a team.

The advent of the SCPHN proficiencies in 2004 has meant that all education programmes from September 2007, leading to the annotation of health visitor on the SCPHN part of the NMC register are designed to meet these proficiencies³. Currently each higher education institution is able to design the programme based on their interpretation of the proficiencies which has led some employer organisations to suggest that this results in health visitors on qualification having different skills and knowledge depending on where they completed the programme. However, the research of Cowley and Houston, has found that this is not the case⁴.

All programmes comprise 50% practice and 50% theory. The theoretical component of the programme provides a robust grounding in public health, research, leadership and evidence based practice and the practice component provides the discipline specific elements of contemporary health visiting policy and practice. Every student undertaking the programme works on a one: one basis with a named practice teacher in the field of practice⁵. The practice teacher is a health visitor with two or more years experience in the field, who has completed an education programme to enable them to support and assess learning in practice. Practice teachers have a significant responsibility for the quality of the student's future practice hence must themselves have adequate education, training and resources to deliver this role. Successful completion of the SCPHN programme requires the student to pass the theoretical and practice components and results in the achievement of a professional and academic award i.e. Specialist Community Public Health Nurse (health visitor), MSc/PGdip or BSc (Hons) respectively.

All programmes in the UK are currently delivered on a full time or part time basis. Many of the part time programmes are designed to run over two or three years which is the prescribed maximum time to achieve registration following commencement of the programme³. Currently there is variation about the recruitment process with some higher education institutions (HEIs) working in partnership with their commissioning employer organisations (PCTs) to recruit to programmes and others undertaking the process in isolation. Unite the Union/CPHVA has anecdotal evidence which highlights that there is often a high volume of applications to programmes for example, 100-200 applications for 15 places.

However, the evidence also states that the quality of applications and applicants in terms of the skills and knowledge that they have, and their ability to illustrate the use of these skills in practice is often not sufficient to justify recruitment to the programme. This factor severely reduces the ability of these applicants to enter the profession. It is therefore imperative

that future nurse education policy acknowledges this deficit and devise strategies to enable applicants to gain the relevant skills and knowledge in preparation for application to these programmes. One way in which to achieve this is to develop a public health/primary care route as a pre-registration nurse qualification and incorporate it into the nurse education programme as a route alongside adult, children and mental health nursing.

This would produce a group of nurse students with the essential skills and knowledge to enable them to successfully apply to the health visitor programme. It would also provide a group of applicants to the programme/profession on a two-to-three yearly basis which would help to address the long term recruitment deficit experienced by the profession.

Currently students undertaking the programmes in England are funded to do so via the Strategic Health Authority sponsorship arrangement with the employing organisation e.g. Primary Care Trust (PCT) or NHS provider organisation. Funding in Wales, Scotland and Northern Ireland is via the Welsh Assembly, the Health Boards and the Local Health and Social Services Trusts respectively. The employing organisation is responsible for providing the practice teacher and the practice placement to enable the student to undertake the practice component of the programme. The number of commissioned places is decided on an annual basis and the final decision for each academic year is usually made in late June for programmes commencing in September. This often acts as a barrier to recruitment because of the uncertainty that it provides. For example, places may be allocated in April/May only to be lost in June because of the withdrawal of funding. This means that employing organisations and sometimes universities are unwilling to start the recruitment process until confirmation of funding is received in June, which leaves potential applicants with very limited time to progress through the recruitment process.

There is also wide variation throughout the countries and regions about the provision of funding for people undertaking the programme. However, the

consensus appears to be fixed term funding for the duration of the programme (one or two years) at a basic band 5, Agenda for Change (AfC) which currently equates to approximately £21,000⁶. Unite the union/CPHVA has anecdotal evidence which suggests that this pay scale fails to attract senior, experienced or skilled people to the programmes because they may already be employed in positions in secondary/tertiary care which command a band 6 or 7 (AfC). The 2008 salary for these bands range from £29,000-£39,000 which reveals a potential significant differential of £18, 000⁶.

Further limitations related to the current fixed term funding provision also limit the number of people who are able to complete the programme at Masters level and achieve a Master of Science degree (MSc). This is because it takes up to 24 months to achieve this when completing a full time programme. This means that many people who have the academic ability to achieve a Master of Science degree (MSc) will not be able to unless they negotiate extra funding. This is likely to reduce the appeal of the programme to graduates from both the nursing profession and professions allied to health/nursing.

