Nurse training in sexual and reproductive health

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Background

Since the demise of the National Boards in 2002, the quality of post-registration nurse education has become unacceptably variable. At its worst, it lacks structure, does not meet required standards and in some places is non-existent. The days of employing nurses who have a nationally recognised post-registration qualification in sexual and reproductive health (SRH) are long gone. What we have now is a mishmash of different courses, at variable levels, spread intermittently across the UK.

How can we rectify the current situation? The arrival of e-learning and the revision of the Diploma of the Faculty of Sexual and Reproductive Healthcare (DFSRH)[1] provide us with an opportunity to revolutionise post-registration nurse training in this field.

Many of us remember the '901'. Of course, there were many incarnations of this nationally recognised family planning course, ranging from the Family Planning Association Certificate, JBCNS 900, 901 to the later 8103. The standards set by these courses enabled a practice or clinic in each of the four UK countries to know what they were getting when they employed a family planning trained nurse. Initially the standards survived the move that nurse education took into universities and higher education institutions (HEIs), where the new diploma and degree courses were built around the existing, recognised clinical curricula.

Career progression became dependent on having a degree when it was still unusual for pre-registration nursing courses to be at degree level. Post-registration courses at degree level were developed to enable nurses to progress in their careers. They have become less important now more pre-registration nurse education is at degree level (and will become the norm in the future).

The current situation in nurse education was precipitated by the changes in nurse administration that took place in 2002. As in the medical profession, there have been different organisations, which have been responsible for different elements in nursing such as professional registration, indemnity insurance, union representation, and education. In 1983, the United Kingdom Central Council (UKCC) replaced the GNC (General Nursing Council) as having responsibility for nurse registration issues. At this time all education issues became the responsibility of the newly created National Boards: one each for England (ENB), Wales (WNB), Scotland (NBS) and Northern Ireland (NBNI). They were tasked with overseeing quality and standards in education and training; this responsibility extended to those institutions and individuals providing the training. They did this by validating and accrediting courses, giving them identifiable and reproducible numeric titles, which other courses in the same field would be matched against. For example, this is where the ENB 900/901 etc. courses originated. The numbers/courses generally were matched across the four countries/Boards, thereby providing standardisation in training and confidence in the level of knowledge and skills that had been attained by individual nurses successfully gaining their 'ENB' certificates.

In 2002, the UKCC and National Boards were abolished. The Nursing and Midwifery Council (NMC) became responsible for registration issues and for setting and monitoring standards for educational establishments but, sadly, not for individual courses or curriculum content. At this time the ENB ceased to exist, though alternative bodies were put in place in Scotland, Wales and Northern Ireland. It had been decided that provision and management of courses should be devolved to HEIs to reflect local needs. Since the last ENB validations ran out, some HEIs have continued to run these courses, albeit without using the recognisable titles, but others chose to discontinue them altogether. There *are* degree and diploma courses in women's health, sexual health or reproductive health but these contain variable amounts of contraception, sexual health, sexually transmitted infection diagnosis and management, abortion and cervical cytology. This lack of standardisation and comparability leaves employers without the confidence of knowing what exactly the nurse has achieved in terms of theoretical and practical exposure within the discipline, nor any information about the nurse's level of competence. Few new courses are being devised, due in part to the uncertainty as to how they will be received, and to their status nationally. In addition, because of the time and cost of these courses, it is becoming more difficult for employers, particularly general practitioners, to release nurses to undertake long, expensive, college-based courses.

SRH nursing

The changes in nurse education have occurred at a time when the specialty of SRH has become more widely recognised and the role of specialist nurses within the field has advanced considerably. In this field it has been traditional for the nurses to work very closely with their medical colleagues – the epitome of multidisciplinary working. Career pathways in SRH for nurses are becoming increasingly attractive, for example, with developments in formalising use of patient group directions, the advent of non-medical prescribing, and nurse training in insertion and removal of subdermal implants and intrauterine devices/systems. Recently the FSRH has recognised the role of nurses in some aspects of medical training.

So, where does that leave us in terms of post-registration nursing education within SRH? A number of HEIs have started to introduce elements of the current DFSRH into 'family planning' nurse training – using the model of theory courses, with or without the Sexually Transmitted Infection Foundation (STIF) course, and, with

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permission, adapted versions of the Faculty Logbook to guide and document evidence of clinical and theoretical competency. These adaptations have generally been well evaluated. Nurses have, for a long time, been directly and indirectly involved with their consultant and senior doctor colleagues in setting up and running the diploma courses for doctors. With the introduction of the new DFSRH, it would seem timely that training could continue in this vein and be formally standardised across disciplines.

