

**First Pan-European Nurse Educators Conference
Udine, November 2007**

**The Career Pathways of Nurse Educators in Europe: A
Collaborative Project**

BASELINE INFORMATION GATHERING SHEET

One of the important early stages of this project is to gather baseline information from each of the 12 participating countries on:

- the country and its health care services;
- pre-qualification student nurse education and training;
- the preparation and role of nurse educators or teachers; and
- organisational factors.

This information, together with the literature review, will inform the development of a more detailed and focused questionnaire for the next stage of the project.

Name of representative: *Laura Serrant-Green Sara Owen*

County: **England**

[Section 1: Background to the country and its health care services](#)

Please provide a brief summary of your country (geography, population, economy) and the current health care services (organisation and funding arrangements).

England:

Geography: England is the largest and most populous country of the United Kingdom of Great Britain and Northern Ireland. Its inhabitants account for more than 83% of the total population of the United Kingdom, whilst the mainland territory of England occupies most of the southern two-thirds of the island of Great Britain and shares land borders with Scotland to the north and Wales to the west. Elsewhere, it is bordered by the North Sea, Irish Sea, Atlantic Ocean, and English Channel. The capital city of England is London, which is the largest city in Great Britain, and the largest city in the European Union by most, but not all, measures. Most of England consists of rolling hills, but it is more mountainous in the north with a chain of low mountains, the Penines, dividing east and west. There is also an area of flat, low-lying marshland in the east, the Fens, much of which has been drained for agricultural use.

History/Politics

Demography: With 50,431,700 inhabitants, or 84% of the UK's total, England is the most populous nation in the United Kingdom; as well as being the most ethnically diverse. England would have the fourth largest

population in the European Union and would be the 25th largest country by population if it were a sovereign state. The country's population is 'aging', with a declining percentage of the population under age 16 and a rising one of over 65. Population continues to rise and in every year since 1901, with the exception of 1976, there have been more births than deaths. England is one of the most densely-populated countries in Europe, with 383 people per square kilometer (992/sq mi), making it second only to the Netherlands.

Climate: England has a temperate climate, with plentiful rainfall all year round, though the seasons are quite variable in temperature. However, temperatures rarely fall below $-5\text{ }^{\circ}\text{C}$ ($23\text{ }^{\circ}\text{F}$) or rise above $30\text{ }^{\circ}\text{C}$ ($86\text{ }^{\circ}\text{F}$). The prevailing wind is from the south-west, bringing mild and wet weather to England regularly from the Atlantic Ocean. It is driest in the east and warmest in the south, which is closest to the European mainland. Snowfall can occur in winter and early spring, though it is not that common away from high ground.

Economy: England's economy is the second largest in Europe and the fifth largest in the world. England's economy is the largest of the four economies of the United Kingdom, with 100 of Europe's 500 largest corporations based in London. As part of the United Kingdom, England is a major centre of world economics. One of the world's most highly industrialised countries, England is a leader in the chemical and pharmaceutical sectors and in key technical industries, particularly aerospace, the arms industry and the manufacturing side of the software industry. London exports mainly manufactured goods and imports materials such as petroleum, tea, wool, raw sugar, timber, butter, metals, and meat, exporting over 30,000 tonnes of beef last year, worth around £75,000,000, with France, Italy, Greece, the Netherlands, Belgium and Spain being the biggest importers of beef from England.

The central bank of the United Kingdom, which sets interest rates and implements monetary policy, is the Bank of England in London. London is also home to the London Stock Exchange, the main stock exchange in the UK and the largest in Europe. London is one of the international leaders in finance and the largest financial centre in Europe. As part of the United Kingdom, England's official currency is the Pound Sterling (also known as the *British pound* or GBP).

Traditional heavy and manufacturing industries have declined sharply in England in recent decades, as they have in the United Kingdom as a whole. At the same time, service industries have grown in importance. For example, tourism is the sixth largest industry in the UK, contributing 76 billion pounds to the economy. It employs 1,800,000 full-time equivalent people — 6.1% of the working population (2002 figures). The largest centre for tourism is London, which attracts millions of international tourists every year.

