Are there too many routes into nursing?

I am confused about the nurse apprenticeship scheme. Many apprenticeships are fantastic, but I struggle to imagine how this one will work.

Will nurse apprentices attend the same courses as full-time degree students? I also worry that the degree route will be viewed negatively, perpetuating the myth that graduate nurses are ‘too posh to wash’.

Whatever the route, nurses must continue to be trained to a high standard. Stephanie Cumming is a practice nurse in Warwickshire

The increased number of routes into nursing represents a rise in demand for nurses, and an attempt to source them from different backgrounds.

Making nursing a degree-only profession was restrictive, and I don’t think having various routes into nursing creates a problem. I think experience-based qualifications are more valuable than academia for nurses, and the new ways to enter nursing acknowledge this. Daniel Athey is a staff nurse on an acute medical unit in Sheffield @danjathey

While a new route of entry will boost recruitment, it might be seen as a dumbing down of the graduate-entry scheme.

To take its place among other professions, nursing needed a graduate route. But the problem is that nurses are needed for their numbers, not necessarily their qualifications. By all means get the numbers, but to retain staff you need career progression, and that means qualifications. Jane Scullion is a respiratory nurse consultant in Leicester @JaneScullion

There is scope for a variety of nursing roles, but this should not be addressed in a piecemeal fashion, with new positions added ad hoc whenever someone dreams them up.

We need a strategic approach to nurse training, with clearly defined pathways for those who want to develop their careers. We also need careers for those who prefer to remain at a more hands-on, less academic level. Linda Drake is a practice nurse in south London

Readers’ panel members give their views in a personal capacity only

Jane Bates is an ophthalmic nurse in Hampshire

Safe staffing is more than a numbers game

Nothing gives a worse impression to the public than a nurse sitting at a desk, tapping away, when he or she should be at the bedside with patients.

But what are we supposed to do? With so much ‘paperwork’ now involving computers, I spend a good deal of time inputting data, which feels wrong.

A friend of mine has a different perspective. He investigates how the NHS functions – a troubleshooter, in other words – and many of his colleagues cannot understand why clinical staff do not keep records as strictly as they could.

I recently put him right about nurses’ duty of care being to their patients, and that our priority is to complete data relating to their safety and treatment, rather than statistics or research information.

Cuts to administrative support mean nurses often have to cover the clerking role on wards and departments, even when there are not enough of us to carry out our own duties.

This needs to be taken into account in relation to safe staffing, which is more complicated than a headcount of nurses and healthcare assistants.

Numbers do not tell the whole story. Perhaps, before everything else, this is where the troubleshooters’ focus should be.