



Continuing Professional Development Needs and Education Provision for Primary Care Nurses in Wales

Executive Summary

The focus of this scoping project was to identify the continuing professional development (CPD) needs of primary care nurses in Wales. For the purposes of the project CPD was defined as:

‘...a formal educational programme/course/module with academic or vocational accreditation which is offered in Wales’.

During the life of the project, the objectives of the project brief evolved into the following working objectives:

- To identify common themes relating to the provision of CPD for primary care nurses in Wales
- To ascertain the CPD opportunities readily available in Wales and that not available.
- To provide a frame of reference that explicitly demonstrates the match between existing Open University CPD provision and identified CPD need.
- To explore the feasibility of the Open University/RCNI strategic alliance providing work based, post qualifying development opportunities that would be recognised at operational and strategic levels.

The CPD needs were considered in the context of current and emerging roles of primary care nurses driven by nation wide and local policy initiatives. CPD needs were identified by lead nurses and an analysis of CPD needed and that available was undertaken to identify any gaps. Data collection was through interviews with Executive Nurses of NHS Trusts and Directors of Nursing of Local Health Boards or their nominated representative. Of the 22 Local Health Board Nurse Directors 19 participated in the interviews. Of the 13 NHS Trust Executive Nurses 10 participated. This gave a response rate of 86.4% and 76.9% respectively. The interviews were mainly via telephone. The overall response rate of 83% indicates how important continuing professional development is considered to be by nurse leaders in primary care.

Key findings

Three key themes were identified as affecting the demand for, and uptake of CPD:

- Changes in the delivery of nursing care in the community
- The development of nursing roles
- The varied roles of Practice Nurses within General Practice

A number of key messages arose from within these three themes.

- There is a need for:
 - Clarity as to what nurses working in the community will actually be doing in the redesigned health service in Wales.
 - The district nurse to become a skilled generalist with access to a number of specialist nurses
 - Development of the role of case managers to work specifically with people with complex health and social challenges with the aim of maintaining people in their own homes.

- Nurses working in primary care have little opportunity to appreciate the political agenda that is set for healthcare organisations
- There is huge variation in the role of practice nurses across Wales creating a diverse range of learning needs
- There is huge variation in practice nurses' access to CPD
- There is little consensus about whether pre- registration education prepares nurses to enter the community at the point of registration
- CPD support is not perceived to be just about academic programmes of education but it is also about work based and other learning opportunities

Thirty four areas of CPD need were identified and through thematic analysis were reduced to seven subject areas:

- Information and Communication Technology
- Law: accountability, ethics
- Leadership
- Management
- Practice development: research and evidence based practice, skills development
- Public Health
- Research

From the interviews with lead nurses, it was established that:

- The universities in Wales provide courses of relevance to the current and possible future roles of nurses working in primary care.
- Education opportunities are available which are very relevant to the contemporary health agenda for Wales.
- There are strengths in the provision of research and leadership programmes in Wales.
- There is a perception that there are some gaps between CPD needed and that available, specifically opportunities to develop practice skills, people management skills and political awareness to fulfil future nursing roles in primary care.

There are clearly held views about preferred modes of delivery and focus of CPD opportunities:

- Shared and inter professional learning promoting shared values and understandings
- Learning that is not reductionist and task focused but whole client focussed
- Local provision
- Access to a blend of learning media, including face to face contact, distance learning and E learning
- A menu of provision that could be mixed and matched and provided in 'bite size chunks'

Recommendations

The recommendations arising from the findings of this project are:

- That the OU and the RCN use their respective organisational influence to support the development of nursing practice within primary care.
- That further work is undertaken by the RCN to promote protected time and funds for nurses to undertake CPD
- That the OU and RCN present learning outcomes in a format that explicitly demonstrates the match between CPD provision and CPD need.
- That the OU and RCN promote the benefits of work based and open distance learning
- That the RCN and OU consider exploring the training and CPD needs of Health Care Support Workers in primary care.

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Section 1 Background

The current climate of change both within health service provision and health care education is driven by a need to provide high quality service supported by continuing professional development that enables health care workers to maintain and improve their performance. This has to be achieved within a context of finite resources, both in terms of time and finance. Nowhere is this more evident than in primary care as health policies focus on the primary care setting as the location of choice for much health care provision. Numerous Welsh Assembly Government documents highlight the move toward a primary care led NHS: The Future of Primary Care: An Action Plan for Primary Care in Wales 2002, The Review of Health and Social care in Wales 2003, Designed for Life 2005, One Wales 2007. Alongside these developments is the Chief Nursing Officer for Wales' investigations into primary care activity: Review of primary care and community nursing in Wales 2004, A re-examination of the review of health visiting and school nursing 2004, Mapping School Nursing Across Wales 2004. All this activity indicates that primary care is of paramount importance in health care in Wales.

There are a number of drivers for CPD provision for nurses. The political imperative for high quality services to be provided in Wales is set out in the Welsh Assembly Government documents: Designed for Life 2005, One Wales, 2007 In meeting the challenge of health and social care provision in Wales in the twenty-first century the Welsh Assembly Government has launched a programme of reform (Designed for Life 2005). This strategic framework is a programme that seeks to re-orientate health and social care services into a sustainable health service in Wales over ten years. It also comes with the burden of financial deficits within NHS Trusts (Audit Commission Wales 2004, Welsh Audit Office 2006). The changes will transfer more care into the community and will require the preparation of a nursing workforce to meet the needs of people in their own homes and community settings.

Demographic drivers include an increase in the older population, more single person households and an increase in the proportion of the child population with disability. People are surviving longer with complex health needs and this is giving rise to increased numbers of people experiencing life long conditions. The increase in chronic disease due to people living longer is giving rise to unprecedented health and social care need. (NPHS/NS/Welsh Assembly Government 2006, March 2007). The response to such an agenda leaves no doubt that demand for services far outweigh the resources available. Both Wanless (2003) and Beecham(2006) highlight the need to transform and reconfigure services across Wales if service provision is to meet the health needs of the changing profile of the population of Wales.

The professional imperative is driven by the Nursing and Midwifery Council (NMC) regulatory requirement for registered nurses to undertake learning and reflective practice to meet the continuing professional development standard of the NMC (2006). There is no shortage of research into identifying continuing professional development needs of nurses as highlighted by Lawton et al 2003 and the NMC 2004. While the positive relationship between nurse education and improved patient outcomes has been demonstrated by Aiken et al (2003), Draper and Clark (2007) highlight the significant cuts in funding of continuing professional education in the UK and state that the gap between what is delivered and learned within the educational establishments and the practice of the nurse in the work place environment needs to decrease to produce a high quality efficient nurse expert. The current climate is one of needs led education and it is therefore vital that education programmes are developed to equip practitioners with the knowledge and skills to work in a primary care led health service.