Current Health Care Services: The National Health Service (NHS) is the publicly funded health care system in the United Kingdom. Each of the

four constituent countries of the UK (England, Scotland, Wales, Northern Ireland) have their own NHS, each of which are run along the same lines but are managed separately and operate without general discrimination toward citizens from each others' areas. The information presented here predominantly covers the NHS in England.

The NHS provides the majority of healthcare in England, including primary care (such as general practitioners), in-patient care, long-term healthcare, ophthalmology and dentistry (NHS dentistry is done by dentists in private practice doing sub-contracted work for the NHS). The National Health Service Act 1946 came into effect on 5 July 1948; subsequently it has become an integral part of British society, culture and everyday life. Private health care has continued parallel to the NHS, paid for largely by private insurance, but it is used only by a small percentage of the population, and generally as a top-up to NHS services.

The large majority of NHS services are provided free of charge to the patient. The costs of running the NHS (est. £104 billion in 2007-8) are met directly from general taxation.

The government department responsible for the NHS is the Department of Health, headed by a Secretary of State for Health (Health Secretary), who sits in the British Cabinet.

The NHS is the world's largest, centralised health service, and the world's third largest employer after the Chinese army and the Indian railways. As of March 2005, the NHS has 1.3 million workers.

There are several types of NHS trust:

- Primary Care Trusts (PCTs), which administer primary care and public health. On 1 October 2006 the number of PCTs were reduced from 303 to 152 in an attempt to bring services closer together and cut costs. These oversee 29,000 GPs and 18,000 NHS dentists. In addition, they commission acute services from other NHS Trusts and the private sector, provide directly primary care in their locations, and oversee such matters as primary and secondary prevention, vaccination administration and control of epidemics. PCTs are at the centre of the NHS and control 80 per cent of the total NHS budget.
- NHS Hospital Trusts. 290 organisations administer hospitals, treatment centres and specialist care in about 1,600 NHS hospitals (many trusts maintain between 2 and 8 different hospital sites).
- NHS Ambulance Services Trusts
- NHS Care Trusts
- NHS Mental Health Services Trusts

The NHS is managed at the top by the Department of Health, which takes political responsibility for the service. It controls Strategic Health Authorities (SHAs), which oversee all NHS operations in an area of England. There are 10 SHAs, coterminous the nine Government Office

Regions in most part, with the South East region split into South East Coast and South Central SHAs. The SHAs are responsible for strategic supervision of the trusts in their area. In addition, several Special Health Authorities provide services and, in some cases, to the devolved NHS administrations. These include The Information Centre for health and social care, NHS Blood and Transplant, NHS Direct, NHS Professionals, NHS Business Services Authority, National Patient Safety Agency, National Treatment Agency and the National Institute for Health and Clinical Excellence (NICE).

A feature of the NHS, distinguishing it from other public healthcare systems in Continental Europe, is that not only does it pay directly for health expenses, it also employs a large number of the doctors and nurses that provide them. In particular, nearly all hospital doctors and nurses in England are employed by the NHS and work in NHS-run hospitals.

In contrast General Practitioners, dentists, opticians and other providers of local healthcare, are almost all self-employed, and contract their services back to the NHS. They may operate in partnership with other professionals, own and operate their own surgeries and clinics, and employ their own staff, including other doctors *etc.* However, the NHS does sometimes provide centrally employed healthcare professionals and facilities in areas where there is insufficient provision by self-employed professionals.

The principal fundholders in the NHS system are the NHS Primary Care Trusts (PCTs), who commission healthcare from hospitals, GPs and others and pay them on an agreed tariff or contract basis, on guidelines set out by the Department of Health. The PCTs receive a budget from the Department of Health on a formula basis relating to population and specific local needs. They are required to "break even" - that is, they must not show a deficit on their budgets at the end of the financial year, although in recent years cost and demand pressures have made this objective impossible for some Trusts. Failure to meet the financial objective can result in the dismissal and replacement of a Trust's Board of Directors.

