 Recruiting and training senior nurses using a rotational model

**AUTHOR** Andrea Bellot BSc, RGN, is nurse consultant primary care, Croydon Primary Care Trust, and honorary lecturer and fellow, St George’s Hospital Medical School and Kingston University; Liz Baker MSc, RGN, is district nurse recruitment manager, Croydon Primary Care Trust.


In order to tackle some of the recruitment and retention issues in ‘hard-to-fill’ community posts such as district nursing, Croydon Primary Care Trust tested a community rotational model. This article addresses some of the issues raised by the participants in the first wave of recruits.

New and innovative ways of recruiting and retaining staff are needed in the present employment climate in order to meet the changing needs of clients and service provision (Newman et al, 2002). Planning and developing a vision for health and social care requires a strategy that supports individual development as well as the rapid development of the skills, knowledge and experience required to function in today’s demanding clinical environment (Forbes et al, 2001).

**Background**

Traditional recruitment methods have failed to attract enough new staff to nursing posts across organisations and incur high advertising expenses (Bernice and Teixera, 2002). This, combined with the hidden costs of staff turnover during training and the early years of their careers, has led organisations to assess different ways to encourage recruitment and selection (Newman et al, 2002).

Staff at Croydon Primary Care Trust (PCT) found that the highest level of vacancies were in district nursing at senior nurse level (G grade and above) and in general practice, where highly skilled practice nurses were hard to recruit. Although there had been successful campaigns to recruit community nurses, practice nurses and health care assistants, it was recognised that there was a need to fast-track suitable candidates to enable them to function safely and effectively at a higher grade.

The vision for the rotational posts involved piloting a fast-track development programme that would address the future needs of the trust by selecting and preparing applicants for a specialist/practitioner qualification in a specialism of their choice. The individuals would be expected to demonstrate academic ability while delivering expert care in a variety of clinical environments.

Rotations were identified in the areas of community nursing, primary care and first contact nursing. It was envisaged that this would provide an insight into the use of experiential learning in all areas of community and primary care and provide the opportunity to challenge some of the traditional views of this particular area of nursing.

**Starting up**

A small steering group was established to consider setting up a pilot scheme for the rotational posts, including the development of the job description and funding arrangements. Informal discussions with nurses at the trust indicated that these posts would be an attractive option and would provide excellent opportunities, although concerns were identified from some managers regarding funding.

The proposed two-year project comprised:

- **Year one:** Nurses take a variety of short-term clinical rotations in the first year, lasting three to four months. Each nurse rotates through the placements with protected time allocated to gain experience in other aspects of the speciality;
- **Year two:** The nurses would take a full-time community or primary care specialist practice degree or nurse practitioner programme.

**BOX 1. COMMENTS ON THE ADVERT**

- ‘Fast-track to a G grade – appealing’
- ‘Rotational opportunity’
- ‘Taster session in many primary care specialities looked good’
- ‘Croydon appeared cosmopolitan and vibrant’

In retrospect, participants felt that the advert required clarification as unexpected problems had arisen:

- ‘I had to choose my pathway for the degree too early’
- ‘I wanted more experience before choosing’
- ‘Didn’t expect to have another interview for the course funding’
- ‘We didn’t get any guidance on how to get through the interview’
- ‘I wasn’t accepted the first time and had to be re-interviewed for the course’
On completion of the chosen degree, the rotational nurses would be qualified as a nurse practitioner or a specialist practitioner in district nursing or health visiting, practice or school nursing, depending on their course.

**Aim**
The aim of the project was to use an innovative model to successfully fast-track suitable E-grade nurses to specialist or nurse practitioner status, in line with the modernisation agenda.

The objectives were to:
- Improve recruitment and retention within the trust;
- Meet individual nurses’ development needs;
- Raise awareness of primary care and community nursing opportunities within secondary care;
- Support and aid the development of the nurse leaders of tomorrow.

**Recruitment**
The PCT’s management team agreed the funding for four posts from identified vacancies. We then advertised for nurses who wanted to take part in the scheme. The advertisement highlighted the developmental and leadership aspects of the posts and potential to achieve G-grade status within two years.

A huge response was received, which reinforced the belief that this would be a motivational way of offering nurses a broad and flexible choice of clinical experiences. Applicants reported that they were drawn to the advert because it outlined a new type of developmental role they had not seen before, with the rotational element of the programme assisting them to identify potential future pathways.

The response to the advertisement was further enhanced by requests from several external primary and secondary care trusts for information on the scheme.