In addition to the regulatory requirements for CPD, the Department of Health initiative 'Modernising Nursing Careers' (2006) sets the direction for the modernisation of nursing careers. The priorities focus on the careers of registered nurses, but it is recognised that nurses do not work in isolation and practitioner teams include more than registered nurses. Nursing careers must respond to the profound changes taking place in the structure of health care delivery and the need for nurses to exercise leadership to bring about change.

The organisational imperative is highlighted in the findings of the Beecham report (2006). Beecham proposed that public service organisational culture is more focused on policy initiatives that are best for the organisation rather than the public that the organisation serves. Such a culture limits innovation and promotes compliance where organisations wait to be told what to do (by the Welsh Assembly Government). Beecham proposed that cultural change was needed in order to improve delivery of public services. One of the cultures that may need to be challenged is the failure to recognise the need for and funding of protected time for continuing professional development.

As the health services traditionally delivered through hospitals transfer to a community base, hospital based nurses may need to be redeployed into the community. Such a transfer will place nurses at the forefront of care delivery as the nurse will be more likely to work alone and more autonomously. No longer will there be the ward team to provide a resource for decision making or delegation. Accountability and responsibility will increase as will the need for nurses to be more resource efficient within the constraints of the finite resources available. The opportunity to work with other care providers such as schools, social services and others in both the public and private sectors will be fresh experiences for many nurses. For many hospital based nurses this represents an entirely different way of working and will necessitate robust preparation for this changing role.

For nurses the challenge is to be skilled in the prevention of ill health (Beecham 2006); to nurse patients in the community who are at an earlier stage in their health: illness continuum and/or are treated and cared for in the community without hospital involvement. The nurse will need to be skilled in the provision of acute care but in a community setting as patients are discharged from hospital very early following medical or surgical interventions. A key skill will be around assessment and an understanding of care pathways and patient journeys. New expectations for community based nurses to manage larger teams require the nurse to be skilled in additional areas of people management.

Podmore (2007) highlights what employers can do to assist nurses to move from acute hospital based provision of care to community based delivery of acute care, including combined change management plans between acute organisations and primary care providers, joint workforce planning arrangements and comprehensive induction programmes. Podmore also makes recommendations about the training and CPD needed to support transfer of nurses and development of skills profiles to ensure confident and competent practise in community contexts, including working with role models and practice educators, access to mentors offering regular debriefing sessions and training on the specific service environment of working in the community and home such as record keeping, services available and key contacts.

The interviews with Nurse Directors and Nurse Executives in Wales highlighted their desire to engage in cultural change, particularly that there is a requirement for full recognition of the need for, and funding of protected time for continuing professional development. This is not solely about sending staff on training days and being overly concerned with covering their duties. It is finding a way to maximise opportunities for development within a reflective practice framework which does not take them away from the workplace. Where funded training is required from the work place then stakeholders within the NHS and Social services, for example need to work in strategic partnership to provide resources as well as working more closely with managers in their respective organisations to achieve effective CPD (Beecham 2006).

The interviews with Nurse Directors and Nurse Executives also highlighted that clarification of nurses' roles within the intended redesigned health care provision is crucial if the redesign is to be successfully implemented. In the context of systems theory (Linstead and Linstead 2004) the change or evolution of a role inevitably impacts on the role of others. This has been clearly demonstrated in the initiative to reduce junior doctors' hours (Welsh Assembly Government 2006) It may be the case therefore that there is a need for whole organisation and whole service development of staff.

Section 2 Scope of the Project

Aim

The aim of the project was to map the CPD needs of nurses working in primary care against the CPD provision currently available identifying any gaps and to identify OU provision which could fill the gaps identified.

Objectives

The objectives of the project were to:

- Identify common themes relating to the provision of CPD for primary care nurses in Wales
- Ascertain the CPD opportunities readily available in Wales and that not available.
- Provide a frame of reference that explicitly demonstrates the match between existing Open University CPD provision and identified CPD need.
- Explore the feasibility of the Open University/RCNI strategic alliance providing work based, post qualifying development opportunities that would be recognised at operational and strategic levels.

Section 3 Methodology

Interviews were selected as the preferred method of data collection. This method would be effective in eliciting the views of Nurse Executives in the NHS Trusts and Nurse Directors within the Local Health Boards (LHB's). Interviews would provide the opportunity for the views of individuals to be explored in depth as interviewers would be able to probe answers in a way that other data collection methods would not facilitate. The small size of the target population made interviews feasible within the timescale of the project. Given the geographical spread of LHBs and NHS Trusts across Wales it was decided to conduct the interviews via telephone in the majority of

cases. This would optimise the efficient use of finite resources; human, financial and time.

Data Sources

Nineteen of twenty two (76.9%) Nurse Directors and ten of thirteen Nurse Executives (86.4%) from across Wales or their designated spokes person agreed to participate in a recorded telephone interview exploring the CPD needs of community nurses. A copy of the semi structured interview questions was provided to participants (appendix 1) prior to the interview to provide an opportunity to prepare for the interview. The permission of each interviewee was sought to record the interview and an explanation given that the interview would then be transcribed. Assurance was given that names would not be used when using quotes to provide an evidence base to support the findings of the report. The interviews were all conducted by two interviewers between August and October 2007. For consistency the two interviewers used key broad questions so as to ascertain the information being asked of the interviewee.

Data Collection

The recorded interviews were transcribed into print and analysed. The tapes were not kept and so the accuracy of the transcripts was reliant on the skills of the transcriber to record accurately what was said within the context of the quality of the recordings. Some recordings were unclear and so unable to be transcribed and on occasion there were technical problems with the tape recording. There is no evidence that the recording of the interviews interrupted the flow of conversation.

The transcripts of the meetings were subjected to thematic analysis by a researcher not involved in the data collection. This ensured independence in the analysis of the data. A danger in thematic analysis is the potential for the analyst's view of things to bias the allocation of systems/roles to inappropriate categories. To address this analysis was guided by the steps outlined by Dey [1993] and, Strauss and Corbin [1990]. This involved the following:

- Open coding
- Labeling phenomena
- Creating categories
- Assigning categories

Access to raw data was only available to the project manager,, the transcriber and the data analyst. All were fully aware of the requirement for confidentiality and secure storage of data.

Section 4 Findings

The themes are introduced and developed by the use of quotations, which are in italicised type. The quotations are used to illustrate and to validate the themes as identified by the researcher. Interviewees have been ascribed numbers so that the source of the data, but not the interviewee can be identified by the project manager. As the majority of interviewees were female the feminine pronoun is used throughout. Quotations are given verbatim unless there has been a need to clarify what is being discussed. Any additions to quotations or omissions have been given in brackets. Additions have been inserted to provide sense to the written version of a verbal conversation. Omissions have been made to either protect the identity of the

interviewee or to exclude aspects of the responses which were not relevant to the theme under discussion.