Except for set charges applying to most adults for prescriptions, optician services and dentistry, the NHS is free for all patients "ordinarily resident" in the UK at the point of use irrespective of whether any National Insurance contributions have been paid. Those who are not "ordinarily resident" (including British citizens who have paid National Insurance contributions in the past) are liable to charges for services other than that given in Accident and Emergency departments or "walk-in" centres. This includes British citizens who work for a UK-based charity outside the UK (except in certain countries) for more than five years, regardless of their intention to return to the UK or payment of National Insurance contributions. These people are treated as overseas visitors even if they own property, return regularly or have family in the UK and regard their home country as the UK. NHS costs are met, via the PCTs, from UK government taxation, thus all UK taxpayers contribute to its funding.

As each division of the NHS is required to break even at the financial year-end, the service should in theory never be in deficit. However in recent years overspends have meant that, on a 'going-concern' (normal trading) basis, these conditions have been consistently, and increasingly, breached. Former Secretary of State for Health Patricia Hewitt consistently asserted that the NHS will be in balance at the end of the financial year 2007-8; however, a study by Professor Nick Bosanquet for the Reform think tank predicts a true annual deficit of nearly £7bn in 2010.

Section 2: Pre-qualification student nurse education and training

History of nurse education

Type of training

Describe the type of student nurse education and training. For example, is the training generic or specialised (mental health, adult, child, learning disabilities and/or community)?

England:

To work in the NHS, nurses must hold a degree or diploma in nursing (a "pre-registration" programme), which leads to registration with the Nursing and Midwifery Council (NMC), enabling them to practice as a nurse. Degrees and diploma programmes comprise of 50% theory and 50% practice, with time split between the university, which runs the course, and practical placements in a variety of healthcare settings.

Pre-registration degree and diploma programmes are offered in four "branches" –adult, children (paediatric), learning disability and mental health. Usually, students need to decide which of the four branches of nursing they wish to train for, before applying for a programme. A small number of universities may offer flexibility to choose the branch after having started the course. All nursing degrees and diplomas consist of common foundation programmes (CFP) that are taught across all four branches of nursing, usually for one year on full-time courses, before specialisation. If, for example, a student chooses to go into mental health nursing, the placements during the second and third years of study (on a full-time course) will be mainly concentrated in that environment, and will focus on patients with mental health problems. However, certain aspects of training will be common to all branches of nursing.

Part-time pre-registration nursing programmes are provided by some universities and normally last for five or six years. They are available to staff working in the NHS – usually as an assistant or an associate practitioner with qualifications up to NVQ level 3 (or equivalent). These staff remain employed by the NHS, which would provide support in terms of time off to attend on a part-time basis.

Academic level and length of training

What is the academic level of pre-qualification nurse education and training? For example is it at diploma or degree level? How long (in years) is the pre-qualification nurse education and training?

England:

It is possible to take either a diploma or degree course to qualify as a nurse. Diploma and degree courses are run at different academic levels, however there is an element of overlap, as diploma level students can transfer to degree courses or can opt to come back and 'top up' their diploma in nursing to a degree at a later stage. The three most common routes are described below:

1. Pre-registration diploma of higher education in nursing (Dip HE nursing)
On completion, students are awarded both an academic and a professional qualification, through integrated study of theory and supervised nursing practice. Supervised nursing practice is 50% of the programme and takes place in both community and hospital settings. The programmes are normally three years in length, beginning with a 12 month common foundation programme (CFP), followed by around two years in one of the four branches of nursing: adult, mental health, learning disabilities or children's nursing.

2. Pre-registration nursing degree
On completion, students are awarded both an academic and a professional qualification, through integrated study of theory and supervised nursing practice. Supervised nursing practice is 50% of the programme and takes place in both community and hospital settings. The programmes are normally three years in length, beginning with a 12 month common foundation programme (CFP), followed by around two years in one of the four branches of nursing: adult, mental health, learning disabilities or children's nursing. Some degree programmes last for four years.

