

PANEL OF ASSESSORS FOR DISTRICT NURSE TRIANING

REPORT OF THE EDUCATION AND TRIANING
OF DISTRICT NURSES (SRN/RGN)

October 1976

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To: The Department of Health and Social Security
The Scottish Home and Health Department
The Welsh Office
The Department of Health and Social Services, Northern Ireland

In November 1974 the Panel of Assessors were asked to advise the 4 Health Departments on the training of district nurses as follows:

"To devise an improved syllabus based on the existing district nursing syllabus without prejudice to the implementation of the Briggs recommendations".

To assist them in their task the Panel of Assessors set up a Working Party under the Chairmanship of Mr A J Carr, Area Nursing Officer, Newcastle Area Health Authority (Teaching). A list of the members is shown at Appendix 6. The Working Party had their first meeting in January 1975 and completed their work in December 1975. The report which follows is based on the proposals and recommendations of the Working Party as amended after consideration by the Panel.

I should like, on behalf of the Panel, to pay tribute to the achievement of the Working Party, in producing such an excellent report in such a short time. We are aware that the work entailed, both in committee and elsewhere, must have placed a heavy burden on them throughout 1975. Our special thanks are due to Mr Carr for the skills and energy which he showed both in committee and in the shaping of the report itself.

The Working Party concluded that in order to pursue properly their main task of devising a new syllabus it would be necessary to define the role and function of the district nurse, the education and training required to fulfil that role and the appropriate method of assessment and examination leading to the award of the National Certificate in District Nursing.

Members of the Working Party worked together as a team, each contributing his or her own special skills and knowledge. In addition they discussed their views and opinions with other colleagues involved in the teaching, education, training and administration of the community nursing service. In particular, members of the Working Party consulted local groups of nurses and Appendix 5 indicates the number and grades of nurses involved. The Working Party invited organisations having an interest in district nurse training to submit written evidence. The response was very encouraging and over 40 organisations and individuals submitted evidence. These are listed at Appendix 3. The range of topics and subjects mentioned was very wide. These were analysed and classified by the Working Party and are listed at Appendix 4.

It is evident that there is a great deal of interest in district nurse training in general and it is the hope of the Panel of Assessors that the Departments will give urgent consideration to the suitable publication of this report and to the need for consultation with appropriate organisations and health authorities on its proposals and recommendations.

J S Robson
Chairman

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1. ROLE AND FUNCTION OF THE DISTRICT NURSE

1.1 We define the role of the district nurse as the part she plays in relation to the other members of the caring team. Her function is the job she does, ie to provide skilled nursing care for all persons living in the community. There has been a tendency in the past to dwell exclusively on the function of the district nurse. We consider that although the nursing process is vital, and convey this throughout the report, nevertheless it has to be identified in the light of the total contribution made by the nurse and medical, para medical, social work staff, relatives, other carers* and the patient himself.

1.2 Since the introduction of the National Certificate in District Nursing in 1960 there have been great changes in the treatment of patients. Systems of health care and management have been altered to accommodate these changes. The turnover of patients in acute hospitals is continually increasing bringing many pressures to bear on all the health and social services and in particular the community health services. The increase in the number of elderly people as a proportion of the total population has brought added pressures to the NHS especially in relation to patients over 75 years old. Continued development of day facilities for patients, especially the elderly and the mentally ill, together with day surgery and 5 day wards is particularly encouraging but these trends have also had their effects on members of the primary health care team.

1.3 The management of the nursing services has been completely changed with the introduction of the Salmon scheme in the late 1960's and the Mayston recommendations a little later in the early 1970's. Although some criticisms have been made by both medical and nursing staff about these structures, it has meant that nursing is now managed by nurses. The development of health centres and the attachment of health visitors and district nurses to general practice means that district nurses are learning to work within the concept of a multi-disciplinary team. Our conclusions on the education and training of district nurses embrace the concept of working together so that the patient may receive the highest standards of care and the professional staff may, at the same time, receive maximum job enrichment and satisfaction. Teamwork would be facilitated if some training of team members from the various disciplines was undertaken together.