The key nurses identified as giving care in the community by the interviewees were, District Nurses, Health Visitors, School Nurses, Mental Health Nurses, Practice Nurses and a number of specified nurse specialists, such as those working in Early Response Teams and certain areas of medical speciality.

The report of the findings begins by discussing the three themes identified as affecting the demand for, and uptake of CPD (see figure 1):

- the changes in the delivery of nursing care in the community;
- the development of nursing roles;
- the varied roles of Practice Nurses within General Practice

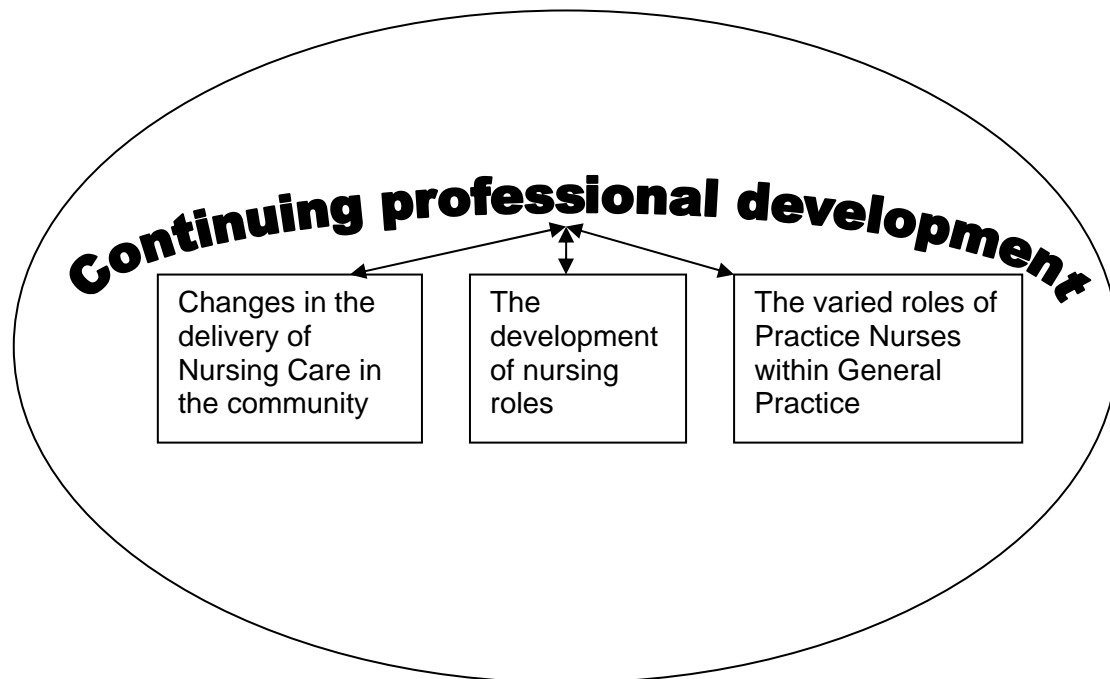


Figure 1: Factors impacting on uptake of CPD opportunities

4.1 Changes in the delivery of care in the community

One of the major themes arising out of the interview data is the identification that nursing care in the community is in a state of flux. It is clearly reported by interviewees that there is an urgent need for clarity as to what nurses working in the community will actually be doing in the redesigned health service in Wales. What will be the function of the nurse working in primary care in real terms? As to who is going to decide what nurses will be doing in Primary Care has been partly answered in the arrangements under the General Medical Services Contract (GMS) (2006) and the Quality Outcome Framework (2004) (2006). For example one interviewee responded:

'I think there will be a lot more moves towards triage and minor illness and to be quite honest, whatever the GMS contract in the future brings up for them to get (QoF) points'

'If you are within an independent contractor set up, which will be GP practices; it would very much depend on how the practice move their management plan forward, as to what the nurses will do. You could

have a range of nurses for people' just doing the very basic, through to ones basically doing the doctors work. So there is a very wide range of what nurses do in practice, so I don't think that you could say, you know, you will always get the ones that are just doing the basics, up to those that are all singing dancing'

Interviewee 15

It is apparent that the scope of practice of the nurse is considerably broad.

'I think they need to develop skills that they have currently got. They are very well skilled in Primary Care at the minute in fairness to them, but actually (need to take ownership of) what they do, as opposed to being directed by our GP colleagues. And I think they actually need to continue as they are at being an advocate for patients. But I think a lot of it with Primary Care is around leadership and actually modernising the service with the nurse being the lead for that.'

Interviewee 1

In the interviews there is a common view that nurses working in primary care have little opportunity to appreciate the political agenda that is set for the healthcare organisations to work towards. As one interviewee put it nurses perhaps need to know why certain services are commissioned and not others, especially when they are faced with a practice situation and find it almost incomprehensible that treatment or care is not being provided because it is not commissioned and the nurse has no understanding as to why this is the case. Most nurses are fully aware of change as an entity as the NHS is in a constant state of change, however nurses are not always in a position to interpret the political agenda and subsequently the stance their employing organisation takes on certain issues. This is succinctly put in one interview when discussing CPD need:

'leadership skills because that helps people to develop to think outside the box and I am certainly a great believer that you can have policies and protocols to the hilt, but unless you have a professional who can interpret a situation as they see it and apply the policy and protocol, certainly within community working, you are on a losing wicket for start off.'

Interviewee 3

CPD needs that emerged through exploration of this theme include:

- management
- political awareness and astuteness
- leadership including management of change
- partnership working
- client/patient centred practice including advocacy and accountability
- a multi skilled workforce within which individuals have a repertoire of generic and specialist skills

One interviewee put it, in considering the benefits of shared CPD provision and uptake.

'...I think for primary care services, we could do with a bit more of a balance for things like community development partnership working – those kind of professional development situations that enable practitioners to move on.'

Interviewee 22

4.2 The development of nursing roles

The extent of the current transformation of health care service in Wales is not yet fully understood however the majority of Nurse Directors and Nurse Executives interviewed are of the view that a review of community nursing needs to take place.

This finding of the project indicates that the recommended outcomes of previous reviews are still being considered with regard to implementation. From the quotes and the publications referred to during the project it is apparent that there is an opportunity for nursing in Wales to appreciate what nursing and others do as generic and or specialist and to respect all the roles. When nurses reach a shared understanding and agreement on their roles the opportunity to influence the nursing, health and social care agenda will be enhanced.

