Nurse Education in Practice 14 (2014) 504–511

Contents lists available at ScienceDirect

Nurse Education in Practice

journal homepage: www.elsevier.com/nepr

Review

The education of UK specialised neonatal nurses: Reviewing the rationale for creating a standard competency framework

Sue Turrill*

Baines Wing, School of Healthcare, University of Leeds, Leeds LS29JT, UK

Keywords:
Education and training
Professional knowledge
Specialised neonatal nurse
Clinical competency

A B S T R A C T

This paper examines the influences surrounding formal education provision for specialised neonatal nurses in the UK and presents a standardised clinical competency framework in response.

National drivers for quality neonatal care define links to the numbers and ratios of specialised neonatal nurses in practice. Historical changes to professional nursing governance have led to diversity in supporting education programmes, making achievement of a standard level of clinical competence for this element of the nursing workforce difficult. In addition responsibility for funding specialised education and training has moved from central to local hospital level.

Evaluating these key influences on education provision rationalised the development, by a UK professional consensus group, of a criteria based framework to be utilised by both formal education and service providers. The process identified clinical competency (in terms of unique knowledge and skills), evidence of achievement, and quality education principles.

Access to specialised education relies on the availability of programmes of study and clear funding strategies. Creating a core syllabus for education provides a tool to standardise course content, commission education and audit clinical competency. In addition partnerships between healthcare and education providers become successful in achieving standard specialised education for neonatal nurses.

Introduction and background

Healthcare services delivered by the National Health Service (NHS) in the United Kingdom (UK) provide immediate and ongoing hospital care for sick and preterm newborns. Vital to the successful outcomes of this service are the registered nurses working in this specialism who undertake formal, additional education and training in order to ensure their practice has a positive influence on the future potential of those in their care. It has been shown that where care is delivered by registered nurses who also hold a recognised qualification in this speciality overall mortality rates of 'at risk' newborns are reduced (Hamilton et al., 2007).

Across the developed world neonatal or perinatal nurse competencies, which aim to underpin the role of registered nurses working in this specialism, appear to have common generic domains (for example, the use of research and evidence; leadership and professional development; communication and family nursing; legal and ethical considerations). The recent position statement from the Council of International Neonatal Nurses (COINN, 2011) clearly advocates that all speciality nurses should be prepared through specialised education and practice routes. However whilst most are linked to the scope of care and practice skills within their own country (AAP, 2009; ACNN, 2012; ANA/NANN, 2004) a clear definition of the unique knowledge base required to support clinical competency in this specialism has not been devised. Global variations in healthcare systems, role definitions and nursing titles may make a universal definition of neonatal specialist clinical competency difficult to achieve; however, a national standard may be utilised and adapted to accommodate these differences across other countries.

The organisation and funding of healthcare provision in the UK is determined by government bodies, for example the Department of Health (DH), Health Education England (HEE), National Health Service Education for Scotland (NES) and the National Institute for Health and Care Excellence (NICE). In addition guidance and specialist expertise is provided to government by professional bodies whose members have clinical, workforce and managerial expertise in the field. For neonatal care these are the British Association of Perinatal Medicine (BAPM), The Scottish Neonatal Nurses Group (SNNG), the Royal College of Nursing (RCN) and the Neonatal Nurses Association (NNA).

* Tel.: +44 113 3437550.
E-mail address: s.turrill@leeds.ac.uk.

http://dx.doi.org/10.1016/j.nepr.2014.07.001
1471-5953/

Traditionally, centrally funded post-registration education within England has been commissioned by regional workforce development confederations. In future this will, in part, become the responsibility of Hospital Trust managers to reflect their workforce needs (HEE, 2012). Therefore having a measurable level of clinical competence, achieved through a standard framework of knowledge and skills development integrated within formal education pathways, can ensure care delivery by this element of the workforce achieves an agreed level of quality.

From 2011 to 2012 a group of senior UK neonatal nurse professionals, from both practice and education fields, convened to determine a response to this transitional picture. This resulted in publication of a core syllabus linked to clinical competency for Qualified In Speciality (QIS) nurses, with the aim of standardising the educational support for this role across the UK (BAPM, 2012).

This paper will explore the justification and development of this project by presenting the key influences on healthcare and education provision in the UK that had contributed to the potential for an increasing risk of instability and diversity in this area. This included the erosion of professional validation and monitoring, changes to education funding systems, plans for future structural changes in the NHS, relevance of QIS education for neonatal nursing practice and career pathways, and the national quality drivers linked to specialised neonatal nurses roles and numbers. In addition the key elements of the framework are presented and rationalised for their inclusion as criteria for measuring quality.