1.4 We have noted the development of specialist nurses working in the community from a hospital base and welcome the availability of such specialist advice. We would wish to make it clear that whatever specialist training a nurse in hospital may have had we are recommending our course to every nurse who takes responsibility for the continuing nursing care of patients in the community.

2. EDUCATION AND TRAINING

Strategy for planning course

2.1 We endorse the Working Party's decision to use the general strategy for planning a course used by many educational, industrial and commercial training centres and freely adapted by the Joint Board of Clinical Nursing Studies.

This comprises:

- a. deciding the aim of the course,
- b. analysing the job,
- c. setting objectives of the course in terms of skills, knowledge and attitudes required,

* Carer means anyone offering help to the patient.

- d. selecting appropriate educational methods,
- e. designing the course,
- f. determining suitable means of assessment,
- g. laying down criteria for evaluating the course.

2.2 We make a series of recommendations throughout the rest of this report under various headings and sub-headings rather than concentrating on a list of proposals at the end. However, a summary of our recommendations will be found in a separate section.

Proposed curriculum

2.3 The Working Party faced a difficulty in that the terms of reference entailed a revision of the existing syllabus. They defined the word syllabus as a list of subjects whereas curriculum was more related to their view, namely a course of study. The Panel endorse this view and assume that the Departments will accept the substitution. The recommended course of study is shown at Appendix 1. It is an outline curriculum and as such refrains from setting down lists of subject matter or techniques. The problem of any detailed syllabus is that within a few months of publication it appears out of date.

2.4 An advantage of our recommendations is that centres of education and training (Centres) can, at any time, update their detailed proposals or the Panel can request such alterations as may be required in the Centre's programme so long as such changes are within the broad outline we propose. We hope that Centres would wish to arrange certain periods of combined studies for students with other health, and social service, professionals whenever possible.

Aims of the course

2.5 We expect that at the end of the course a district nurse will be competent to undertake nursing duties within the community and to be held individually accountable for the professional standards of her own performance.

Analysis of the job

2.6 The individual papers submitted by members of the Working Party and later presented verbally for discussion allowed them to have a clear idea of the job of district nursing and they worked constantly from these papers. They also referred frequently to the evidence submitted by organisations and individuals. The first written submissions by members resulted in 12 key tasks being identified. These were later redefined into objectives for the course. (See paragraphs 3.1 - 3.8).

2.7 The key tasks isolated were:

- a. to establish and develop a high standard of nursing skill and knowledge;
 - i. to provide skilled nursing care for patients in the community,
 - ii. to assess the immediate and long term needs of patients and their families,
 - iii. to offer support, advice, and guidance to patients and relatives,
 - iv. to be aware of and be able to utilise appropriate resources in the provision of total patient care,
 - v. to assist in planning and implementing methods of rehabilitation,
- b. to make expert nursing contribution to the work of the primary health care team;

- i. to supervise and co-ordinate the work of the nursing team,
- ii. to co-operate with nursing and other personnel to ensure continuity of patient care,
- c. to participate in the education and training of students;
 - i. to teach the principles of health education and promote positive health care,
- d. to advise on future nursing needs and development in the community.

Extension of nurses duties

2.8 We make no recommendations about those duties which have in the past been considered exclusively the doctor's area of responsibility, eg taking blood, cervical smears, electrocardiography, etc. We suggest that Centres discuss with the appropriate doctors and nurses in their own area which techniques should be taught at that time and the policies underlying these decisions. A constant revision of these will be necessary. Health authorities should already have a policy and mechanism for dealing with the extension of clinical techniques and for arranging the necessary inservice training. We draw attention to the BMA/Rcn statement "The Duties and Position of the Nurse".