Furthermore, since the 1990s several cost cutting measures have been adopted by employing organisations which has resulted in a reduced commitment to fund the health visitor education programmes. This has resulted in a national shortage of health visitors and a profession trying to provide a safe, efficient and effective service with diminishing financial and human resources⁷.

Unite the Union/CPHVA is keen to explore ways in which to regain the appeal of the health visitor profession as a viable career option for those with the relevant knowledge and skills. In order to achieve this Unite the Union/CPHVA are proposing that the following essential features are in place:

- Professional credibility is restored by reinstating the health visitor title in statute.
- Programmes leading to health visitor qualification are available up to and including Masters level.
- There are several entry routes into the profession which accommodate the needs of the profession and the needs of the applicants.
- There is evidence of career development opportunities post initial qualification.
- There is evidence of salary development in line with professional qualification and academic award.
- New registrants are enabled to feel confident and supported especially when they are new in post.
- There are employment opportunities on successful completion of the programme.

■ ESSENTIAL FEATURES OF FUTURE EDUCATION PROGRAMMES

Unite the Union/CPHVA recognise that health visitor education programmes must also prepare people to meet the contemporary public health, children's, primary care, and practice and workforce agenda of the future. In order to do this they must meet the following criteria:

- They must be cohesive programmes that are completed within a prescribed time scale and offer an academic and professional award rather than a collection of unrelated, adhoc modules completed in an unspecified time period.
- They must be able to promote and allow the achievement of the SCPHN proficiencies as required by the profession's regulatory body³.
- They must retain a 50% theory and 50% practice composition in order to ensure that equal importance is given to 'learning the profession' and achieving the required standards for practice, as well as achieving the required academic award.
- They must prepare practitioners who are able to work at Band 7 (AfC) and level 6/7 of the public health skills and career framework^{8,9}.
- They must enable practitioners on registration to meet the requirements for professional regulation in order to maintain public safety³.
- They must provide practitioners with the essential skills and knowledge to develop and operate as a proficient practitioner on qualification and registration.

- They must be able to prepare practitioners to deliver current and future service requirements^{1, 9, 10, 11, 12}.
- They must provide an academic award up to Masters level.
- They must enable non-nurse/midwife applicants with the relevant skills and knowledge to apply and achieve qualification within four years or less in order to attract people from professions allied to health/nursing and midwifery.
- They must enable undergraduate and post graduate applicants to apply.
- They must continue to include elements of nurse education.
- They must accommodate the forthcoming move in pre-registration nurse education towards graduate entry.

■ PROFILE OF POTENTIAL APPLICANTS TO THE HEALTH VISITOR PROFESSION

It is anticipated that these actions will increase the appeal of the profession to different applicants including the school leaver, senior nurse/midwife and health graduate. These applicants will require different things from an education programme when making their individual career decisions as detailed in tables 1-5.

Table 1: The school leaver applicant

Entry point:

- School leaver (appeals to those seeking initial registration and an undergraduate programme)

Needs of the programme:

- Nursing and health visiting discipline specific content
- BSc (Hons) academic award

Length of the programme:

- Four years (requirements of the NMC for dual qualification registration)

Table 2: The NMC registrant applicant

Entry point:

- Nurse/midwife (appeals to those seeking a second registration and an undergraduate programme)

Needs of the programme:

- Health visitor discipline specific content
- BSc (Hons) academic award

Length of the programme:

- One year/52 weeks (NMC Requirements)

Table 3: The NMC registrant and graduate applicant

Entry point:

- Nurse/midwife graduate (appeals to those seeking a second registration and post graduate programme)

Needs of the programme:

- Health visitor discipline specific content
- Masters level programme (To achieve an academic award of MSc or PGdip)

Length of the programme:

- One year for PGdip
- 24 months for MSc

Table 4: The non-registrant, health graduate applicant

Entry point:

- Graduate with health related degree (appeals to those seeking first registration and a post graduate programme)

Needs of the programme:

- Nurse and health visitor discipline specific content
- Masters level programme (To achieve an academic award of MSc or PGdip)

Length of the programme:

- Three years for PGdip
- Three and a half years for MSc

Table 5: The non-registrant, non-health graduate

Entry point:

- Graduate with non-health related degree (appeals to those seeking first registration and a post graduate programme)

Needs of the programme:

- Nurse and health visitor discipline specific content
- Masters level programme (To achieve an academic award of MSc or PGdip)

Length of the programme:

- Four years for PGdip
- Four and a half years for MSc

■ HEALTH VISITOR EDUCATION PROGRAMMES: PROPOSED DESIGN

Unite the Union/CPHVA is proposing several designs for health visitor education programmes in order to meet the needs of these groups of applicants. The aim is to have the different programmes/routes running concurrently so that the profession may benefit from a range of people who have the relevant skills and knowledge and different life/professional experience and expertise. The proposed options are presented in table 6 below.

