

Competencies for the future graduate registered nurse

7 principles:

1. The graduate registered nurse is an accountable, proactive and person-centred professional
2. The graduate registered nurse provides leadership in the promotion of mental, behavioural and physical health and wellbeing and in maximising health outcomes and benefits
3. The graduate registered nurse leads the assessment of need for nursing support and care with people facing mental, behavioural and physical health challenges, developing a prioritised plan for the delivery of safe, effective and evidence based nursing care across the life span and settings
4. The graduate registered nurse leads the provision and evaluation of compassionate, effective, safe, person centred, and evidence based nursing care and support across the lifespan
5. The graduate registered nurse provides effective leadership to the nursing team, taking accountability for the delegation and referral of care
6. The graduate registered nurse is risk aware and plays a lead role in maximising safety, minimising risk and enhancing the quality and experience of nursing and related care
7. The graduate registered nurse provides leadership in the coordination and management of complex nursing and integrated care needs across organisations and settings

In response



The responses below reflect a consultation that took place amongst members of Children and Young People's Nursing Academics UK (CYPNAUK) (www.cypnauk.org.uk) in October/November 2016

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1. [Do the seven principles capture the roles and responsibilities of a graduate registered nurse in the future?](#)

Given that question 3 of this consultation focuses on the current fields of nursing we have assumed that question 1 considers only generic principles and so our comments related to children's nursing as a specific field will be addressed in the response to question 3. However it should also be emphasised that we feel "generic" should not mean "adult" in this context.

- *The roles and responsibilities (as written) clearly identify the process of nursing (assessment, planning, provision and evaluation of care) and therefore they do capture the roles and responsibilities to a degree. However, they are all put forward in terms of leadership and whilst leadership is an essential quality of the graduate nurse, the notion that they might carry out (rather than manage) patient care is entirely lost in these principles. Is there a danger that graduate nurses might therefore be perceived as "too posh to wash"?*
- *There is some ambiguity regarding how leadership is contextualised and what leadership means in these principles. This requires some clarity especially as the term is repeated in four of the seven principles. Could it be made clear who these graduate nurses expected to lead? In principle five it is clear that the graduate nurse provides leadership to the nursing team, but in principle seven the graduate nurse provides leadership in the coordination and management of integrated care needs across organisations and settings.*
- *The principles must reflect the nurse 'at the point of entering the profession'*
- *Written as they are, the principles feel 'hard' and 'functional' and the warmth of humanistic nursing culture isn't really visible. Some visibility in the principles might help underpin the personal pride educators try to inculcate in order to contribute positively to nursing culture as a whole.*
- *If the principles are going to provide the framework for organising the core standards, would it be possible to refine the principles further to four clear 'principles' which also reflect the essence of The Code (NMC 2015) For example : A nurse is:*
 - *An individual with a high moral code and ethical values who prioritises people*
 - *A knowledgeable practitioner who effectively delivers evidence-based and safe care across the lifespan and in any context*
 - *A fully accountable and trustworthy professional*

- *A leader who can promote health and well-being, and co-ordinate and manage nursing and related care across organisations and settings*
- *The nurse as part of a wider team and notions of inter professional working are missing from these principles*

2. Will they make sense to the public?

- *These principles are being produced in the context of (amongst other initiatives) the 6C's and 10 Commitments and so there needs to be a clear point to these principles for the general public. This is no doubt a lengthy and possibly costly exercise so they might want and answer to a) Why are they being generated? b) Who will benefit? c) How?*
- *We recommend shorter, sharper, memorable principles either related to the Code (NMC, 2015) (prioritise people etc) or similar to the current NMC 4 domains (communication and interpersonal skills; nursing practice and decision making; leadership; management and team working; professional values). The General medical Council based their standards on 4 core themes*
- *The current principles are clearly based on the nursing process which might require some explanation for the public.*
- *Demonstration of personal attributes and communication prowess are consistently at the top of the public list of expectations. This might lead us to question why leadership is principle number 1 and why compassion came in at number 4. It is clear that there is no rank order but we feel strongly that personal attributes should top the list*
- *The public might not interpret 'settings' at the end of number 7 in the same way practitioners do.*
- *Children, young people and their families should also be given due consideration as part of the general public. Have the NMC considered a children's version of these principles? When children are asked 'what the required of a nurse?' responses most often relate to "kindness". This is the central point for principles. Perhaps we could ask young service users?*
- *Leadership is not management and that is useful for clarity to ensure that the public understand that a band 5 nurse can coordinate a service improvement with the correct knowledge, skills and attitudes.*