Selection for the rotational post was via interview and a presentation and was open to internal and external candidates, to ensure equity of access. Four candidates, three external and one internal, were recruited from 150 enquiries and 53 completed applications.

**Implementation of the project**
The relevant clinical team leaders were notified of the project and asked to ensure that the aims and objectives were clearly cascaded to their teams.

The participants came into post in January 2004 and were inducted into the PCT following standard arrangements. An induction specific to the project was also undertaken to identify each participant’s needs.

Rotation through the clinical placements commenced with support from learning sets and mentorship. Applications for sponsorship for the specialist/practitioner course of choice followed soon afterwards, in line with the Workforce Development Confederation’s timescales for recruitment.

As three of the participants had come into post from secondary care, it was recognised that they would need particular support in their understanding of primary care.

In order to address this, a three-month modular course on the role and function of primary care from an external educational provider was built into the rotational placements for all the participants.

The sponsorship process was completed in July, with all the nurses achieving sponsorship for their specialist/practitioner course starting in September 2004.

**Evaluation**
An interim evaluation meeting was held in July with identified line managers. This provided a valuable insight into the practical and operational aspects of the project.

In summary, the main points were:
- This was a challenging task for two of the line managers, as some aspects of the project organisation fell outside their experience, such as organising rotational placements.
- Participants required a high level of support, not only with the rotations but also in the run-up to the sponsorship process;
- The project provided the opportunity for the students to develop managerial skills;
- New opportunities to liaise with other health care professionals within the PCT and build links were provided.

An interim evaluation was undertaken in August with the rotational nurses, who focused on their expectations, experience and views of the project.

The rotational posts pilot scheme was analysed using a semi-structured focus group. The original objectives were used to structure the focus group and a frank and honest environment was encouraged. Key themes were identified from the discussion.

**BOX 2. EXPERIENCE FROM PLACEMENTS**

<table>
<thead>
<tr>
<th>Statement</th>
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<tr>
<td>Some of them (sic) didn’t know why we were there’</td>
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<tr>
<td>‘I had a really great experience with the health visitors’</td>
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<tr>
<td>‘I really enjoyed the WiC’</td>
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<tr>
<td>‘I felt like another pair of hands’</td>
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<tr>
<td>‘They seemed to resent me’</td>
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<tr>
<td>‘I was sent out on my own to see patients’</td>
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<tr>
<td>‘I didn’t enjoy the placement at all – all they do is wash people’</td>
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<tr>
<td>‘It wasn’t nursing – it was more a job for carers’</td>
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<tr>
<td>‘I expected to spend more time with the G grades’</td>
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<tr>
<td>‘Some of the placements were too short and some were too long’</td>
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<tr>
<td>‘I felt like an E grade learning about D grades, not an E grade learning about G grades’</td>
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**REFERENCES**


Objective 1: Improving recruitment and retention of staff in the PCT

All the participants commented on the original advert published in September 2003 (Box 1, p38). They were drawn to the advert as it outlined a new type of developmental role they had not seen before.

Having to choose which degree to take before experiencing all the areas of practice included by the rotations meant some career pathways were prematurely closed. One participant said she wanted to change the direction of her career after taking a health visitor placement, but was already committed to taking a degree in another area of practice.

The process of commissioning and sponsorship hampered the vision for the scheme and added considerable stress to both participants and line managers. What was not considered before the start was the impact of participants not being accepted to do a degree and the impact of participants being placed outside Croydon for their training. This may have an influence on the retention of those nurses after they complete the course.

The participants all commented on the commitment, enthusiasm and support of the line managers. However, they identified a number of operational difficulties experienced during the pilot, including:
- The placement mentor had received limited preparation for the role;
- Problems securing funding and places for specialist practice degrees, which managers were unable to deal with.

Objective 2: Improving skills base

The original vision for the rotational scheme was to enable the participants to gain an insight into and begin to develop the skills required to move from E grade to G grade following successful completion of their chosen degree. In reality, the participants described a mixture of experiences in placements (Box 2, p39).

It is clear from some of these comments that staff on the placements may have had a limited understanding of the pilot and the role of the participants. This may be attributed to the severely time-limited preparation of placements and possibly due to poor communication, despite a number of presentations given to clinical team leaders before and during the pilot.

Some of the comments reveal significant strength of feeling regarding the quality of some of the placements in relation to the vision of the pilot. Some of the participants saw patients without direct supervision and felt they were doing the job of a D grade nurse. While direct care for patients was felt to be acceptable to a limited degree, it challenged the underlying aim of the scheme to prepare E-grade nurses for practice at G-grade level. This suggests a need for greater preparation of the placements and raises the question of the supernumerary position of the participants.