The interviewees see the maintenance of people in their own homes as being a priority, with a consequent increase in the amount of acute care to be delivered within the community setting. In order to achieve this, the health care support of those with chronic diseases is identified as being of prime importance as well as an increased emphasis upon health promotion. The following quotations indicate some of the potential changes, which will impact on the role and responsibilities of all nurses working in the community:

'I think we are going to do a lot more investigatory work within the community, and so the individual shouldn't need hospitalisation..., so it's not like saying, we don't know what is wrong with this patient, please can we admit him for further investigation, so I think all the investigatory stuff needs to be done in the community before the individual is hospitalised.'

Interviewee 22

'I want them (community nurses) to keep people out of hospital, I want them to keep people well, so people who have chronic disease etc, and I want them (the patient) to be pro-actively case managed and kept out of hospital wherever possible and kept as well as possible.'

Interviewee 19

How these changes are going to be managed is considered to be an issue for debate. It is felt that having a carefully planned strategy for change is important in order to ensure that it is successful. This strategy involves the development of the leadership and assessment skills of nurses. These are seen as very important as it is through assessment that specific packages of care can be planned and executed. Without effective leadership it is thought that any changes will not be successful. There is also a need to plan ahead to consider who will be the community nurses of the future. The current community nursing workforce is seen as ageing (Watson et al 2003) and therefore there is a need to attract new nurses into the community. The changing demographics of communities, with falling birth rates and rising number of older people will also need to inform a review and the development of community nursing services.

There were a number of different views associated with how the role of the community nurse might be developed in order to care effectively within the context of the rising numbers of people with long term chronic diseases and an increasing proportion of the child population with lifelong and/or life limiting conditions. The need for the district nurse to become a skilled generalist with access to a number of

specialist nurses was identified as well as the development of the role of case managers to work specifically with people with complex health and social challenges with the aim of maintaining people in their own homes. The increased use of technology, such as tele-monitoring was also identified as being important in the maintenance of people in their own homes.

Closer links with social services were also identified as important. The boundaries between health and social care are felt to be unclear and areas, such as the implementation of the Mental Capacity Act (2005) have demonstrated how successful joint working can be. One senior nurse illustrated this clearly as a result of looking beyond Wales at potential models of care:

'I think that if you look at the Scottish Models..., they are talking about generalists with specialist input. So you can actually have a generalist who in my mind,...is that they have so many people going in to see them and I am a great believer in ...one point of contact, and I don't have a problem in that a Nurse, a GP, a Social Worker whatever, given the prime coordinator for whatever the needs of that patient is.'

Interviewee 4

Another interviewee called on the need for considered policy change that goes beyond the boundaries of health and social care:

'With all the Designed for Life, Designed to Deliver policies that are out there, there doesn't seem...to be at government level, a joined up thinking around health policy making in regards to secondary and primary care, working with the partners that they need to work with within their community and wider settings. ...there is an over-riding drive towards, ... we have to get much more care out there in the community, but they also need to have an understanding and enabling for us to work much more with those wider partners and not just PCTs or LHBs, I am talking about local authorities and things like integrated working practices.'

Interviewee 21

Such views have implications for the CPD of nurses and the need to consider further development of shared learning opportunities across professions, other disciplines and working groups. Shared learning promotes sharing of values and developing shared understandings which could impact positively on the patient/ client experience of health care. This will be discussed in greater detail below.

In the interviews it became apparent that there are significant decision makers who feel that there is scope for a greater understanding, even in broad terms of what nurses do.

'I do feel the government perceives that a nurse is a nurse is a nurse, [...] if you have a District Nurse going into a family for whom a Health Visitor was there say the previous couple of days before to visit, they are not duplicating their roles, they are going for 2 entirely different reasons. And if you go back to all the health development and the best clinical practice, which says actually to have the best outcome and the most effective outcome, you need the most experienced person there to assess ... then to me the family health nurse isn't going to give you that. So I find the family health nurse a little bit of a contradiction in terms I suppose!'

Interviewee 3

Interviewees have a perception that there is a gap between those who make high level strategic decisions about nursing in the community and those who are best placed with knowledge and expertise to deliver that care. There is a concern that decision makers take the view that one nurse can deliver all types of care, which is not necessarily the case.

Ideas associated with the development of nursing practice make the assumption that nurses will want to extend their roles. There was some concern about the extent to which nurses understand the concept of accountability:

'I just don't think they (nurses) appreciate what accountability means for them. Documentation is still quite poor... on a general note, we are not very good at keeping records, we are not very good documenting what exactly we do, because I think we have been much more defensive over the years in our treatments. And because of that, everybody tends to back away... (From) actually saying "we could do this, or that's not going to work doctor, or do you really think that is the right prescription?"... I don't think we often take our accountability seriously, or take it to the level that we could.'

Interviewee 22

It is suggested that there is an over reliance on GPs to support what is done rather than developing the idea that nurses are practitioners in their own right. This is leading to defensive rather than defensible practice and reluctance to take on new roles, despite some nurses having received the training to do so:

'There are parts of the whole of Wales ... where we have a District Nursing team that in the past has been skilled up in IVs and administering IV drugs and... having IV infusions going on in patients homes, but because they are few and far between, they become de-skilled in it, so keeping their skill base up is a real problem. They have done a few and then for some reason, they don't get many more through for the next year to be cared for in their patch. All of a sudden, their competence level is no longer valid and "oh well, do you really need to go through another training day? "or we can't take those sort of patients anymore'

Interviewee 3

It is possible that there has not been sufficient consideration of the real demand for these nurses to have these skills if they are not being utilised sufficiently to ensure continuing competence. One skill that would be utilised but which nurses appear reluctant to develop is Nurse Prescribing. There are reports from interviewees of some nurses who have undertaken the training to become independent prescribers who are hesitant to put their knowledge into practice. One reason for this might be a lack of role models. Nurse specialists, who may be working as advanced practitioners, are seen as being focussed on secondary care, often because that is often the source of their funding. There is also the feeling that specialist nurses are advantaged by being able to concentrate upon one specific area of care whereas community nurses, with the possible exception of Health Visitors and School Nurses, have a wide range of fields of practice to be knowledgeable about. The higher pay of specialist workers is also seen as unfair. There are examples available of how nurse specialist roles are developing in Mental Health, in relation to chronic physical conditions and school nursing. Some senior nurses question this development of specialist roles, particularly those roles that appear to be adhering to the medical model. They would prefer the focus to be on the development of specialist nursing roles in which total, rather than fragmented care is valued.

It is therefore suggested that specific roles are developed in the community:

'The areas that are developing (is) the whole area of long term condition management. So if you were to say that there were specialists in primary care ... they might be particularly converse with diabetes or particularly so with heart failure or whatever ...'