1. Will they make sense to nursing profession?

- *The principles have been written in terms that the professional will understand and that have relevance in a generic sense.*
- *While the focus on leadership and the accompanying attributes is relevant, 'leadership' needs to be defined both at 'entry to the register' and beyond.*
- *Clarity is required for specific fields of practice*

2. Will they make sense to current and prospective nursing students?

- *Are present and future students part of this consultation? Where possible this should be facilitated.*

- Student Comments (MSc Child Nursing) from University of Nottingham. *‘These principles capture the roles and responsibilities of the general nurse, which is a term usually portraying adult branch. The principles lack specificity towards children and young people, meaning pre-registration nurse training in the future will potentially overlook their holistic needs. In addition, the seven principles are not completely relevant or applicable to children’s nursing, for the reasons stated above. We agree that it is helpful to highlight the underpinning bio/psychosocial and behavioural science knowledge base, that a new registrant must possess, but again, this must be branch specific, as the science differs greatly between children and adult. Again, the technical, clinical and interpersonal skills of a new registrant must be identified but these should be branch specific, to the needs of either children and young people, or adults. We believe this structure does have potential to provide the building blocks for continuing professional development, and for developing more advanced levels of nursing practice, providing there are two sets of principles, one for adults and one for children/young people. If the principles remain as they are proposed, continual professional development and advanced nursing practice may be stifled in child branch, which is hugely concerning’.*
- *Again, clarity for fields is important. We know that children’s nurses want to nurse children and young people. The principles do not reflect that.*
- *There is a request to have some acknowledgement in principles 1 and 3, of the unique needs of CYP*
- *Many undergraduate nursing programmes have successfully embedded leadership, team work and managing in the curriculum. Students appreciate the value and without doubt, they identify themselves as nurses first, not as the leaders the 7 principles suggests. Students see leaders as ward managers, advanced practitioners and matrons, not the staff nurse roles they aspire to at the point of first registration post.*
- *The critique regarding the complexity of previous education standards was well placed so is it feasible for new principles to mirror the principles set out in The Code? How do the 7 principles map against the 4 principles of the code? An illustration would be of value. There is much overlap in the 3rd principle (see box below).*
- *Discrete and measurable principles would aid the design of new nursing curricula, especially if they could be mapped for APEL as widening access and flexible entry points evolve.*

	7 New Principles						
	1	2	3	4	5	6	7
Prioritise People	x	x	x	x	x		
Practise effectively		x	x	x	x		x
Preserve safety			x	x		x	
Promote professionalism & trust	x	x	x			x	

3. Will they make sense to other health professions?

- *The emphasis on leadership might be confusing for other professionals - particularly in principle seven that implies that nurses will lead in the coordination and management of complex nursing **and integrated care needs** across organisations and settings. Given the need for collaboration between health and social care professionals and particularly in a safeguarding situation, the principle of the nurse as a leader might not be so cut and dried.*

- *The leadership repetition perhaps points to professional insecurity and aspirational repositioning rather than confidence. One mention might suggest more confidence.*

4. Are the seven principles relevant and applicable to all the current fields of nursing?

- *There is some consensus and concern amongst the group that the fields are invisible within the 7 proposed principles.*
- *Within these principles the graduate nurse appears to be a non-specific leader of all aspects of nursing, regardless of speciality. It would help if the knowledge and technical expertise underpinning effective leadership was made clear.*
- *Principles one and four identify a “person-centred” professional which doesn’t really cover the breadth of child and family centred care undertaken by children’s nurses.*
- *These generic principles may be applied to the graduate CYP nurse in that reference is made to the lifespan. However, it should be acknowledged that mental health and LD nurses require a lifespan approach from ‘cradle to grave’ as their field is focused upon specialist ‘types of care’ e.g. mental health care, whereas adult and CYP nurses care for a specific age of client group (which of course also includes disability and mental health).*
- *For children and young people the services are notably different – hence the current emphasis on transition to adult services. We do acknowledge though, that knowledge of some aspects of CYP nursing would be beneficial across the whole lifespan as they impact upon adult physical and mental health e.g. bonding and attachment, nutrition in CYP, risk behaviours, transition to adult services, safeguarding, long term health conditions that begin in childhood or adolescence.*
- *Perhaps the balance of ‘generic’ principles could be tipped in the favour of children and young people, 0-19 years as these are such key developmental stages for health outcomes. Childhood and adolescence must be understood by all 4 fields of nursing and should be clearly embedded within the principles. .*
- *There should (at least) be room to build underpinning standards for field specific practice under each principle.*

5. Is it helpful to highlight the underpinning bio/psychosocial and behavioural science knowledge base that a new registrant must possess in order to meet the standards?