It must be noted that personal preference may have influenced views on whether placements were considered to be successful (or not) by the participants. Some placements that were considered unsuccessful by one participant proved successful for another.

Objective 3: Development

The pilot scheme included an opportunity to undertake the primary care nursing module provided by a local higher education institution.

The participants had expressed a need to develop a greater understanding of national and local influences on primary care and to develop a greater understanding of political and non-political influences on health and care provision.

It was envisaged that this module, offered at level three, would underpin skills development with a robust theoretical framework and enable participants to undertake study at level three in preparation for their degree studies.

It is clear from the comments regarding the course (Box 3) that it in no way met their needs. This was unfortunate because, on paper, the course appeared to provide the development opportunities required. Given the comments, it is wise to reconsider this course for any future cohorts and consider alternative developmental opportunities.

Tapping into the considerable knowledge and skills that exist within the PCT may provide some of the learning needs highlighted by the participants. In addition, study skills training could be provided in preparation for degree-level study.

The quality of the placements also appears to have had an impact on whether the participants felt that the pilot met their development needs.

Objective 4: Raising awareness of opportunities

This objective is inherently linked with the first, relating to recruitment and retention.

One of the visions for this pilot was to raise awareness among secondary care nurses of the opportunities available beyond hospital nursing.

Indeed, the original advert had an overwhelming response, with 53 completed applications received. Three-quarters of the responses came from hospital-
based nurses. Three of the four participants selected came from outside primary care.

It is interesting to note that the comments about the awareness of opportunities (Box 4) from people who had primary care experience before the programme were similar to comments from those who had not. Participants enthused about gaining a really good knowledge of what services were available and the kinds of referral pathways open to them. This was a key feature of the comments made.

In addition, it is interesting to see that all the participants made the same comments about the need to consolidate basic training in secondary care before coming into community or primary care nursing. One participant gave an example of a practice considered standard in hospital that was not being carried out in the community due to a lack of available skills. The participant described being surprised and somewhat frustrated by this. All the participants felt that they had benefited from consolidating their practice before starting this programme.

Objective 5: Tomorrow’s nurse leaders
Perhaps the fundamental philosophy underpinning the vision for this programme was the development of the nurse leaders of tomorrow.

It appears from the participants’ comments (Box 5) that, during the course of their rotations, the participants encountered inspirational leadership and areas of exemplary practice.

Participants on the programme appeared to identify their career aspirations and role models successfully and are now developing support networks that may serve them well in the future. They invariably spoke of a clear commitment to primary and community care nursing.

At this stage, it is difficult to say what impact this scheme has had on potential leadership development. It would be interesting to revisit the participants further into their careers to reassess their feelings about their leadership development relating to this programme.

Discussion and recommendations
Despite the operational difficulties encountered by the participants, the consensus appears to be that this scheme offered them a positive experience. However, there were a number of main areas for further development and these were identified as:

- A more realistic advertising and recruitment process, including a single interview for the rotational post, sponsorship and the course;
- Better preparation of placements and improved communication;
- Greater understanding of the rotational staff nurse role by staff at placements;
- Shorter ‘taster’ placements at the beginning of the programme before decisions need to be made about courses and to aid the identification of personal preferences;
- Some structured learning outcomes to help staff at placements and participants understand the purpose of the scheme.

Some of these findings challenge the traditional way things have been done in primary care. A clear example of this – the process of gaining sponsorship and a course place for specialist/nurse practitioner training – caused enormous problems, which are unlikely to be resolved unless there is a change to the system.

It is too early to tell at this stage if the scheme offers value for money in recruiting or retaining staff or improving the patients’ care experiences. This will really only become apparent in the years after the participants complete their training and return to roles in community or primary care.

What this process does appear to offer to nurses, however, is leadership skills, the opportunity to define career aspirations and commitments to primary care, and a fast-track from an E grade to a G grade if they are successful in gaining the relevant degree.

Equally important is the participants’ knowledge and experience of the services available to patients in the community and primary care and how to access them.

Conclusion
This innovative approach created challenges in redefining traditionally accepted development pathways into senior clinical positions within the trust. Interim evaluation of the scheme has enabled us to gain an insight into how both the participants and, to a limited extent, their managers have coped during the first year. The lessons learned from this evaluation will influence and inform future developments relating to the scheme.