3. OBJECTIVES OF THE COURSE

Original and revised objectives

3.1 From their original work the Working Party set 7 objectives for the course and later reduced these to 4. They are shown below:

Original Objectives	Revised Objectives
1. Skills in assessing total needs.	1. To assess and meet the nursing needs of patients in the community.
2. Expert in nursing patients in the community.	
3. Imparts skills and knowledge.	2. To impart skills and knowledge acquired.
4. Communications.	3. To be skilled in communications, establishing and maintaining good relationships. Co-ordination of appropriate services.
5. Co-ordination of services.	
6. Management organisation.	4. To have understanding of management and organisational principles. Contributing towards future developments.
7. Planning and future developments.	

The principles of the 4 objectives should be applied throughout the course of study and not just limited to specific units of learning.

Guide and outline curriculum.

3.2 The 4 objectives are incorporated in the outline curriculum (Appendix 1) and elaborated in the detailed guide (Appendix 2). Our thinking on the objectives is set out in the following paragraphs.

Objective 1 - Meeting the nursing needs of patients in the community
(See Appendix 1, pages 1 and 2, skills 1 - 7)

3.3 From the detailed guide to the curriculum in Appendix 2 it will be seen that great emphasis is placed on Objective 1. This is deliberate. When analysing the work of the district nurse we used the procedure mentioned previously, ie assessing the skills required in her area of work before defining the knowledge necessary for its execution and the attitudes which she should demonstrate when executing the skill. Where we differ from others who use this pattern is that we have analysed the nursing skills required by district nurses using a problem solving approach to their work, commonly referred to as the nursing process. By nursing process we mean an approach which encompasses systematic:

- Gathering of information
- Assessment of information
- Planning of care
- Giving of care
- Evaluation of care.

When analysing the work of the district nurse in this way it became apparent that seemingly simple tasks contributing to total patient care were in fact highly complex. To demonstrate their complexity we publish these deliberations in full.

Objective 2 - Ability to apply skills and knowledge acquired and impart them effectively to patients, relatives, other carers, staff and the general public. (See Appendix 1, page 2, skill 8).

3.4 In our deliberations and in the written evidence received, the important role played by the district nurse in relation to health education and to teaching other workers was emphasised in addition to her function of teaching the patient and his family. We recommend that emphasis be given to this subject in the widest possible context.

3.5 We feel that the nurse who has undertaken this new course will have developed a new confidence in teaching her own particular skills to other nurses in the team, to students, patients, relatives and other members of the public. She should develop a sensitivity towards her patients and other carers and be able to teach simple skills, conveying the understanding necessary for the patient to receive the fullest support, and showing the why as well as the how aspects of her subject.

Objective 3 - Skill in communications, establishing and maintaining good relationships and being able to co-ordinate appropriate services for the patient, his family and others involved with the delivery of care.
(See Appendix 1, pages 2 and 3, skills 9 - 11).

3.6 To achieve this objective it is necessary to study the dynamics of individuals and their group relationships. Unless the nurse can appreciate the psychological, emotional, spiritual and social needs of her patients and their families, in addition to the physical needs, her assessment of the nursing aspects could be suspect. We have thought it more appropriate to include reference to management structures of health and central and local government as part of the communication/co-ordination aspects rather than as a separate isolated subject.

3.7 The district nurse can exhibit high qualities of leadership in the co-ordination aspects of her work within the team and family situations if properly educated in her initial course of preparation.

Objective 4 - Understanding of management and organisation principles within the multi-disciplinary team and positive approach to future developments to meet health care needs.
(See Appendix 1, page 3, skills 12 - 13).

3.8 There are now a variety of first level management courses available for nurses working in hospital and the community and it is acknowledged that some nurses taking our new course will have already taken such a course. Although recognising this fact we see management education fitting into the proposed programme which has been specially adapted to meet the needs of the district nurse and orientated towards a community health setting and we make this our recommendation. The district nurse is admirably placed to recognise new trends in illness and treatment but she needs training to perceive, evaluate, and take appropriate action.