Option	Comments
<p>1. Second registration programme with single professional qualification.</p> <p>BSc (Level 6) and MSc (Level 7).</p> <p>(Table 2 and 3).</p>	<p>The no change option. Health visitor education programmes will continue to be available to those seeking second registration on the NMC register. Funding would also continue to be via the existing sponsorship process.</p> <p>Anticipated advantages:</p> <ol style="list-style-type: none"> 1. This would be a cost neutral option and one that could be implemented with least disturbance. <p>Potential limitations:</p> <ol style="list-style-type: none"> 1. It is still necessary to complete the nurse/midwife education programme and achieve registration on part one or two of the NMC register in order to apply to the programme/enter the profession. This means that it would not allow non-nurse/midwife applicants to enter the profession. 2. This is unlikely to increase the appeal of the profession as a career option for non-nurse/midwife applicants because of the time required to complete a pre-registration nurse/midwifery programme. 3. This is unlikely to increase the number of people entering the profession because access continues to be restricted.

Option	Comments
<p data-bbox="124 188 285 553">2. Integrated nurse/health visitor programme with dual professional qualification and dual NMC registration.</p> <p data-bbox="124 594 285 699">BSc (Level 6) or MSC (Level 7).</p> <p data-bbox="124 740 285 813">(Tables 1, 2, 3,4, 5).</p>	<p data-bbox="303 188 1048 440">These integrated programmes have worked extremely well in the past and have produced health visitors who have taken leadership roles in health visitor policy, practice and education¹³. Examples of these courses include those at Southampton University, London Southbank Polytechnic, and Manchester University, which were prevalent during the 1960-80s.</p> <p data-bbox="303 480 1048 667">The duration of the programme will need to accommodate the number of required learning hours for nurses wishing to be registered on part one and part three of the NMC register. This is currently four years/6,133 hours for dual registration programmes^{14 p12}.</p> <p data-bbox="303 708 1048 1146">These programmes may be designed in two ways. Firstly the programme could retain the current secondary care focus of the nurse education programme and include the health visiting elements to the content. Another way would be to change the design of the nurse education programme so that it offers a primary care/public health annotation in addition to the existing adult, child and mental health annotations. This programme would enable students to develop a more in-depth knowledge and understanding of primary care/public health nursing which will be invaluable to their development as a health visitor on completion of the programme.</p> <p data-bbox="303 1187 642 1219">Anticipated advantages:</p> <ol data-bbox="303 1227 1066 1479" style="list-style-type: none"> <li data-bbox="303 1227 1048 1292">1. It would be possible to recruit and have the person in post as a health visitor within 4 years. <li data-bbox="303 1300 1066 1479">2. It would be attractive as a career option to a new pool of applicants namely, those who are not a nurse or a midwife and those who are midwives but not nurses. It is thereby likely to increase the potential recruits to the programme because it