Influences

Historical basis for professional governance

Nurse education in the UK is provided by higher education institutions (HEIs) who themselves have been accredited by the professional regulatory body, the Nursing and Midwifery Council (NMC), to deliver graduate programmes of study leading to registration. By adhering to agreed standards for education and training, the NMC's legal responsibility for safeguarding the health and well being of the public is maintained (NMC, 2008; NMC, 2010).

The development of the NMC in 2002 followed the transfer of nurse education from NHS Schools of Nursing into the higher education sector. As a consequence the NMC's role in regulating post registration education was removed resulting in a lack of central professional monitoring of specialised courses. One such example was the loss of the English National Board 405 course – 'Special and intensive nursing care of the newborn' (ENB, 1990). The syllabus defined at the time would undoubtedly not be relevant today considering the increasing complexity of care and technological advances in this specialism, however those offering this course were able to ensure standardisation through a common core content, in conjunction with central validation and monitoring, that ensured a level of consistency and quality.

Whilst all nurse education has benefited from the quality assurance frameworks afforded by the higher education sector (QAA, 2001), having no agreed UK standard of education and training for specialised nurses it is difficult to ascertain if either a consistent level of education is being delivered to, and achieved by, those working in this role. It is also difficult to determine what the limits of their role should be.

Neonatal care provision in the UK

Since 2003 acute neonatal care has existed within managed clinical networks (DH, 2003) an example being the Yorkshire Neonatal Network (YNN) which consists of 10 hospital neonatal units, 3 being designated for providing intensive care, and collectively admitting approximately 4000 babies per year. Being geographically based, Neonatal Networks have enabled NHS Hospital Trusts to work collaboratively to provide differing levels of care to a wider population, ensuring babies and their families have equity of access dependant on their need. Thus the most complex care is centrally provided where the expertise and resources are situated within designated Neonatal Intensive Care units. This also allows for Local Neonatal Units (providing mainly up to high dependency care) and Special Care Units (providing only special care) to concentrate their development in these areas of care (Turrill, 2000).

Developments within the NHS, introduced under national government directives (DH, 2010), created a more formal structure for clinical networks across all aspects of healthcare in England. For neonatal services the specifications for care provision stipulate the ratios of nurses to babies, depending on the individual level of care required (BAPM, 2010; DH, 2009; NICE, 2011). These levels of care are themselves defined in categories as transitional care, special care, high dependency care and intensive care (BAPM, 2011). There is also a requirement that high percentages (minimally 70%) of registered nurses in each unit's workforce should be QIS. The increased level of accountability afforded by this initiative will result in a closer scrutiny of nurses roles and qualification and ultimately require a standard for QIS nurses to be measured against in order to fulfil this national criteria.

In addition to the specific service criteria recent government proposals for nursing (DH, 2008) have recognised the value in standardising practice across the UK to reduce the variability of autonomous nursing care and drive quality improvements.

The education route for QIS nurses

Nurses wishing to specialise in neonatal care traditionally have completed either adult or child undergraduate registration programmes as the first element of their education route. Entry to register nurse training programmes, and consequent career pathways, are based on the generic competency domains defined within the NHS Knowledge and Skills Framework (NHS, 2004), in the context of either child or adult health and illness. These include developing an understanding of Communication and interpersonal relationships; Personal, professional and people development; Health, safety and security; Service development; Quality; Equality and diversity and rights.

Whilst some HEIs offer nursing students practice placements in neonatal units, there is no requirement to include foundation knowledge or practice experience related to sick or preterm infants in these programmes (NMC, 2010) which would link to the specific competency domain of 'Responsibility for Patient Care'. Therefore newly registered nurses entering the field of neonatal care, whilst being able to transfer generic nursing competence to their practice, will not have the unique knowledge base relevant to this population on which to evaluate practice, problem solve and base decisions about care.

For example:

- Assessment of the healthy newborn; recognition of states of altered physiology due to underdevelopment and their relevance; specific neonatal pathologies and their treatments;
- The impact of prematurity, illness and care practices on ongoing infant development, health outcomes, future potential and quality of life;
- The vulnerable family; grief and loss of the healthy infant; the family in crisis; the experiences and support of families within neonatal care.