4. ENTRY REQUIREMENTS

4.1 The new curriculum will make considerable demands upon students and it is recommended that candidates should normally possess a General Certificate of Education in 5 subjects at "O" level or equivalent in addition to being general registered nurses.

4.2 Where this requirement cannot be met a form of selection should be devised by the Centre to assess a candidate's competence and ability to undertake the course.

5. LENGTH OF COURSE

5.1 We have considered the length of training necessary to cover the new curriculum and to prepare a nurse to function as a full member of the primary health care team and recommend:

a. a course of at least 6 months during which an integrated programme of theory and practice is planned by the district nurse tutor, followed by,

b. 3 months continuous practical experience under the supervision of an appropriate nursing officer (district nursing) of the employing authority in collaboration with the tutor.

6. PLAN OF COURSE

Correlation of theory and practice

6.1 Theory and practice should be correlated throughout the course. During the first 6 months we recommend that time be allotted in the ratio of two thirds theory/one third practice.

Theory

6.2 There should be flexibility in planning the timetable to include study blocks or days but some concentration of study at the beginning and end of the 6 months would be expected.

Practical Experience

6.3 In the first 6 months not more than one third of the total time should be allocated to practical experience. The student should be placed with a practical work teacher who would assume responsibility for planning the student's practical work programme, allocating a controlled caseload, and teaching the skills of district nursing.

6.4 It is desirable that training should take place in association with other health and social service students and there are obvious advantages to district nurse students if practical work teachers can be based in practices which are used for general medical practice vocational training and such practices should be utilised wherever possible.

Supervised practice

6.5 For the 3 months continuous practical experience the student should be placed in a general medical practice within the area of her employing authority where she may be helped to develop as a full member of the primary health care team. The work allocated to the student should be equivalent to that of an ordinary service commitment but be carried out under the guidance of an appropriate nursing officer to whom the student should have regular access for consultation and advice.

6.6 During this time the nursing officer must ensure that the student is proficient to carry out any clinical procedures which district nurses employed by the particular authority are required to undertake and where necessary arrange the appropriate training.

6.7 At the end of the 3 months a satisfactory report from the nursing officer will be required before issue of the NDN certificate.

7. EXAMINATION PROCEDURE

7.1 Examination for the NDN Certificate will be based upon:

a. Principles and practice of district nursing

A 3 hour written paper prepared by the Panel of Assessors will be taken at the end of 6 months. Questions will be set on the principles and practice of district nursing and related subjects.

b. Assessment of course work

During the course the student will be required to undertake 4 assignments; it will be for the Centre to determine the type of assignment, eg extended essays, case studies, project work. These should be marked internally but external assessors should be appointed to check the assessment procedure and to examine some of the work produced by the students.

c. Assessment of practical work

The practical work teacher will be required to make a continuous assessment of the student's progress throughout the first 6 months of the course and report upon the student's competence to practise as a district nurse.

7.2 Award of the NDN Certificate will be dependent upon the student achieving a pass in a, b, and c, plus a satisfactory report from the nursing officer supervising the 3 months continuous practice.

8. APPROVAL OF CENTRES

8.1 We recommend that a formal application be made to the Panel by any Centre wishing to conduct the new scheme of education and training for district nurses. A detailed programme will be required. Included should be the aims and objectives of the course, a comprehensive list of material to be covered, total lecture times and other types of teaching methods to be employed. Details of continuous assessment should also be described. A prospectus setting out the requirements for approval would be prepared by the Panel.

