Beyond the brief

The recent Panel of Assessors' report on the education and training of district nurses was based on the findings of a working party. This is part of a paper given to district nurse tutors at a conference held by the Panel of Assessors at the Department of Health on March 8, by the chairman of that working party, Anthony Carr, ANO, Newcastle AHA(T)

THE working party had strict terms of reference from the Department of Health: **to devise an improved syllabus based on the existing district nursing syllabus without prejudice to the implementation of the Briggs recommendations.**

These words must have also placed severe restrictions on the Panel when they came to consider our report. As chairman, I admit that we went beyond our terms of reference and, having once decided the content of an outline curriculum, went on to propose many related ideas which we felt were important for the panel to consider in conjunction with our basic proposals, always understanding that the Panel might be able to comment only on those proposals that were in accord with the terms of reference specified. I feel it is important, however, to mention some of our other proposals as long as the restrictions imposed on the Panel of Assessors are understood.

Method of working

Our task had a time limit of 12 months. This meant that no proper study of the work of a district nurse could be undertaken. We were all aware of the difficulty of proposing a United Kingdom syllabus when duties varied widely in different parts of the countries concerned. The arrangement agreed was that all members of the working party should read the current literature available and then discuss particular items of the working party's work with groups of nurses involved in teaching, education, training, and administration of the nursing service in the 'back home' situation. Appendix 5 of the report shows that 50% of the 116 nurses consulted were practical work teachers, while 23% were NOs.

We thought that in the short time available it would not be practical to use our powers of co-option or set up sub-committees, so we used the *ad hoc* groups of nurses instead. The full working party met on nine occasions, all but the first meeting for the whole day. To debate certain subjects further, four meetings of either two, three, or four nurse members were held in London, Manchester and Newcastle.

Written evidence

We invited over 30 statutory and professional organisations to submit written evidence to us; time did not permit subsequent oral representation. Copies of the submissions were given to all members, but each member had additionally a responsibility to present at least two of the papers orally to the full working party after which the evidence was examined in detail.

Role and function

At our first meeting we decided that each member should submit his own paper on the role and function of the district nurse.

To read the papers was to confirm the changes that had taken place since the first examinations for the National District Nursing Certificate in September 1960. Of particular interest were the increase in the number of elderly people particularly those over 75, the continued development of day facilities for patients/clients especially for the elderly and the mentally ill, together with day surgery and five-day wards.

The management of the health and social services had been reorganised and the introduction of the Mayston and Salmon recommendations had allowed nurses to manage their own services. The attachment of district nurses, health visitors, social workers and others to general practice, and the gradual development of 24-hour nursing services in the community, had meant that new approaches to care had been developed. The patient himself had changed over the 15 years or so under review and, what was perhaps of equal importance, the nurse's view of the patient was now different. Hospital-based specialist nurses now frequently visit patients in their own homes.

During our deliberations concern was expressed about the operation of the concept of *the team* working in community care. To our understanding the word *team* is defined as *a set of persons working in combination*, and *team work* is *co-operation, pulling together, regarding the success of the whole rather than personal exploits.* To many of the working party their experience was that, with some notable exceptions, members of teams tended to work alongside each other rather than for each other. This is, of course, progress from the professional isolationism of a few years ago but there is still in our view a long way to go. Our conclusions on the education and training of district nurses are based on the concept of working together so that the patient may receive the very highest standards of care available and that the professional staff may at the same time receive maximum job enrichment.

We hope that the nurse who undertakes the new course of education will have greater understanding of her changing role and the role of others so that, together with the health visitor and the vocationally trained general practitioner, she may act as a catalyst in persuading the members of the team to work effectively as a team. Acknowledging that a very complex network of relationships exists, her role is *that part she plays in relation to other members of the caring team.* Her function is *the job she does,* ie to provide nursing care for all persons living in the community.

Aims and objectives

Briefly, our aims for providing this new course of education and training were two-fold: (1) that the district nurse is to be competent to undertake nursing duties within the community; and (2) that she should be held accountable as an individual for the professional standards of her own performance. The four objectives attempt to provide an educational framework within which the student is given an opportunity to achieve these aims.

The submissions by members of the working party on the role and function of the district nurse were used to abstract the 12 key tasks of a district nurse's work. These were further refined as objectives for the course, originally seven, but finally being reduced to four:

1. Assess and meet the nursing needs of patients in the community. We placed great importance on this objective. The nursing skills were indicated by using what is called the Nursing Process. That is systematic: gathering of information; assessment of information; planning of care; giving of care; evaluation of care.

By using this method seemingly simple tasks were in fact highly com-

plex when properly related to the concept of total patient care. The detailed curriculum (Appendix 2 of the Report) amplified this process in my opinion very well.

