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The final Profile is of the Londonderry, Limavady and Strabane district of Northern Ireland's Western Area (centre pages).
(photographs: Adrian Mott)

Stopping short

It must be tempting in these days of stringency for working parties and committees of inquiry to opt for modest, cheap solutions rather than the more courageous, far-sighted ones that cost money.

This is obviously a temptation to which the Panel of Assessors and its working party succumbed when they drew up their report on district nurse training, published last week. The final report represents the working party's conclusions as amended by the Panel and it is not easy to tell which is which.

But one thing is clear: the report is definitely coy about money, time and place. The working party had apparently attempted to estimate the cost of implementing the new curriculum, but the Panel simply refuses to consider it and puts the onus back fairly and squarely on the government departments involved.

Similarly, the report gives no sense of urgency. Reform of district nurse training is long overdue, yet it seems to be left up to individual centres how and when the curriculum is adopted. Without a firmer commitment to the desperate need for proper district nurse training, surely the widespread practice of employing untrained staff will continue.

It stops short also in discussing where community nurses should be trained and for how long. Implicit in the report—but nowhere explicit—is the assumption that district nurses should be trained alongside other community professionals such as health visitors and social workers.

These groups are already well entrenched in the polytechnics, universities and further education colleges, but district nurse training, it appears, is to remain out in the cold, scattered around an odd assortment of centres some of which are simply left over from the days when the local Queen's Nursing Institute organised training.

We now accept—some of us grudgingly—that basic nurse training cannot happily find a home in the mainstream of further education. Yet this does not mean that district nurse training together with other post-basic specialties which do not need a hospital environment, such as occupational health, should not be there. This is the logical conclusion to the whole philosophy propounded in the report.

The proposed new curriculum is excellent, adopting as it does the now familiar approach of the Joint Board of Clinical Nursing Studies which sets out clearly the course objectives and the skills, knowledge and attitudes necessary to achieve them. But one must question whether it is possible to cover this extensive ground, teaching the whole problem-solving approach, in only six months' integrated theory and practice followed by three months' supervised practical experience.

To turn this curriculum into a relevant training course will be expensive; but the Panel's refusal to confront the problems of time, place and money can only serve to prolong the second-class status of district nurse training.

District nurse training redesigned

Comments sought on Panel's proposals for longer 'balanced' curriculum

A new, updated and streamlined outline curriculum for district nurse training is proposed in the *Report on the education and training of district nurses (SRN/RGN)*.

It is based on the recommendations made by a working party set up by the Panel of Assessors for district nurse training. Certain amendments were made by the Panel. The report has been sent to the relevant government departments and comments will be widely sought.

The working party has moved on from the old syllabus—a list of subjects—and devised a curriculum which resembles the Joint Board of Clinical Nursing Studies course structure, designed to give a balanced training in terms of acquisition and practice of skills and awareness of the job and associated responsibilities.

The concept of the multidisciplinary team of carers in the community underlies the development of the new curriculum. This concept is close to the hearts of the working party, who suggest that 'teamwork would be facilitated if some training of team members from the various disciplines was undertaken together'.

Entry requirements for the new course are recommended to be five O-levels, bringing district nurse training into line with that for health visitors. The recommended length of the new course would be extended from the present four months to 'at least six months, during which an integrated programme of theory and practice is planned by the district nurse tutor', followed by a three-month period of 'continuous practical experience' under the supervision of an appropriate nursing officer.

The working party presents four main objectives for the new course:

- To assess and meet the nursing needs of patients in the community.
- To impart skills and knowledge acquired.
- To be skilled in communications, establishing and maintaining good relationships. Co-ordination of appropriate services.
- To have understanding of management and organisational principles, and to contributing towards future developments.

A detailed guide to the curriculum is found at the end of the report, and it is evident that great emphasis is placed on the first objective. 'This is deliberate', says the report, because of the complexity of the work of the district nurse which emerged if it was applied using a problem-solving approach.

Apparently simple tasks contributing to total patient care were very complex if approached in this way. An example (see Fig 1) from the curriculum which illustrates this is the skill of imparting skill and knowledge effectively to patients, relatives, other carers, staff and to the general public.

As a first step, the working party suggests that the curriculum be offered 'to a few selected centres as an experiment'. The courses at these centres would be closely monitored and progress reported to the panel. Any centre wishing to run the new course should be under a period of approval for five years, with a re-submission of programme after seven years or three courses, whichever occurs first. The running costs of courses would be made available to the Departments.

Tony Carr, chairman of the working party and ANO for Newcastle AHA(T), told *Nursing Times* that they were working under 'very strict terms of reference' when re-designing the course for district nurse training. He was well aware that various organisations and individuals wanted statutory training—but that this recommendation was beyond the remit of the working party.

Mr Carr personally envisaged fewer nurses being prepared, or equipped, to take the proposed new syllabus. He felt that it was quite wrong for a nurse to be able to 'qualify on Saturday and take up a post in the community on Monday'.

'The district nurse of the future should be able to cope with every difficulty' presented by a problem family, except those which are particularly difficult, such as in cases of baby battering, he said. She should be a 'teacher to all, skilled and articulate'.

There would be no infringement of the health visitors' position in the community from the system envisaged by Mr Carr. While the health visitor was concerned primarily with prevention, the district nurse fulfilled a more immediate problem-solving and patient-caring need.

Dr Charlotte Kratz, a member of the working party, said that the report lacked 'teeth'. She felt that a date should have been set for its implementation and that 'linked to that there should be a clause which makes the training mandatory for all nurses in the community. If it were voluntary, she felt, no-one would bother to give it any money. It was cheaper for AHAs to employ untrained district nurses.

The Rcn Association of Nursing Education would be examining the document, according to George Hood, professional officer to the association. A working party from the association would be appointed in the new year, after the opinions of Rcn membership had been collected from centres.

The reaction to the report of the association's community health tutors group had been favourable, and they agreed that the training of SENs in the community needed to be reviewed. So did the Rcn association primary nursing care. Mary Chappell, professional officer, said that they were to look at the report in more detail. She was worried as to where the money was to come from.

Fig 1. Example from outline curriculum

SKILLS	KNOWLEDGE	ATTITUDES
Imparting skill and knowledge	Introduction to principles of learning and teaching. Skills analysis. Demonstration and teaching techniques. Self analysis. Programmes of nurse education and training.	Understanding of the importance of teaching and willingness to accept this responsibility. Appreciation of the value of health education in its widest sense and the need to develop an individual approach as necessary. Willingness to learn and relearn.