Interviewee 19

In discussion with interviewees the concept of a 'generic specialist' emerged. It would appear that what is being said is that what is currently regarded as a general nurse will need to be specialist in a generalist sense. However this would not take away the need for current specialist nursing practice in a specific sense. As one interviewee put it:

'There is a need for generic specialist workers and at the moment, there are a few specialist nurses in Primary Care but not many and with the shifts, there will be a need for more specialist workers to support the generic workers in Primary Care. We do have two (nurses) with a specialist interest and one nurse with (another) specialist interest but then looking at all specialities, there will be a need for each specialist.'

Interviewee 5

These views link in with the considerations given above for roles, such as that of the Community Matron, to be developed. There are also suggestions that there is a need to value the generalist nature of district nursing and to concentrate upon the development of good leadership and assessments skills:

'If you look at a District Nurse, and I think that is a very good example of people who are quite flexible about what they do. Probably, a good District Nurse will pick up the other issues and ...focus on the family and we are back to that family circuit again. They are going to be looking at other things other than addressing when they go in there. You know ... it's a little bit like...why should a trained nurse make a bed? Well they just don't make a bed. But if you start to give tasks to individuals, then you are going to have somebody going in to do a dressing and that's the end of it. Will she be looking at the environment, the infection control element, all of that really.'

Interviewee 4

The dilemmas nursing faces lie at the interface of the employer's and individual practitioners expected outcomes. For example an employer who is looking for measured achievement may be concerned that numbers of home visits are of paramount importance to demonstrate activity whereas the quality of care is of paramount importance to the nurse. That is to say the requirements of nursing in a target driven policy agenda are not always at ease with one another. For example in a recent debate on District nursing, District Nurses felt that they were compromised by making decisions about the length of time they are with a patient and the time awarded by managers to accomplish nursing tasks. This is a real challenge to the future of nursing in primary care and is a deep rooted cause of concern. No-one interviewed had an answer to this issue.

Many of the Nurse Directors and Executive Nurses envisioned a community nursing service in which nurses are multi tasked/ multi skilled to a higher level than the present level in order to support all people through from health education to total illness care at home:

'Basically, in Primary Care, we want to have a Practitioner who in a way is multi-tasked/multi-skilled to be able to support the integrated pathway of patients from first point of contact, through preventative, first point of contact diagnosis, through a system which may or may not encompass primary community secondary care and then at discharge to be able to pick up information to ensure that the patient can then return back into the social setting from which they came from, to the maximum of their ability really.'

Interviewee 10

CPD needs that emerged through exploration of this theme include:

- strategic thinking
- political engagement
- case/ care package management skills including assessment and diagnostic skills
- health promotion
- skills to provide care to highly dependent people within the community
- leadership
- interagency working including negotiation skills
- ICT
- client/patient centred practice including accountability
- multiple skills: generic and condition specific
- governance
- research and evidence based practice

All the universities in Wales offer relevant CPD opportunities that range from awareness raising through to competency based CPD. Interviewees were of the view that there is a need for a more standardised approach to education and service delivery. Access to CPD for one group of community nurses was identified as particularly problematic and will be discussed in the next section.

The potential scope of the role of the nurse working in primary care is vast but there are constraints to releasing the full potential of the nurse. There were also concerns that the newly registered nurse is perhaps entering community based practice with significant CPD need before they can do the job they believed they are educated or should be able to do? This is supported by Interviews 3, 4 & 5 reported above.

The zeal to have nurses with great acuity of skill, depth of knowledge in an all round generic sense was a key feature in a number of the interviews. This indicates a need to review pre-registration education as well as perhaps the individual who applies to pre registration programmes. The current Nursing and Midwifery Council review of pre registration nursing education and associated consultation is of relevance here (2007). In further discussion one interviewee described realigning entry requirements for pre-registration training so that recruitment acquires people who are more likely to become the nurse of the future.

...we need to reset our default position

Interviewee 6

So as to when it comes to education of nurses, not only with newly registered but also up-skilling current nurses in the workforce.

4.3 The varied roles of Practice Nurses within General Practice

One of the strongest themes arising from the interview data from Nurse Directors based in LHBs was associated with General Practitioner influence over practice nurses. It was noted that the influence of some GPs on the management of nurses potentially lay in conflict with the work and education of practice nurses. In contrast, some interviewees thought that GP management of Practice nurses was beneficial, offering the practitioner a wider scope for practice. This variation was identified as being linked to the individual practice rather than the individual nurse.

Changes implemented three years ago that resulted in GPs employing Practice Nurses and being responsible for their CPD was seen as a retrograde step by interviewees and is summed up in the following quote.

'My personal view is that it's a great shame that GP practices went independent because it is more difficult to be fully aware of what they (Practice Nurses) are doing...(as we once could)... I used to get a lot of input up until 3 year ago because the Health Board paid 70% of a Practice Nurse's salary. GPs only put 30% in so you had a lot more clout so to speak, as to what was going on. Particularly around grading and what the nurses were calling themselves and what they could do.'

Interviewee 15

The motivators for GPs, and how these influence practice is queried as the following quotations illustrate:

'I think ... some of my GP colleagues ... still view Practice Nurses as 'their' nurse and they are the ones with the information and the power, as opposed to allowing that to be delegated or the nurse having that in their own right.'

Interviewee 24

It was suggested that there are differences in perceptions regarding the scope of the role of the Practice Nurse. It appears that this may be due to lack of clarity of the Practice Nurse role and therefore some GP's being less aware of the full potential of the nurse's practice. Conversely agreement about what CPD a nurse should undertake would need to include the needs of the nurse and the service being provided in the context of the wider GP Practice.

'...some of our nurses are very strong, aren't they and forward thinking, and often... (Some)....GPs can't cope with that....'

Interviewee 22

Other interviewees suggest that the limitations placed upon the Practice Nurses are associated with a lack of insight on the part of both the GPs and the Practice Nurses into the potential of the role:

'...the Practice Nurses are employed now totally by the Practices and really, they are very much...(Dependent) ...on individual practices, as to their professional development....'

Interviewee 17

'...there will be many many times when it will be much more appropriate for it to be the Practice Nurse...(to access a course). But the Practice Nurse may not have that opportunity..., because of the way that the Practice Nurse

is practicing may not realise that there is an opportunity there for her to do that (discussing case management).'

Interviewee 19

The potential for standardising aspects of nursing practice and subsequent CPD does mean that that for some Practice Nurses their scope of practice and associated education had been enhanced since they had been employed by GPs:

'I think there are some differences and freedom of opportunity for some Practice Nurses that District Nurses don't have. Intermediate care initiatives...do offer more scope for District Nurses CPD.'