3. Accelerated programmes for graduates who hold a health related degree.

These shortened programmes are modified from existing nursing programmes and lead to qualification in adult, mental health, learning disabilities or children's nursing. Accelerated programmes are at least 24 months in length. A minimum of six months is undertaken in the CFP and at least 18 months in the appropriate branch programme.

Funding arrangements

How is pre-qualification nurse education and training funded? For example, is it government funded or self-funded?

England:

Students undertaking an NHS funded degree course receive a means tested bursary. The university tuition fees are paid, but the grant allowance received depends on the student's income or that of their partner/parents. Students undertaking an NHS funded diploma course

receive a non income assessed bursary, which currently stands at £6,372 (£7,443 in London). In some circumstances students may be eligible for extra allowances, e.g. if they have children.

Type of institution/s providing education and training

Where does the education and training of pre-qualification student nurses take place? For example, in universities, polytechnics, colleges of further education, technical colleges, independent schools of nursing or hospitals/health services?

England:

The education and training of pre-registration student nurses takes place in universities.

Number of institutions providing pre-qualification nurse education and training

How many institutions provide pre-qualification nurse education and training?

England:

Currently 55 universities offer pre-registration nurse education in England

Minimum educational qualifications

What are the minimum education qualifications needed to enter pre-qualification nurse education and training?

England:

The minimum entry requirements are given below, but note that many universities require more than the minimum, including A' levels:

- 5GCSE/GCE O levels, grade C or above (including English and a Science/Maths subject for entry to Midwifery); or
- 5 CSEs Grade 1; or
- 5 SCEs grade 1 (Scotland); or
- 5 SCE ordinary, grades A-C (Scotland); or
- GNVQ Intermediate level plus one GCSE/GCE O level, grades A-C; or
- GNVQ Advanced Level or NVQ level 3; or
- SVQ level 3; GSVQ level 3 (Scotland); or
- SVQ level 2 (Scotland) if the programme began after September 2000
- A Kitemarked Access to Higher Education course; or
- EDEXEL Foundation (BTEC) National or Higher National Diploma; or
- Passes in the Northern Ireland Grammar School Senior Certificate of Education;
- A qualification awarded by the NNEB dating from 1985, including the Diploma in Post-Qualifying Studies

If potential students do not hold any of the above qualifications they can apply for a new initiative called the nursing cadet scheme. Run by various NHS trusts in England, this scheme enables students to undertake an

initial training programme, successful completion of which gives an NVQ level three or Access to nursing qualification. Students are then seconded to a nearby university to take a nursing diploma course, leading to registration as a nurse.

Pay scales for qualified nurses

Please describe the salary scales for qualified nurses.

England:

From 1 December 2004 the new NHS pay system Agenda for Change (AfC) was introduced across the UK - pay and terms and conditions are being backdated to 1 October 2004. All employers are expected to have moved their staff to the new pay bands, outlined below, by the end of 2006 at the very latest. A career in nursing and midwifery could start at an Agenda for Change Band 2 as a clinical support worker (nursing) rising to nurse consultant at a Band 8a-c. Examples of other roles, with typical Agenda for Change pay bands include: maternity care assistant (Band 4); nurse (Band 5); midwife entry level (Band 5) rising to Band 6; health visitor (Band 6); nurse team leader (Band 6); nurse advanced (Band 7); midwife team manager (Band 7); modern matron (Band 8a); and nurse consultant (Band 8a-c).

Section 3: the preparation and role of nurse educators or teachers

Number of nurse educators or teachers

How many nurse educators or teachers do you have?

England:

9000 (across the four UK countries) No separate data for England

Number of nurse educators or teachers with a PhD/other doctorate

How many nurse educators or teachers have a PhD/doctorate?

