Nurse training and accreditation

I have read with interest in this Journal, since my retirement, the continuing debate over nurse training and accreditation by the Faculty of Sexual and Reproductive Healthcare (FSRH) and am saddened that there is still no resolution. Indeed, the October 2012 issue of the Journal included three letters on this very topic.¹⁻³

Nurse and midwifery training is validated through universities at diploma or graduate level and is regulated professionally through the Nursing and Midwifery Council. Registration is maintained by demonstrating compulsory continuing professional development, usually in the area of practice, to remain on the Nursing Midwifery Register.

Reproductive and sexual health courses are competency based and acquire accreditation points that count towards a degree or go towards upgrading from diploma to graduate and post-graduate level; these points are transferable from one academic institution to another.

That being the case, there is no reason why some university across the four countries would not consider the content of the Diploma of the Faculty of Sexual and Reproductive Healthcare (DFSRH) for nursing and award it accreditation points, particularly since the course is organised and quality assured through a highly accredited medical faculty. If this could be achieved, criteria must be set for post-registration experience for nurses before embarking on the course.

The award title 'DFSRH' may not be appropriate for nurses because of pre-registration academic differences in medical and nurse training; currently it takes 3 years pre-registration training for a nurse to receive a diploma.

Rebadging the course for nurses to a Statement of Competence, 'CFSRH', may be acceptable to an institution that could consider accrediting the course along with the Faculty. It would be recognisable nationally and differentiate between a medical and nursing qualification. It would meet the criteria for continuous professional development in the area of practice, which is a requirement for nurses working in the specialty.

I fail to understand why 'CFSRH' could not be progressed and the successful recipient negotiate with an institution of choice, accrued points to go towards a degree at higher level if required.

There is a body of evidence to suggest that there is a requirement for a standardised recognisable competency award for nursing, in reproductive and sexual health, that our medical colleagues will understand and acknowledge. The range of existing and newly planned courses at different levels across the four countries leads to confusion for service leads who are responsible for employing nursing staff.

This area of health care has pioneered modernisation and integration: keep it going by taking forward CFSRH!

Although retired, I maintain a keen interest in the Faculty, and wish it every success with this important initiative.

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- 3 Beddard S. Training for nurses working in SRH. *J Fam Plann Reprod Health Care* 2012;38: 272–273.

LETTERS TO THE EDITOR

Letters to the Editor are welcome and generally should not exceed 600 words or cite more than five references. For comments on material published in the most recent issue of the Journal, correspondence should be received within 4 weeks of dispatch of that Journal to be in time for inclusion in the next issue. When submitting letters correspondents should include their job title(s) and their work affiliation(s)/contact address(es). A statement on competing interests should also be submitted for all letters. Letters may be submitted to the Journal Editor or to the Journal Editorial Office (details on the Editorial Board page).