Interviewee 25

'She (a practice nurse) says that since coming to post, 'whatever I have required has been put there for me, I have been contacted, I have been supported, I have been told that these courses are around and we would like you to go on this', and she has actually booked on them.

Interviewee 14

It is possible that there has been limited opportunity to inform GP practices about the potential role of the Practice Nurse. One interviewee suggests that the varied situation is likely to continue unless there is an all Wales approach that will provide a consistency to the role (Interviewee 10).

The implications for the continuing professional development of practice nurses will be considered in section 5 below but the potential of Practice Nurses is yet to be realised was clearly illustrated in the following quotation:

'There is no reason why a Practice Nurse shouldn't request bloods, x-rays, lots of things that at the end of the day they are Practitioners in their own right really and should be able to organise the full range of tests that the patient requires. Even down to the point that they should be able to refer to other disciplines within nursing, which they currently don't do, they have to go through a GP to get to a District Nurse half of the time... in practice and I suppose that is because of the setup, they are almost a "Cinderella service"...they are almost back in, not quite the dark ages...'

Interviewee 24

Whatever the traditions and history of practice nursing this stable workforce, similarly to other nurses is becoming more politically aware. As Interviewee 24 went on to say:

'I think they are beginning to be more politically aware than they were, but I think there is quite a long way for them to go and some of that is because they don't get the exposure to the political arena, in as much as they are independently employed. They have all got different job contracts... as they are employed by individual GP practices, so they don't actually get out and about even on study leave, you know, to network or anything like that, so they miss a whole patch of political role of the nurse and political aspects of health.'

Interviewee 24

There was little consensus amongst the interviewees about whether pre- registration education prepares nurses to enter the community at the point of registration. This lack of consensus may be associated with variations in the different pre registration programmes, but it may also be associated with a historical or traditional viewpoint

that it is important to gain experience in hospitals before practising within the community:

I think there is some old fashioned attitudes that still exist within Primary Care where they want nurses to have hospital experience before coming out. Bearing in mind if you take a pre registration programme at XXX University, where they have 9 clinical placements over the 3 years, 3 of those clinical placements are community based – a third have clinical placements. So what are we doing with those three placements if we are saying that that nurse is not able to function in a community setting with the appropriate support?

Interviewee 16

Given the increasing orientation to community based practice the sufficiency of the time allocated to community based practice in pre registration nursing programmes may be an issue. The perceived finite capacity of community services to accommodate students continues to be a challenge to all.

4.4 Continuing Professional Development Needs

CPD support is not just about formal programmes of education provided by universities. It is also about work based and personal CPD opportunities. Associated with the identified need to attract registered nurses into the community is the increasing need to employ Health Care Assistants (HCA), and a question that is raised is whether these HCA's need to be regulated:

'... and I think one of the huge things for me is the unregulated workforce ... (of)... Health Care Assistants (HCA). We are finding it ...a challenge to try and get some consistent systematic training, because you have always got the NVQ level 3, which GPs are not always prepared to fund.'

Interviewee 13

'I am looking here about Health Care Assistants and I know you are only looking at Registered Nurses, but if we don't get this training for Health Care Assistants right, its going to be really difficult to meet the agenda. Because we are not going to have enough Registered Nurses'

Interviewee 14

The development of HCA, as indicated in the above quotations, is becoming difficult to isolate from the development of registered nurses.

The focus of this report is continuing professional development. The registrant nurse entering the workforce needs to be fit for purpose in the context of the emerging and changing health care agenda for Wales.

There is not a consensus on specific CPD needs however there is a consensus that CPD is needed and that it is essential to support the multiple roles of the nurse working in primary care. The diversity of the knowledge and skills of individual nurses entering the workforce as new registrants is an area that appears to influence whether such a nurse is seen as fit for purpose for the new agenda. Alongside this is the need for current registrants to be up-skilled for transformation of healthcare in Wales. Overall there is a desire for registrants to be 'specialist' in all they do. This requires depth of knowledge and ability to make judgements, decision making, and the skill of analysis. For example, the ability to interpret and apply research findings is a quality for nurses to develop as stated in NICE guidance (2005) and evidence-based practice is an obligation within healthcare in Wales.

In some interviews the key area of concern was the motivation and negative culture of nurses themselves concerning CPD. Perhaps this is understandable in an ever changing work environment with the challenge of financial deficits and sense of lack of value felt by some nurses as described by the interviewees.

CPD needs that emerged through exploration of this theme include:

- support of role expansion
- development of generic skills to support practice in a community context
- development of specialist skills
- assessment
- diagnostic skills
- implementation
- health environments
- mentorship and teaching
- evidence and research based practice based on effective skills of critical analysis
- long term [chronic] disease management
- specific disease knowledge and management
- health education and promotion as integral to all CPD provision
- opportunities to maintain skill sets and develop new ones
- leadership including strategic thinking and transformation of strategic imperatives into action
- development of inter professional working skills
- partnership working
- client/patient centred practice including advocacy and accountability
- a multi skilled workforce within which individuals have a repertoire of generic and specialist skills

The final part of this section will explore the CPD needs of primary care nurses in greater depth and will illustrate that there is not a consensus about what these needs are.

The majority of interviewees acknowledged good working relationships with their local higher education providers and community nurses use these institutions to access relevant courses. There is a view that until there is clarity of vision about what Primary Care services should be it will not be possible to be clear about what CPD will be required. This is clearly illustrated in the following quotation:

'I think that (what CPD will be needed) is a can of worms because again, I am not sure that we know what we want them to do...effectively we are providers of care and ultimately, what we need is strategy to know what services are required. That is very important because we do have financial input. So consequently, we have got to weigh up the pros and cons of where we prioritise our care because I don't think we can do everything'.

Interviewee 4

This interviewee continued by saying that both community nursing and education have evolved over time but this evolution had not necessarily occurred in parallel, or, she indicated, with careful planning. Industrialisation in Wales has left people with chronic diseases and these people need to be cared for. Thus there is a need to facilitate nurses to develop the skills to provide this care. Skills certainly are identified as important and these include specific disease management courses for

example in the care of people with Chronic Obstructive Pulmonary Disease (COPD) and Diabetes.

There was also a conviction that there needs to be ring fenced money for CPD in the community and that the Government of Wales should not alter this.

There are a varied number of courses acknowledged as being important from Diploma through to Masters Level. The need for degree level education for Community Nurses was seen as making a very important difference to care for one interviewee:

'...there are still people out there who still have a certificate to former levels, so at this point in time, either the post graduate qualification at that sort of level (is needed) or topping up with a degree in terms of a qualification that goes to District Nursing, Health Visiting and Community Psychiatric Nursing. It does change the way that they work in terms of a care plan, giving more confidence and it just raises again, I think, that I am a firm believer that District Nursing is not something that you develop in practice; you have got to have that specialist input from specialists in terms of academic scrutiny.'

