Nurses outside the NHS
THEIR PROFESSIONAL, EDUCATIONAL
AND OCCUPATIONAL NEEDS

Linda Nazarko welcomes a UKCC report on education and training in the independent sector but wonders if the NMC will implement the recommendations

AS THE ADVERTISEMENT SAYS: "You’re either with us or without us." The report, 'The Professional, Educational and Occupational Needs of Nurses working outside the NHS' (UKCC 2002), seeks to do what it says in the title. But it is unclear why the UKCC should undertake such work and publish the results days before its demise. It is equally unclear if its replacement, the Nursing and Midwifery Council (NMC), will adopt the recommendations.

This unfortunately titled publication examines the needs of practice nurses, agency nurses, school nurses and nurses working in nursing and residential homes (now known as care homes). Although the authors work in nurse education, other than one mention of universities on page 15, there is no analysis of the needs of nurses working in education who are also outsiders.

The aim of the study was to determine how best to support nurses working outside of the NHS. A literature review was carried out (details of this are to be posted on the NMC website in the future). Then researchers sent questionnaires to practitioners whom they identified as working outside the NHS, over 2,000 questionnaires were returned. These were analysed. A sample of 100 practitioners were selected and 45 were invited to attend one of eight small focus groups. The remaining 56 practitioners were asked to participate in in-depth interviews. The researchers then identified senior representatives from independent sector organisations and carried out in-depth interviews.

The main findings of the report are summarised in Box 1.

The researchers carried out a qualitative survey based on the interviews and focus groups. They asked about:
- Working outside the NHS
- Attractions of the independent sector
- Quality assurance
- Audit
- Induction
- Appraisal
- Performance

Box 1. Report’s main findings (UKCC 2002)
- Most staff rate the care they provide as very good or fairly good
- Non-NHS staff are as well qualified as those working in the NHS
- Staff have regular appraisals
- Practitioners keep up to date by reading, attending study days and in service training
- Employers generally fund education
- Three quarters of staff working in the community and private hospitals and 44 per cent of staff in care homes have paid time off to attend courses
- Staff find positive about working outside the NHS and refer to flexible terms and conditions
The UKCC's report: Professional, Educational and Occupational Needs of Nurses working outside the NHS

- Education and training needs
- Continuing professional development
- Relationships with NHS, UKCC and working across sectors.

They then analysed the postal survey under the following headings:
- Demographics
- Employment
- Reasons for working outside the NHS
- Quality of care
- Continued education and support
- External relationships
- Future plans

The reasons for the choice of subjects is unclear. It would have been helpful to have understood why these areas were chosen and to have details of the questionnaire. This is normally appended to a research report. Research is not a neutral activity and the questions asked (or not asked) and the way they are asked frames any research project.

The researchers found that only 20 per cent of practitioners felt that the UKCC fully understood their needs. Practitioners also explained that they were puzzled by the way practitioners working in the NHS viewed them.

Working across boundaries
Those of us who do not work for the NHS are aware that the NHS is not the only game in town and that if we are to offer care that is seamless at the point of delivery then professionals must work across boundaries. We are also aware that we are caring for client groups who are also cared for by NHS staff. The practice nurse may be employed by a GP but is providing NHS care.

The nursing home nurse may be employed by the nursing home, but delivering care under contract to the NHS because a patient meets NHS continuing care criteria. The nursing home nurse delivering palliative care will work with NHS palliative care nurses and a GP employed by the NHS.

The researchers highlight the individual efforts of practitioners to develop good working relationships with NHS colleagues, despite the barriers. Registrants identified the UKCC as part of the problem rather than part of the solution. ‘Above all else, what these registrants want from the UKCC is recognition. They want the settings in which they work and the diversity of their roles recognised in the literature produced by the UKCC.’ Registrants acknowledged that the UKCC was beginning to address this in its final days.

On the basis of this research the UKCC then developed an action plan. Its wording suggests that the NMC will adopt the work:

- The UKCC/NMC aim to acknowledge that registrants work in a broad range of settings and that they move between sectors and improve communication and strengthen links by disseminating the report. They aim to encourage practitioners to report allegations of misconduct and make practitioners aware of their accountability. They also aim to produce and disseminate examples of good practice in NHS and independent sector staff working together. They also aim to ensure that staff are aware that the UKCC/NMC employs staff who have expertise in the independent sector. It would have been helpful to list the names and contact details of these staff in the report, as I am unaware of who they are, what their expertise is and how to contact them.

- Agencies and employers are to be reminded about the importance of checking a practitioner’s registration status. The UKCC/NMC also aims to emphasise the importance of having registered nurses in occupational health and independent schools.

- The UKCC/NMC also aims to work with the Royal College of General Practitioners and the Royal College of Nursing to ensure that practice nurses receive proper induction and support in their continuing professional development.

- Practitioners and employers will be reminded of the importance of having professional journals and other material available to enable nurses to continue their professional development.

- The UKCC/NMC aims to work with agencies to develop a core induction for agency staff and encourage employers to provide agencies with core information about them.

Management training
One of the issues identified in the report is that nurses working in care homes, like many of their NHS colleagues, lack formal management training.
The report makes no mention of the fact that care home managers will be required by 2004 to have a formal management course at NVQ level four or above.

The report aims to define competencies for those who manage others, link these with national minimum standards and stress the importance of management training as a journey rather than a destination. It is not clear whether the UKCC/NMC are aware of the national minimum standards in relation to this or are seeking to ensure that all practitioners receive management training.

The authors suggest further research about NHS registrants, school nurses, practice nurses and independent practitioners. They also identify the need for research on the patient perspective in NHS and non-NHS sectors.

This report is welcome in that it finally acknowledges that non-NHS nurses are not a race apart, and that they continue their professional development and aim to offer high quality care to patients. If the NMC adopts this work perhaps in the future we will see fuller consultation and a third of the NMC board from non-NHS sectors. That would signal the end of tokenism and the beginning of true inclusiveness.

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