

# LEARNING AND SHARING TO TRANSFORM CARE

## REFLECTIONS ON FLORENCE NIGHTINGALE FELLOWSHIP TRAVEL SCHOLARSHIP

### Background

In the 2015 Report 'Raising the Bar: Shape of Caring' (1) Lord Wills, who had been commissioned by Health Education England (HEE), published a Review of the Future Education and Training of Registered Nurses and Care Assistants.

Following a period of consultation in 2015/16, which was conducted across England but involved the three other counties of the UK, a new role emerged that embraced a new member of the nursing family that would sit between a health care assistant and a registered nurse. The overwhelming consensus from the consultation was that this role should work across different health and care settings and be regulated.

Further engagement was undertaken to explore this new role which addressed the educational attainment, regulation and registration of the role, scope of practice and career progression. The emerging themes led to the concept of the Nursing Associate being developed and in January 2017 the Nursing and Midwifery Council agreed to regulate the Nursing Associate.

At this time in England, as well as across the UK, nursing was facing a workforce crisis and nurse training changed from being a bursary commissioned degree education programme to a fee paying degree. Running concurrently was the governments drive to introduce new apprenticeships and increase the number of apprentices across the workforce. The introduction of a levy system for large employers in England (2) acted as leverage for employers to develop new apprentice standards which included apprentice standards at degree/professional levels.

Research illustrated that Canada has two levels of nurse in their workforce and there were similarities in their healthcare system to our own that led to exploration in how their nurses train, their scope of practice and career progression; all areas that warranted further research to enable us to learn from and consider as we progressed on introducing this new nurse in our own workforce. There are registered nurses in Canada who have completed a four year degree programme. There are also registered practical nurses or licensed practical nurses who have undertaken a two year programme of learning.

### The purpose of the travel scholarship was:

- Explore education and learning for Registered Practical Nurses/ Licensed Practical Nurses
- Consider how the role of Registered Practical Nurse/Licensed Practical Nurses works alongside Registered Nurses in Canada and the learning that can be shared in England
- Learn where the Registered Practical Nurse/Licensed Practical Nurses role has worked well in different healthcare settings and areas where the role has not been taken up or used
- Consider how the Registered Practical Nurse/Licensed Practical Nurse role is promoted as a career path for young people, with a focus on attracting people from minority ethnic groups into nursing and a career ladder with a view to help our stakeholders in England learn from their success, and failures.

As Canada is the world's second largest country the difference in provinces has an impact on the demographics of the workforce in its broadest sense and how regulation is applied.



Each of the ten provinces has their own regulatory body for nurses, and these are different bodies for Registered Nurses (RN) and Registered Practical Nurses (RPN)/ Licensed Practical Nurses (LPN), unlike the Nursing and Midwifery Council who regulates for the four countries of the UK and covers all members of the nursing family

The College of Nurses of Ontario (3) summaries the difference in the two roles:

**RNs and RPNs study from the same body of nursing knowledge. RNs study for a longer period of time, allowing for greater foundational knowledge in clinical practice, decision-making, critical thinking, leadership, research utilisation and resource management. As a result of these differences, the level of autonomous practice of RNs differs from that of RPNs**

I visited two provinces and four cities on my scholarship which provided an opportunity to visit a variety of care environments, education institutes and nursing agencies, including a Hospice and a chance to shadow a palliative care team working with the homeless in Toronto.

Speaking to the RPNs and LPNs there was job satisfaction in their role of providing care, but frustration that the career progression to become a RN was prohibitive due to cost. There is no incentive for employers to 'sponsor' a RPN/LPN to undertake his/her training as there was no shortage of RNs and the cost of undertaking this additional training was unaffordable for most individuals. Overseas nurses who entered the nursing profession in Canada generally entered the adaptation programme to become a RPN/LPN in the province of their destination as this was the quickest and 'best fit'. Due to the Canadian provincial regulation of nurses, and the geographical nature of the country, it is unusual for nurses to move from one province to another, so there is little movement of nurses from a workforce recruitment and retention perspective.