Interviewee 4

Interviewee 4 went on to add.

'... you are more likely to keep people ... at home and well by giving evidence based care. (Giving) evidence based care you get a particular understanding of what good research is, you have got to develop academic scrutiny skills and you can only do that at degree level.'

This view was not shared by all. The limitations of a general degree in Community Nursing were identified:

'...because if we have got our current nurses coming out at degree level, and then they come to work in General Practice, they may have the degree, but they won't have the relevant skills in chronic disease management. So we will still need those modules to get them up to speed...'

Interviewee 14

'...a Practice Nurse doing the degree, will come out with her degree in Community Studies, but she actually isn't an all singing all dancing Practice Nurse from a chronic disease point of view, and that is quite an issue. The same, District Nurses will do their degree in Community Health Studies, and they come out and they are no wiser if you like, around the very specifics of chronic disease management than they were before, so in many ways, the courses out there are not really fit, for what they have, they then have to come out and start doing additional study. And certainly at the moment, we are working with the District Nursing Teams, we have a number of Case Manager posts but what we don't want, is for us to keep employing more bolt on people, we want to actually up-skill the people who are out there working in the community to work in a way that is really much more flexible. But what we are finding is even obviously the nurses who have got their degree in Community Health Studies, District Nursing, or Practice Nursing, they then have to start doing Chronic Condition modules.'

Interviewee 17

The above interviewee also suggested that if there are two candidates for a job as a Practice Nurse, one with a community Nursing Degree and the other a Diploma in specific conditions, it will be the latter who is employed:

'...because it is that person that can work within the confines of the GMS contract and tick all the boxes for the practice, so we need to be looking at Practitioners, that come out really to do the job that is out there, and chronic conditions now is the 'biggy' that goes across.'

Interviewee 17

The comments of this interviewee suggest that the issue is one of relevance of content as opposed to appropriateness of academic level.

A number of the Interviewees identified there are constraints on practice nurses being released for CPD. The use of distance and e-learning were seen as a way for Practice Nurses to access CPD opportunities within the constraints of lack of release to undertake CPD and GP preference for it to be informed by national targets because of the financial incentives. Distance and e-learning are also seen by several as providing accessible and flexible courses for those living in remote areas as well as those who find it difficult to attend academic institutions due to various life commitments.

'We are trying to get courses more locally, but it's actually, because of geographically of where they are as well, I think actual distance learning would be a really good option. I think that's a really big gap in the sense that they have to travel to go and its time. Time and commitment really'

Interviewee 23

'... at the moment, we fund Distance Learning modules because from a time commitment, it is actually easier, whereas if we go to University (name of institution) and the modules they do there, it's a significant time commitment, which Practice Nurses will just not be allowed to do in many cases.'

Interviewee 17

'I think if you are looking at the more specialist courses are chronic disease, if they were wanting more specialist courses, then because we are so rural, it is quite difficult to access, unless of course it's Distance Learning or whatever and that might possibly be the one of the problems.'

Interviewee 11

'I think that sort of web based e-learning material is very very helpful. On the other side of the coin, I also think its really important to have that group interaction, probably because of my own experience in education and training courses, whereby we have pulled people together, even multi-disciplinary teams together across regions and actually the interaction that goes on within the study days is really helpful and really important, but work based learning and e-learning definitely have a place , and I don't think that it can be the only form that is helpful in this day and age.'

Interviewee 1

The balance between remote learning and the need for some group interaction was also viewed as important for those primary care nurses working in isolation. The blended methods of delivering distance learning courses were not always evident to the interviewees. It is therefore important that providers of CPD opportunities through distance learning make explicit the blend of face: face tutorials, correspondence

tuition, telephone based tuition and web based forums to support student networking and engagement in professional and academic debate.

The issue discussed above in relation to Practice Nurses that disease specific education is more useful than broader knowledge, was not shared by all of those interviewed. The need for leadership and assessment skills were also identified as being of importance in the development of a community nursing workforce. The limitations of a narrowly focussed learning were discussed by interviewee No 19:

'What's there (CPD) is kind of very structured around conditions, rather than pathways, rather than opportunities, rather than seeing the person as a whole.'

Interviewee 19

This interviewee continued to describe the limitations of a reductionist approach to education by suggesting that Practice Nurses do not seize the opportunity that is offered by seeing people, such as children for vaccinations and women for cervical smears, to carry out health education, for example in relation to diet and osteoporosis. She thinks this is related in part to the focus of Practice Nursing on the tasks allocated by GPs, but also because nurses do not always practice holistically. Another interviewee identifies a similar problem:

'...one of those pieces of work we are doing at the moment (where) the University are listening to us and they are now putting on a Chronic Conditions course, which is quite high level and talks about chronic conditions – the illness, the expectations of care and all of those things, but it doesn't include the clinical management, so what we have been doing is say "right, we need both. We need Chronic Obstructive Pulmonary Disease (COPD) module that specifically talks [about] and discusses the treatments, the maintenance management of patients with COPD...there is a need, I think, for instance, more generic about complex conditions training. For instance, care of the older people and we are going to have this big increase in older people. We want nurses with multi skills in a variety of conditions so instead of always having to do COPD, then do heart failure and do other things. They will be about prevention and maintenance. Think of Health Visitors for example, they would need broader skills and understanding and then the referral, and being able to refer to others for the maintenance of treatment, so it's about assessment skills I suppose.'

Interviewee 5

As discussed above, leadership skills are seen by some as vital in the development of Community Nursing roles:

'Certainly leadership skills because that helps people to develop to think outside the box and I am certainly a great believer that you can have policies and protocols to the hilt, but unless you have a professional who can interpret a situation as they see it and apply the policy and protocol, certainly within community working, you are on a losing wicket for start off. And you lose the full efficacy of that professional contact, unless that person is working at that level, so leadership skills, absolutely.'

Interviewee 21

Associated with effective leadership skills are research skills. These are seen as essential in helping nurses to develop protocol based practice and to access, interpret and implement the latest guidance, for example from NICE. There is also

the need for the development of courses that can be accessed by nurses, those working in the social services, and the medical profession. Such courses are believed to aid the development of inter-professional working.

The NMC, legislation and education support is in place for nurses to prescribe. It is reported that for some reason this activity is not maximised to its full potential or even in some areas taken up by nurses who have achieved prescribing status. and so are competent to undertake this role. The issue of nurse prescribers choosing not to prescribe could be worthy of further investigation. All the provision and resources made available cannot take the place of a willingness of nurses to undertake this activity that would, along with other practice contribute to success in chronic disease care and management in the community.

