We must not lose specialist skills in learning disabilities

Avoidable deaths of people with learning disabilities highlight the importance of the RNLD qualification, says Richard Brittle

IN THE 30 years since I qualified as a learning disabilities nurse, everyone interested in the subject – parents, carers, social workers and learning disabilities nurses (RNLDs) – has known that acute health services find it difficult to care for the physical health of people with learning disabilities.

I remember RNLD students discussing the poor care that their clients had experienced in hospital, and saying that someone would have to die before anything was done.

Unfortunately, a significant number of deaths have occurred. These are graphically documented in Death by Indifference (Mencap, 2007). Anyone reading the report will see that the deaths were avoidable.

As a result of Mencap’s findings, the Department of Health is setting up a confidential inquiry into the premature deaths of people with learning disabilities in NHS care.

Death by Indifference should be required reading for practitioners, managers and policymakers in the general health services, which are so rightly criticised. However, I wonder how many have heard of the report, let alone read it and realise that it has led to this inquiry.

It would be wrong to imply that all people with learning disabilities receive poor care in hospital – my students see examples of excellent practice. However, we need to ensure that poor practice and avoidable deaths are eradicated.

The DH is commissioning a public health observatory to provide data on learning disability. This body will also be charged with ensuring medical students and NHS professionals receive training on learning disabilities, equalities and human rights.

Learning disability is a vast subject, in respect of physical health, communication and a host of other considerations. Pre-registration nursing courses do not have enough time to cover their own specialties – particularly the adult branch – so how can they be expected to shoehorn in additional education?

The DH and NMC are exploring changes to nursing education. One much-vaunted proposal is the introduction of the generic nurse. This would involve dropping learning disabilities from pre-registration education, and replacing it with optional post-registration courses.

If this proposal were accepted, we would lose the only professional qualification in learning disabilities available. Where RNLDs practise in PCTs, it is recognised that they offer a significant benefit. Surely, instead of consigning the RNLD to the scrap heap, should we not only retain the pre-registration course but develop it further?

Learning disabilities nursing should be recognised by the wider family of nursing – and particularly the NMC – as a worthwhile profession, rather than as a poor relation. Health services should be making proper use of these nurses’ skills as part of their strategic response to Death by Indifference.

Along with the public health observatory initiative, involving RNLDs in this way would help to ensure that people with learning disabilities receive high-quality health care. It should also mean there are no more avoidable deaths among these vulnerable people when they come into contact with general health services.

Reference

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