England:

19% of academic workforce - approx 1,700 (UK wide)

Over 900 nurses are undertaking PhD/Doctorate level study (UK)

Pay scales of nurse educators or teachers

Please describe the salary scales for nurse educators or teachers.

England:

Lecturers, Senior Lecturers, Readers: approximately £27,000 - £51,095

Professors: Minimum £49,607

Minimum academic and professional qualifications

What are the minimum academic and professional qualifications needed to become a nurse educator or teacher?

England:

All lecturers must have at least a first degree and ideally a postgraduate degree (MSc, MA, MEd, MPhil or PhD) or expertise in a relevant subject. Nurse lecturers are also required to be a Registered Nurse (currently on the Nursing and Midwifery Council's Registry), and have at least 3 years post-registration experience. There are some lecturers who have spent less than three years in practice but may have done clinical related research instead.

Education and training for nurse educators or nurse teachers

Are there any specific education and training requirements for nurse educators or teachers? For example, a teaching qualification or a postgraduate diploma or Master's degree in Higher Education.

England:

All lecturers are required to complete a Postgraduate Diploma of Education in Higher Education Teaching and Learning. There are also opportunities to top this qualification up to a Master's degree in Higher Education Teaching and Learning. Most Universities in England run these courses and staff can attend on a part-time basis. Nurse lecturers can apply to get this course entered as a recordable teaching qualification on the Nursing and Midwifery Council's register, i.e. a Registered Nurse Teacher (RNT). In order to do this the lecturer is required to be currently registered on an appropriate part of the NMC register, to have completed a period of full-time experience (or equivalent part-time experience) in relevant professional practice which should have been in areas where students were gaining practice experience, and have acquired additional professional knowledge which must be relevant to the intended area of teaching/practice and at no less than first degree level.

Role of nurse educators or nurse teachers

Please provide a brief summary of the role of nurse educators or teachers that includes: teaching, research, administration and practice. Is there an expectation to carry out research? How is clinical competence maintained?

England:

The following describes the type of work that is typically done by nurse teachers. It is not expected that anyone carries out all the activities mentioned below and some carry out additional duties.

TEACHING

- Design course units and deliver a range of teaching and assessment activities including lectures, coursework, and practical sessions.
- Develop approaches to teaching and learning, which are innovative for the university and subject area and may reflect developing practice elsewhere.
- Contribute to the enhancement of quality teaching within the subject, school or faculty.
- Develop and advise others on learning and teaching tasks and methods.
- Contribute to the design of innovative teaching programmes.

- Plan and review own teaching load and approach to teaching.
- Be responsible for practical/clinical work where applicable, and advise students on techniques.
- Update and monitor students and staff in allocated clinical areas to ensure that practice standards are maintained and annual educational audit is complete.

SCHOLARLY ACTIVITY, RESEARCH

- Develop links with clinical staff and NHS Trusts/professional bodies to ensure that teaching reflects current best practice in own area of subject specialism.
- Develop proposals and prepare, in collaboration with others, funding bids for external contract work that might involve, for example, publishing materials for use within a relevant profession.
- Engage in scholarly activity e.g. conference paper presentations, external funding secured, book reviews published, writing practice manuals, publication of professional materials
- Maintain and develop teaching and subject expertise.

RESOURCE MANAGEMENT, ADMINISTRATION

- Depending on the area of work could be expected to supervise the work of others.
- Assist in the development of skills and competence in others (for example through the supervision of new lecturers)
- Participate in judgements regarding the use of resources within school/area.
- Act as mentor for students in capacity of personal tutor.
- Manage own teaching and administrative demands under general supervision of Head
- Manage use of resources for teaching.
- Member of the School Board and Examination Board and such committees relevant to their administrative duties.
- Collaborate with other staff within School.
- Act as mentor and/or appraiser to junior colleagues, advising on their personal and professional development and ensuring that they meet the standards required.
- Provide pastoral care for students within own area to ensure, as far as practicable, that relevant issues are dealt with in a timely, sympathetic and effective manner.
- Carry out designated School functions, including for example, participation in committee work, assisting in the process of admissions, preparation of submission for teaching quality, student recruitment, securing student placements and marketing the institution.
- Be responsible for the record-keeping associated with teaching and the preparation of teaching materials.