- *Absolutely, if this was highlighted it would help to ensure commonality in curricula content across the four countries. This is essential for underpinning safe knowledge based decisions, such knowledge and the ability to articulate and apply to individual patients will underpin all principles.*
- *Again, it should be acknowledged that the bio/psychosocial and behavioural science knowledge base must not be adult focused. A&P and developmental issues in CYP nursing are key to effective nursing care and management of this client group.*

6. Is it helpful to identify the essential technical, clinical and interpersonal skills that a new registrant must demonstrate in order to register?

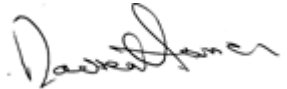
- *Yes, though it must be acknowledged that these skills will differ for the CYP nursing graduate – these skills are not all generic.*

- *The future-proofing of the graduate should allow the acquisition of transferable technical skills and competence regardless of field of practice which can be developed through further specialisation both during preregistration nurse education and post qualifying. There are caveats though and these are having skills which can be met despite the constraints of placement experiences. Only skills maintained, adapted and advanced throughout a career should be included. There is no point providing training for a skill such as cannulation unless the student can rehearse the skill in practice. Skills acquisition should not take precedent over the wider transfer of knowledge and skills characteristic of graduate education.*

7. Does this structure have the potential to provide the building blocks for continuing professional development and for developing more advanced levels of nursing practice?

- *With the current drive to put ever more content into the undergraduate curriculum and with the financial squeeze on CPD it is currently difficult to envisage how future nurses will develop professionally outside of an apprenticeship (or other work based) framework.*
 - *As the emphasis is currently on creating a generic nurse leader, then post-registration courses look like they may funnel generic nurse leaders 'from the point of registration' into field specialities where they are relative novices.*
 - *The impression is that more field specific competencies will have to be taught post qualifying, this will particularly be the case if inadequate resources are allocated to the life span issues of children and young people during the undergraduate programme, the default being to adults. If the graduate nurse needed this additional training how will that correlate with the expectation of leadership?*
 - *Will AEI's be expected to prepare all nurses in theory and practice for the care of children and young people, the older person, dementia, vulnerability, safeguarding, mental health, learning disability and end of life? In retaining a children's field are we able to consider e.g. theoretical understanding of some of the principles, for example, dementia, as appropriate, because in most AEI's it would be very difficult to enable placements to achieve lifespan competencies.*
 - *There seems to be a practical gap between the level at which a nurse is employed and progresses to achieve the required competencies of a formal leader with different authorities in the clinical environment.*
 - *The current focus and practice experience that CYP nurses acquire over their current graduate programmes provide a specific field provenance 'ready for preceptorship' that will not be matched in a new generic preparation – because will already be considered to be 'leaders'.*
 - *With 4 of the 7 principles focussing on leadership, the message to new entrants will reinforce misplaced expectations of exactly what a nurse does (or does not) get involved in practically – too posh to wash themes) along the journey to leadership positions.*
 - *Post-registered nurse masters level education and practice based programmes will therefore be more speciality based courses, where entrants are less experienced in a speciality. This will have an impact, probably requiring new pathways creation as the target audience changes – always positive though growth in this area would be as continuous as usual.*
 - *It is a concern that unless core principles adequately represent the developmental 'lifespan' of CYP that CPD will be focused upon developing some basic child specific technical, clinical and IPS skills. Much like year 3 is of the current programme. Same for mental health nurses who work with CYP from registration.*
 - *Can a generic programme really work? Certainly in LD and MH there seems room for the development of pathways:*
- *A child and young person pathway*

➤ *Adult and older person pathway*



A handwritten signature in black ink, appearing to read 'Maureen Harrison', is enclosed within a thin black rectangular border.

Debbie Fallon

Maureen Harrison

Chair CYP Group

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