2. Imparts skill and knowledge required. The district nurse should be and is a teacher *par excellence*. Although it is known that district nurses teach by example, he/she must now take on the teaching role as a deliberate act. Consequently, teaching methods must be learned and then passed on to other staff, patients, their relatives, as well as special groups and organisations. The ability to adapt methods and approach according to the client's cultural, emotional, and physical differences is important.

3. Skilled in communications including establishing and maintaining good relationships and co-ordination of appropriate services. We felt that with appropriate education the district nurse could exhibit high qualities of leadership. The idea that the district nurse is the doer while the other professional staff in the primary health care team are seen as the articulate debaters dies hard. We saw it as essential that all district nurses are able and willing to take the lead as appropriate within the team, especially in the field of clinical nursing care.

4. To understand management and organisation principles . . . To complete the new education of the district nurse there must be a real appreciation of basic management and organisational principles properly adapted and interpreted in community health terms. It must also be relevant to the role and function as described in the report. Lastly, the district nurse is admirably placed to recognise new trends in illness and treatment but needs training to perceive, evaluate and take action.

Entry requirements

We realised that the new course would make intellectual demands on the nurse so that some evidence of formal education would be required. Five O level passes we thought was a very reasonable standard, together with a waiver clause for those nurses who could prove alternative evidence of achievement such as further training.

Length

Given the outline curriculum, we could have planned an academic year of education and experience with ease. Wishing to be practical, we eventually proposed a compromise in two parts:

1. Six months' integrated programme of theory and practice planned by the education centre on a ratio of two-thirds theory/one-third practice.
2. Three months' practical experience under the supervision of a nursing officer (district nursing).

At this stage, I feel I must say that the working party, knowing it was outside its terms of reference, felt constrained to recommend that (because of the need to give a more demanding course to meet the requirements of patients) all existing untrained district nurses be given the opportunity to take this new course without the O level requirement within a period of five years. Further, from the date of acceptance of the report, we recommended that the Minister of State prohibit the employment of unqualified district nurses in any new or existing posts as they became vacant. This would have meant that after the initial five years, only a small number of untrained district nurses on a personal basis would have continued to practise and district nursing would have achieved a mandatory training status.

Had the Panel been in a position to consider another recommendation of the working party then means could have been found of allowing registered nurses to undertake limited duties under the direct supervision of a trained district nurse. We suggested that a further working party be given the task of considering the introduction of the grade of staff nurse into the community and at the same time review the education and training of the SEN in the community.

Exam procedure

1. We proposed a national three-hour paper at the end of six months on the principles and practice of district nursing and related subjects.
2. Assignments should be planned and undertaken by students. We suggested a minimum of four with the best of three being taken into consideration for examination purposes. I note that the panel includes all four, which I think is unfortunate for the student. Most students in my experience given the task to write up four projects would like the facility to remove one from final consideration and this conforms to modern practice.
3. The student's practical work should also be taken into consideration during the first six months' training, and . . .
4. . . . . during the last three months', experience under the supervision of a nursing officer.

Passes would have to be obtained in all four parts before the NDN Certificate was given.

What the working party did not consider at the time was that experimental schemes be established while most district nurse training continued as before. It was assumed that if the new curriculum was accepted then centres would move over to the new training requirements as soon as possible. It was not in our thought that the two different trainings should run side-by-side. Otherwise, we might have proposed a difference in the qualification obtained, ie National District Nursing Diploma for the new course.

Approval of centres

Our recommendation on approval centres allows the panel to exercise some influence on the way courses are prepared and judge the aims and objectives as set out by the college, and re-submission every three years or seven courses is, we believe, a safeguard for the students and the centre. It is all too easy to run a course for a number of years without necessarily rethinking the real objectives in present day terms. New developments within the profession or in medicine, changes in systems, should all cause the centre to revise the course.

Updating courses

Existing district nurses could feel considerably threatened by this new course. It is therefore essential that existing trained district nurses be introduced to the new curriculum. We thought this would need a minimum of 35 hours over seven days, all the seven days training to be undertaken within a spread not exceeding six months. Tutors and practical work teachers likewise need updating. The panel will need to explain in detail design of courses, use of teaching methods and skills, and the supervision of students. If there is a demand for extra study days then these should be provided by the health authorities.

Practical work teachers

On a personal basis, I would seriously recommend a special health services orientated City and Guilds 730 Further Education Teachers Course. Newcastle has pioneered this type of course with great benefit to staff (Carr, 1977). The practical work teacher is a key person in this new education of the district nurse and it is essential that appropriate courses are available.

Since preparing this paper I have received the news that the Department of Health has agreed to the panel approving the City and Guilds Course and the Diploma in Nursing (Domiciliary Nursing) as appropriate training for practical work teachers.

Finally, if the new course is agreed, the training of the state enrolled nurse should be reviewed. This should not necessarily mean that this course should be extended in length, but rather the content and methodology be altered so that the enrolled nurse would be able to take her place with her state registered colleague. N

REFERENCE
CARR, A. J. (1977). *Nursing Times*, 73, (Occasional Paper) 13.