The future

We would like to suggest that the standards set by the Faculty's Diploma become core to SRH training for nurses in the UK. This would enable us, once again, to have recognisable, standardised training for nurses in SRH, with the additional benefit that it ensures standardisation across professions.

The e-learning theory course will be accessible and free to all clinicians who can prove they are registered with an appropriate body in the UK, which includes NMC registered nurses. The course has been written with multidisciplinary working in mind, and nurses have contributed to its development. It is primarily aimed at those professionals who are providing Level 1 sexual health services, so is as suitable for nurses as it is for doctors.

How do we think this could work in practice? With the permission of the Faculty, there are currently two pilots taking place: one as a stand-alone work-based training programme and one incorporated into an existing university course.

1. The Margaret Pyke Centre pilot is employing nurses at Band 5 on 6 month contracts as trainees during which time, under the guidance of an educational supervisor, they will be exposed to a variety of relevant health care settings, have protected training time, will complete the e-SRH modules and have a series of assessments of competence in the provision of SRH care.
2. The University of Reading is running its previously established course in SRH using all the new DFSRH components, with clinical placements in Reading and Slough. At the end of the course the students will receive the university certification as before.

Both of these courses are using an adapted version of the Faculty Logbook to demonstrate evidence of clinical competence.

It is anticipated that these two pilots will demonstrate the flexibility of delivering this training, while encompassing the standardisation we need.

In conversation with Professor David Foster, Deputy Chief Nursing Officer at the Department of Health, we found him to be very supportive of our proactive approach to learning. In leading the modernisation of nursing careers, Professor Foster is very receptive to new techniques that embrace e-learning, programmes that are work-based and relevant to advancing practice and embedding new ideas. He also supports the need to have a programme that is flexible but based on recognised standards, so that employers and practitioners are clear about the competences that will be achieved and in which the benefits for service users are unambiguous.

Accreditation

The one question that remains is around national accreditation of competence, which, whilst not essential, does help employers to assess the quality of education and training of potential employees. The NMC Code (2008), Post-Registration Education and Practice (PREP) and nurse accountability require that nurses can demonstrate that they have acquired the relevant knowledge and skills to practise safely and competently. If nurses want accreditation there are a number of possible routes that could be taken.

Universities

Currently most courses are only accredited by the HEI that delivers them; and even though some offer accreditation to courses delivered elsewhere, there is little reciprocal recognition. For this reason standardisation seems unlikely. We would like universities/HEIs to continue to provide accredited training that supports local needs in consultation with services and providers. We hope that those that do run courses within the sexual health field will use the e-learning course as the core theoretical element of whatever programme they provide and look to incorporate more work-based learning.

Royal College of Nursing (RCN)

The RCN provides indemnity insurance to its members, is a trade union and provides varying levels of professional support. It has, until now, accredited individual courses and study days. However this option might be seen as divisive by some people and organisations. It is seen as expensive – not all nurses (particularly those in general practice) are RCN members and non-members may be charged more. In addition, during their last reorganisation, the RCN removed the specialist sexual health adviser post: a detrimental and backwards step in the current political climate with increased awareness of the importance of sexual health issues.

Faculty of Sexual & Reproductive Healthcare

The FSRH is a faculty for medical practitioners, and is bound by its constitution and that of its parent college, the Royal College of Obstetricians and Gynaecologists (RCOG). It currently has no governance infrastructure to support nursing education and is not currently in a position to accredit nurse training. However, we do see benefit in exploring this as a preferred option. It makes sense for clinicians, who are working together, to be trained and supported together, and to have a single accredited training pathway.

What next?

It is important that nurse education and qualification in SRH is accessible to all who require it and that it is achievable within the restrictions of busy NHS careers and services. It should also be affordable and demonstrate meaningful competence of the nurse professional. In order to bring back recognition, confidence and standardisation in SRH post-registration nursing education and training – even in the absence of resolution of the accreditation issue – there is no reason why nurses working in SRH cannot recommend and support the new routes described above. The more people who agree and demand this option, the more likely we are to get the recognition nationally that this is the way forward for SRH nursing in the future. We would urge all our colleagues, and those involved in nurse training and education, to consider how they would like to see SRH nurse training and education delivered and accredited in the future and e-mail us with your responses and suggestions.

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Reference

1 http://www.fsrh.org/Default.asp?Section=ExamsTraining&Subsection=DFSRHJan10 [Accessed 29 November 2009].