Theatre Simulation Suite at Algonquin College, Ottawa

Whilst in Ottawa I visited Algonquin College where LPNs trained – there is no shortage of students entering their training, and the college has excellent facilities to support pre-registration training. To work in the operating rooms nurses have to self-fund post registration training before securing a job in the operating theatres and Algonquin College provide this 330 hour training programme. It is normal practice for nurses self-fund their Continuing Professional Development

### Lessons learnt

#### Attraction:



In the UK we are facing a well-documented nursing crisis (4), and the changes to nurse training (5) means employers need to workforce plan in a dynamic way to offer careers to attract, train and retain their care workforce. This is not only impacting on the nursing workforce; shifts in commissioning, patients expectations and changing needs, people entering the workforce having different expectations, the whole care team need to work differently. This must start with how our future workforce are recruited and trained; training together supports greater understanding of different professional roles and demonstrates professions uniqueness (6). Promoting careers in healthcare is all our responsibility and initiatives like Hospice Schools, work experience, youth volunteering all contribute to nurturing and attracting our future workforce.

*"The opportunity to not just witness but also have an active role within a practical and local field of my ideal career path has highlighted the potential depth to what I could work towards at a realistic yet still highly exciting level."* (Marketing Work Experience student, 2018)

### Two of the 34 recommendations were:

HEE should explore with others the need to develop a defined care role (NHS Agenda for Change band 3) that would act as a bridge between the unregulated care assistant workforce and the registered nursing workforce.

### And

HEE should implement the Higher Care Certificate

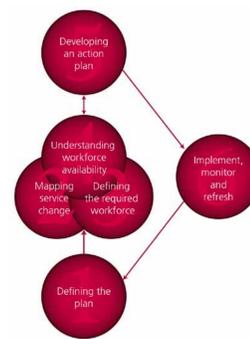
### Career routes:

Apprenticeships are now widely available across a range of professions and work areas (8) and offer a platform to enter the workplace arena and be supported to have on the job training with recognised education standards and outcomes. A career progression route can be illustrated to attract and retain individuals, with competencies used to develop individuals and teams to deliver quality care. A recommendation of Lord Willis's, was the introduction of the Higher Care Certificate, which is the Care Certificate which was developed by Camilla Cavendish (9), and this is embedded in the induction for all new care assistants undertaking an apprenticeships (10).

The Nursing Associate role has been embraced at LOROS, with four of our care assistants currently in training and due to complete their training in January 2019. We have been working with our clinical teams and the trainees to explore where they will work in our service, the breadth of their role and how they will fit in with the multi-disciplinary teams. To support progressing this new role we are working with our local education providers to offer placements for trainee nursing associates across our county and exploring the apprenticeship model (11) for our succession planning and utilising our apprentice levy.

### Workforce planning:

As part of succession planning the use of functional mapping (12) supports organisations thinking ahead and considering what patients/ services users need, letting this shape the design and skills of the future workforce.



Using the six step methodology for workforce planning is helping us at LOROS to develop our teams to meet the changing needs of our patients. This involves working with all professional groups involved in service delivery, including the support team members to plan for the future skills required. After completion of this process we can then identify skills shortages and provide training to re-skill or up-skill our team members to better meet our patient's needs.

### Conclusion

To ensure that future hospice care meets the patients' health and social care needs, there is a growing pressure to work in greater collaboration and have a dynamic and flexible workforce. Hospices need to work with partners in careers services, education providers, employment services (Department of Work and Pensions and charities helping people return to work), Sector Skills Councils, NHS (arms-length bodies, commissioners and providers).

We need to recognise that our workforce is our future: the care they provide will 100% impact on our ability to prosper or fail. If our workforce are not supported, encouraged, nurtured to flourish and be the best they can, we are failing them as individuals and failing our patients.

We must recruit to values, train to values and dismiss for values, balanced with recruiting for talent, training and nurturing our talent and retaining our talent to provide the best care.

### References

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