	<p>provides two professional qualifications, dual registration with the NMC and an academic award up to Masters level.</p> <ol style="list-style-type: none"> 3. It will provide access into the health visitor profession for those who have completed a three year midwife education programme who are not registered nurses and who do not wish/are not able to retain their midwife registration on the NMC register because of the PREP requirements¹⁵. 4. It would increase attractiveness of the programme as a career option especially for high achieving school leavers. <p>Potential limitations:</p> <ol style="list-style-type: none"> 1. It is possible that this would not appeal to graduates because 4 years may be considered too long to be able to embark on a new career. 2. Currently the NHS Bursary scheme does not cover degrees in SCPHN only nursing and midwifery¹⁶. If this remains unchanged it may limit the appeal to potential applicants unless funding is secured via the existing sponsorship system. 3. It would require a change in legislation to allow people who are not NMC registrants to undertake the programme.
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Option	Comments
<p data-bbox="130 183 303 548">3. Integrated nurse/health visitor programme with single professional qualification and single NMC registration.</p> <p data-bbox="130 589 303 735">BSc (Level 6). MSc/PGdip (Level 7).</p> <p data-bbox="130 813 303 881">(Tables 1,3,4,5).</p>	<p data-bbox="310 183 1078 475">The emphasis would be on developing practitioners with the skills and knowledge to practice in the public health/primary care/community nursing arena. The practice component of the programme would be achieved largely in the community/primary care setting. The extent to which this will lead to a stronger link with clinical nursing in the community for example, in terms of long term conditions and palliative care will need to be debated.</p> <p data-bbox="310 516 1078 963">The integrated design of the programme will mean that students learn the core skills for health visiting and nursing practice at the same time rather than at different parts of the programme. These skills will be taught at increasing levels of complexity as the student progresses through the programme e.g. communication, leadership, team work, lone working, assertiveness, management. This would be the same for the theoretical components of the programme e.g. biology, physiology, psychology, sociology. These features are integral to nurse/health visitor learning and development and students will need to be proficient in all aspects on successful completion of the programme.</p> <p data-bbox="310 1003 1078 1328">Students will need to learn to practice in both arenas. However, there will be some elements of practice that are better suited to learning in the secondary care environment and others that are better suited to learning in the primary care environment e.g. medicine and surgery, high dependency, obstetrics and gynaecology, neonatal care may be better suited to learning in secondary care; and long term conditions, terminal and palliative care, mental health, paediatrics may be better suited to learning in primary care.</p> <p data-bbox="310 1369 1078 1474">Graduates will gain an academic award as well as a professional qualification in health visiting. They will be registered on the SCPHN part of the NMC register.</p>

Anticipated advantages:

1. It will be possible to qualify as a health visitor in three years.
2. It will provide access into the health visitor profession for those who have completed a three year midwife education programme who are not registered nurses.
3. It will offer practice experience in primary/community nursing as well as health visiting.
4. It will offer an academic award up to Masters level, a professional qualification and registration on the third part of the NMC register.

Potential limitations:

1. This will require a change in regulation because entrants to the programme will not be registered on part one or two of the NMC register prior to completing the programme.
2. There may be insufficient time for the student to develop confidence in nursing practice in the time available. However, this should not be an issue of concern because these practitioners will be using the nursing skills in their health visiting practice and will not be working as nurses.
3. Currently there are insufficient practice placements in community/primary care settings and this will need to be addressed in the design and commissioning of the programme to accommodate the 50% practice component of the programme.
4. It will need a high level of resource to facilitate student learning in practice especially in the first wave programmes for example; it will be necessary to provide a sign off mentor for assessing the achievement of the nursing skills and a sign off practice teacher for the achievement of the health visitor skills. However, this will be highly dependent on the sign off practice teacher's level of nursing knowledge and skills and will improve over time as they access the relevant continuing professional development.

Option	Comments
<p data-bbox="124 147 285 513">4. Sequential programme, leading to two professional awards and registration on two parts of the NMC register.</p> <p data-bbox="124 553 259 699">BSc (Level 6). MSc/PGdip (Level 7).</p> <p data-bbox="124 740 271 805">(Tables 1, 3, 4, 5).</p>	<p data-bbox="304 147 1094 391">The nurse education programme is completed followed by the health visitor education programme. The expectation on application is that the student will commence the health visitor programme immediately following completion of the nursing programme. The agreement nationally will be that registered nurses do not require two years work experience in the community in order to progress to the health visitor programme.</p> <p data-bbox="304 431 632 464">Anticipated advantages:</p> <ol data-bbox="304 469 1106 821" style="list-style-type: none"> <li data-bbox="304 469 1106 602">1. This will be a cost neutral option because both programmes currently exist. Applicants could come from those doing the three year nurse education programme and the two year post graduate nurse education programme. <li data-bbox="304 607 1106 708">2. It will allow entry into the profession in three years and will therefore be attractive to those who have already made a decision about their career direction. <li data-bbox="304 712 1106 821">3. It will provide access into the health visitor profession for those who have completed a three year midwife education programme who are not registered nurses. <p data-bbox="304 862 573 894">Potential limitations:</p> <ol data-bbox="304 899 1106 1495" style="list-style-type: none"> <li data-bbox="304 899 1106 1243">1. The current secondary care focus of pre-registration nurse education programmes may make it difficult for students to progress successfully through the health visitor programme because of the need to develop skill and knowledge of working in primary/community care environments. However, the implementation of a primary care/public health route within the pre-registration nurse education programme would provide a pool of applicants who are well prepared and confident to do these programmes in this way. <li data-bbox="304 1248 1106 1495">2. The potential loss of recruits to the health visitor profession because of the lack of confidence in autonomous practice/lone working of newly qualified health visitors. However, this could easily be accommodated by the programme for example, by developing a robust preceptorship programme for newly qualified health visitors when they are new in post.