SUMMARY OF RECOMMENDATIONS

Para

1. OUTLINE CURRICULUM
 - 2.3 a. It is proposed that an outline curriculum replace the existing syllabus.
 - 2.4 b. Centres can up-date their own courses or Panel can request changes.
2. EXTENSION OF NURSES DUTIES
 - 2.8 a. No recommendations are made about extending the duties of the nurse. Discussions to be held locally to determine techniques required to be taught.
3. OBJECTIVES OF COURSE
 - 3.1 - a. Four major objectives agreed.
 - 3.8
4. ENTRY REQUIREMENTS
 - 4.1 a. Five GCE passes at "O" level or equivalent for new entrants.
 - b. Where this requirement cannot be met a candidate's competence and ability to undertake the course to be assessed by the centre.
5. LENGTH OF COURSE
 - 5.1 a. At least 6 months during which an integrated programme of theory and practice is planned by the district nurse tutor, followed by,
 - b. 3 months continuous practical experience under the supervision of an appropriate nursing officer (district nursing) of the employing authority in collaboration with the tutor.
6. PLAN OF 6 MONTHS COURSE
 - 6.1 a. Theory and practice should be correlated throughout the course.
 - b. Time to be allotted two-thirds theory, one-third practice.
 - 6.2 c. Theory.

Flexibility in planning timetable to include study blocks or days but some concentration of study at beginning and end of the 6 months would be expected.
 - 6.3 - d. Practical experience
 - 6.4

The student to be placed with a practical work teacher who would be responsible for planning his/her programme, allocating caseload, and teaching skills of district nursing. There are advantages if the teacher can be based in a general medical practice which is used for the vocational training of general practitioners. Where possible the student should train in association with other health and social service students.
7. THREE MONTHS SUPERVISED PRACTICE
 - 6.5 a. The student should be placed in a general medical practice within the area of her employing authority where she may be helped to develop as a full member of the primary health care team.

b. She should work under the guidance of an appropriate nursing officer who should be available for consultation and advice.

6.6 c. During this time the nursing officer must ensure that the student is proficient to carry out any clinical procedures required by her employing authority. Where necessary she should arrange appropriate training.

6.7 d. At the end of the period a satisfactory report from the nursing officer will be required before the award of the NDN Certificate.

8. EXAMINATION PROCEDURE

7.1 a. Written work.

At the end of the 6 months course the student will be tested by a written paper prepared by the Panel of Assessors on the principles and practice of district nursing and related subjects.

7.1 b. Assessment of course work

During the course the student will undertake 4 assignments as determined by the Centre, eg extended essays, case studies, projects. These should be marked by internal assessors but checked by external assessors.

c. Assessment of practical work

The practical work teacher should continuously assess the student's progress throughout the 6 months course and report on the student's competence to practise as a district nurse.

7.2 d. Award of the NDN Certificate

This will depend on the student having achieved a pass in a, b and c above plus a satisfactory report from the nursing officer supervising the 3 months continuous practice which follows the course.

9. APPROVAL OF COURSES

8.1 a. Centres to submit details of proposed courses to the Panel for approval. Panel to prepare prospectus setting out requirements for approval.

8.2 b. Approval to be for 5 years. Resubmission of detail of course after 7 courses or 3 years whichever is sooner.

8.3 - c. It is recognised that the new curriculum and approval procedure
8.4 would require more tutors and inspecting staff. As a first step the new curriculum could be offered to a few selected centres as an experiment. Progress and costs would be monitored and assessed before implementation nationally.

10. UPDATING COURSES

9.1 a. It is essential that tutors and practical work teachers are introduced to the new curriculum.

b. All trained district nurses to undertake an up-dating course as soon as possible after publication of the new curriculum.

11. FINANCIAL IMPLICATIONS

10.1 a. While the Panel of Assessors and its Working Party both recognise that implementation of the new curriculum would probably entail extra financial and manpower resources, the Panel consider that this is primarily a matter for the Departments to determine.

12. TRAINING OF ENROLLED DISTRICT NURSE

- 11.1 a. There is an urgent need to review the education and training of the enrolled district nurse. Propose a working party.

13. TRAINING OF PRACTICAL WORK TEACHERS

- 9.1 a. Training of practical work teachers should be reviewed in the light of this report.

14. REVIEW OF PROPOSALS

- 12.1 a. Panel of Assessors to review training of district nurses within 3 years of implementation of proposals.