CLINICAL ACTIVITY, PRACTICE

- Maintain Registered Professional status by keeping and updating a professional portfolio as evidence of fitness for practice. Involves providing information to the Nursing and Midwifery Council every three years.

- Liaise regularly with clinical staff and NHS Trusts.
- Maintain and develop links with clinical areas of practice and students to ensure good clinical opportunities for students, and to update staff on academic/curriculum issues.
- Maintain clinical competence and credibility through regular clinical work or other means.

Career pathways

Please provide a brief description of the career pathway from clinical nurse to nurse educator or teacher. Is there a nationally recognised career pathway?

England:

Currently there is no one single recognised career pathway from clinical nurse to nurse educator or teacher. There are however a number of common routes.

EXAMPLE 1:

1. Registered nurse with at least 12 months clinical experience, then
2. Practice/clinical mentor (a registered nurse who has successfully completed an accredited mentor preparation course from an NMC approved university. Mentors offer student nurses support and guidance in the clinical area), then
3. Practice educator (a registered nurse based in the university who works in partnership with the local health trusts to enable integration between theory and practice in pre-registration nurse training, and takes a lead on the teaching and assessment of practice/clinical skills. They are required to complete a Postgraduate Certificate of Education in Higher Education Teaching and Learning), then
4. Nurse teacher/educator/lecturer

EXAMPLE 2:

1. Registered nurse with at least 12 months clinical experience, then
2. Research assistant post and/or PhD
3. Nurse teacher/educator/lecturer

EXAMPLE 3:

1. Registered nurse with at least 12 months clinical experience, then
2. Practice/clinical mentor, then
3. Lecturer/practitioner post (joint post between the university and the local trust, then
4. Nurse teacher/educator/lecturer

A number of reports have been produced recently, which will influence the career pathways of nurse educators, e.g.

Department of Health (2007) Towards a framework for post-registration nursing careers: a consultation document. Department of Health, London.

Department of Health (2006c) Modernising Nursing Careers: Setting the Direction. Department of Health, London

UK Clinical Research Collaboration (2007) Clinical academic careers for nurses: developing the best research professionals. UKCRC, London

Section 4: Organisational factors

Professional and/or regulatory bodies

Please describe the national nursing professional and/or regulatory body and its role in the preparation of nurses and nurse educators or teachers.

England:

The Nursing and Midwifery Council safeguards the health and wellbeing of the public by continually regulating, reviewing and promoting nursing and midwifery standards. To achieve its aims, the NMC:

- maintains a register of qualified nurses, midwives and specialist community public health nurses
- sets standards for conduct, performance and ethics
- provides advice for nurses and midwives
- considers allegations of misconduct, lack of competence or unfitness to practise due to ill health

It is an NMC requirement that nurse educators teaching on pre-registration programmes have undertaken a Postgraduate Diploma of Education in Higher Education Teaching and Learning in an approved university and that this qualification is entered as a recordable teaching qualification on the Nursing and Midwifery Council's register, i.e. a Registered Nurse Teacher (RNT). In order to do this the lecturer is required to be currently registered on an appropriate part of the NMC register, to have completed a period of full-time experience (or equivalent part-time experience) in relevant professional practice which should have been in areas where students were gaining practice experience, and have acquired additional professional knowledge which must be relevant to the intended area of teaching/practice and at no less than first degree level.

Academic autonomy

Are academic nursing departments/schools headed up and managed by nurses or by staff from other disciplines?

England:

Nursing-only Schools and Departments are usually headed up and managed by experienced nurse educators/teachers/academics. These heads are usually, but not always, Professors. Integrated Schools (e.g. with social work or other health disciplines) can be headed up by academics from other professional groups.