Table 7: Essential features of the proposed education options

Option	Cohesive time limited programme	Contains 50% Practice	Leads to NMC registration	Provides a professional award	Provides an academic award up to and including MSC	Incorporates elements of nurse education into the programme
1	✓	✓	✓	✓	✓	✓
2	✓	✓	✓	✓	✓	✓
3	✓	✓	✓	✓	✓	✓
4	✓	✓	✓	✓	✓	✓

Table 8: Time taken to gain a health visitor qualification

Option		1	2	3	4
Years to qualification	1	Second registration programme with single professional qualification.	Integrated nurse/health visitor programme with dual professional qualification and dual NMC registration.	Integrated nurse/health visitor programme with single professional qualification and single NMC registration.	Sequential programme with two professional qualifications and two NMC registrations.
	2				
	3				
	4				

■ CONCLUSION

Unite the Union/CPHVA recognise the importance of providing several routes into the health visitor profession, as illustrated in tables 6-8, in order to increase the numbers in the profession as well as the efficiency and effectiveness of those within the profession. It is important to acknowledge that all of the proposed routes explored in this paper will achieve this aim and will be greatly facilitated by the reinstatement of the health visitor title in statute. It is also important to acknowledge that many of the changes proposed in this paper will happen over time and are unlikely to have an immediate effect. It is therefore proposed that a short and medium term strategy be adopted in the following way:

Table 9: Proposed strategy

Term	Objective	Strategy
Short (2010 and beyond)	<p>To promote entry into the profession in three years or less at a cost neutral or minimal extra cost position.</p> <p>To promote an increase in the number of people entering the profession with an academic award at Masters level.</p>	<p>Provide the following routes to entry:</p> <ol style="list-style-type: none"> 1. The second registration programme with no regional requirement for two years work experience in the community/primary care environment. 2. The sequential graduate entry nurse education programme and health visitor education programme.
Medium (2011 and beyond)	<p>To promote entry into the profession by non-nurse/midwife candidates in four years or less.</p> <p>To promote an increase in the number of people entering the profession with an academic award at Masters level.</p>	<ol style="list-style-type: none"> 1. Develop and deliver a nurse/health visitor integrated programme which provides two professional awards and dual NMC registration. 2. Develop and deliver a nurse/health visitor integrated programme which provides one professional award and one NMC registration.

■ RECOMMENDATIONS

1. Measures are put in place to reinstate the health visitor title in statute.
2. The existing programmes in which registered nurse/midwives complete a one year programme in order to gain the health visitor qualification are retained. The process for agreeing funding for these programmes must be reviewed in order to create a more proactive approach. For example, by developing a three yearly commissioning cycle rather than retaining the annual commissioning decision making. This would create a stable environment in which to plan and resource health visitor education programmes and in which potential applicants are able to plan and prepare for their career progression.
3. The regional variation in the requirements for applicants to have achieved a minimum of two years experience in practice as a staff nurse in the health visitor team are stopped nationally. This will allow suitable newly qualified nurses/midwives who have completed the undergraduate or graduate entry nurse education programmes to complete the two programmes sequentially and thereby achieve the professional award and NMC registration in three to four years rather than six.
4. Changes are made to statute to enable non-nurse/midwife registrants to apply to undertake health visitor education programmes.
5. The public health/primary care route is developed as a pre-registration nurse qualification and incorporated into the nurse education programme. This will develop nurses who are confident and competent to work in public health/primary care environments and will thereby increase the number of potential applicants to the health visitor education programme/profession. Ways in which to do this may already exist within the review into pre-registration nurse education that the NMC is currently leading and the Modernising Nursing Careers work which the Department of Health is currently leading.

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Essential Reading

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Notes:

Notes:

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