“Student plan based on an ‘alternative’ recommendation”

The loudest “noise” in the nursing profession following the Francis report and the government response has been around the proposal that prospective student nurses should spend a year working as a healthcare assistant before starting a nursing degree. Many expert comments have demonstrated bewilderment at how this is helpful in addressing the many issues of systemic failure identified in the report. Going back to the original report, rather than relying on media interpretation, has encouraged me to reflect a little more.

The relevant recommendation in the report is number 187, which is a paragraph of five sentences. The last sentence, actually offered as an alternative to the first four, is the one that has been interpreted as the requirement and has caused so much concern.

The first four sentences of the recommendation are as follows: “There should be a national entry-level requirement that student nurses spend a minimum period of time, at least three months, working on the direct care of patients under the supervision of a registered nurse. Such experience should include direct care of patients, ideally including the elderly, and involve hands-on physical care. Satisfactory completion of this direct care experience should be a pre-condition to continuation in nurse training. Supervised work of this type as a healthcare support worker should be allowed to count as an equivalent.”

And then the final sentence states: “An alternative would be to require candidates for qualification for registration to undertake a minimum period of work in an approved healthcare support worker post involving the delivery of such care.” It seems to me that the first three sentences refer quite clearly to student nurses and formal supervision by registered nurses. This could work as a “probationary” three months at the beginning of a degree programme – it needs to be worked through whether this would be in addition to the current three years or included in it. It is a proposal that I would be happy to consider with the NHS placement providers that I work with.

The fourth sentence I would interpret as if someone has worked as a support worker under the direct supervision of registered nurses for at least three months, then they could apply to a degree programme, without undertaking the probationary three months. This seems to me to be a not unreasonable proposal and one that should not be too difficult to work up and pilot. I wonder how many of the proposed pilot schemes are using this approach?

The final sentence, the alternative, I continue to dismiss as unhelpful and almost impossible to manage logistically and financially. I am still of the firm opinion that the alternative is mistakenly offered as a cheap option, born of misunderstanding of current roles and education partnerships and would fail to address the culture and attitude issues.

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There has been much reflection across the NHS since the Francis report was published. All sectors accept the issues were not unique to Stafford, other pockets of poor practice exist and a cultural change is vital to ensure they are eradicated.

However, achieving cultural change is easier said than done – especially when frontline staff feel their organisation prioritises finance and targets over patient care. To feel empowered to put patients first they need to know they have their leaders’ support.

Our Discussion on page 18 focuses on the need for ethical leadership, for senior staff to role model ethical practice and challenge practices that put patient care at risk. Nurses are urged to be prepared to say “no” when their values are threatened, and to consider what they would be willing to do to defend standards of care. But if they do take a stand, they need leaders who will defend, not discipline, them.

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