4.5 Conclusion

The major themes arising from the data indicate that the healthcare community is in a state of flux as a result of recent changes as well as further changes planned for the future. These have had, and will continue to have, an impact upon community nurses and their need for CPD.

Some Senior Nurses appear to value skills training and question the value of courses in which a broader education is given, whilst others value this broader education, stressing in particular the need to develop further the assessment and leadership skills of those working in the community. The issue of generalist versus specialist roles appears to be one that will stimulate further debate and is not the remit of this report.

The reluctance of some community nurses to develop their roles was also discussed, along with concerns about their reluctance to consider their accountability for their actions.

The narrow focus of CPD opportunities accessed by practice nurses was questioned and it was suggested that the opportunities available to practice nurses are influenced by the financial imperatives of the GPs employing them rather than by the needs of the community they serve.

In a country with a comparatively large rural community and with nurses who often encounter problems in studying in academic centres the development of e- learning and distance learning was identified as important; however the value of nurses, who often work in isolation, to meet together on courses was also seen to be valuable. The range of means of students meeting together on courses other than face: face through distance learning provision would benefit from being made explicit in published materials and university websites.

Section 5 Results

The results of this scoping project will be reported in relation to the project's objectives. There are three themes as identified in section 4.6 of this report and form the framework on which to present the outcomes.

5.1 Response Rate

Of the 22 Local Health Boards 19 participated in the interviews and of 13 NHS Trusts 10 participated. This gave a response rate of 86.4% and 76.9% respectively and an overall response rate of 85%.

5.2 Objective One: To identify common themes relating to the provision of Continuing Professional Development (CPD) for registrants working in primary care services in Wales

The following key themes emerged from the data collected.

- Changes in the delivery of nursing care in the community
- The development of nursing roles
- The varied roles of Practice Nurses within General Practice

The interviewees were asked what CPD is required now or could be anticipated as needed in the short and/or longer term. Table 1 provides a synopsis of the areas of CPD identified as needed by the interviewees.

Table 1: CPD needs as identified by interviewees	
CPD needed	Rationale
Generalist and specialist knowledge	To take on chronic disease care and management
Leadership	To influence strategic policy and enable its implementation To respond effectively to new challenges and promote the role of nursing within the emerging healthcare agenda including working with partner organisations
Management of change	To influence strategic thinking and support role enhancement
Skills of assessment, diagnosis and care planning	To take a lead role in planning patient/user care
Promoting health and prevention of ill health	To enhance the health profile of the people of Wales
Chronic disease management	To enable continuity of care including complex care packages
Accountability	To minimise risk and promote informed decision making re care management including delegation
Effective record keeping and report writing	To ensure compliance with legislation relating to documentation and to promote good practice
Nurse Prescribing	To provide holistic care
Partnership and interagency working	To understand and place value on the contributions of other personnel and organisations to promoting the well being of the people of Wales
Critical analysis	To ensure critical review of national and local policy initiatives and drivers
Political awareness	To influence policy and interpret political influences whilst politically aware of the context of nursing.
Research	To promote practice that is evidence based
Workforce planning	To ensure effective and efficient utilisation of human resources

Competent use of Information and communication technology (ICT)	To ensure competent and confident engagement with evolving ICTs
Facilitation of the learning and development of others	To promote whole organisation development of staff and colleagues to ensure fitness for purpose

Generally CPD is available in an openly competitive market. Healthcare organisations have an opportunity to clarify what it is that they want registrant nurses to do in primary care. Health care organisations also have the responsibility to commission services. There is a perspective that service providers, educational providers, commissioners and nurses in practice need to come together, perhaps with other healthcare providers in the social care sector to compile resource efficient, meaningful learning programmes for all those working for the benefit of the patient/healthcare user in primary care.

Across education providers in Wales the use of ICT that would support work-based learning and/or distance learning is at varying stages of development. . Health care providers that are developing schemes such as telemedicine will develop ICT expertise that other organisations will not yet have. This will add to the need for diverse nursing skills to meet health care needs through the use of evolving technologies. As a consequence a demand for specific and specialist ICT skills may emerge.

The changing culture of healthcare reform challenges nurses to become increasingly engaged in political and broad structural initiatives. A key issue is that of the 'state of flux' that nursing in the community is in. The sense of urgency for clarification of the nurse's role in primary care and the interviewees' view that nurses need to be more politically astute with leadership skills perhaps reflects the need for a high level of direction for nurses and nursing. Interviewees consider increased partnership working, commissioning and an appreciation of what is commissioned and what is not, corporate governance, professional ethics and corporacy as being required in the CPD portfolio to address the increasing requirement for healthcare delivery and enhanced nursing practice in the community. The requirement is for nurses to become increasingly skilled in specialist generic terms, that is to say that nurses will become more skilled to manage and care for those with health issues classified as chronic diseases. This will require increased nursing acuity to care for those with such as diabetes, respiratory disorders and arthritis.

CPD need and requirement will be different for nurses who are employed by GP's as the focus of the work undertaken by GP practices is driven by the GMS contract (2006) and Quality Outcomes Framework (QOF 2004) and (GOF 2006).

'...The new GMS contract is a strategic tool to improve the quality and range of services for patients; to give LHBs the ability to shape services, increase primary care capacity to meet local needs, and tackle wider problems across the whole NHS; and to revitalise general practice and make it a more attractive and family-friendly place to work, utilising the full talents of the primary care team.'

GMS (2007)

Overall there is a will for nurses to be a skilled specialist to accommodate the increasing incidence of specific chronic diseases. This will require a variety of educational programmes as nurses lead the way in providing care in new and existing environments to provide out of hospital care. The expectation to diagnose

and appropriately refer is crucial for appropriate admission to the hospital sector that may lead to specialist critical care or care for those with increased dependency.

5.3 Objective Two: To ascertain the CPD opportunities readily available in Wales and that not available.

Each of the universities in Wales including the Open University provided information about the courses which can contribute to meeting the CPD needs of nurses in Wales. Each of the universities sent prospectus's concerning degree courses. This information is also available via the internet site for each university. To form a data set to identify what is available to meet interviewee reported CPD needs and for ease of harvesting data for the project, the information was obtained electronically.

Details on the smaller units/ blocks of learning that would address a specific field of practice or skills gap were also obtained. The learning programmes available from all the universities were categorised into subject areas for the purpose of identifying a map of provision. The subject areas are derived from the needs identified through the interviews. These are:

- Information and Communication Technology
- Law: accountability, ethics
- Leadership
- Management
- Practice development: research and evidence based practice, skills development
- Public Health
- Research

Analysis of provision across universities in Wales demonstrated the wide range of relevant CPD opportunities available. Particularly noteworthy was the harmony of OU provision with the CPD needs identified by the interviewees. Access to HEI provision was via university websites and therefore the true level of relevant provision across universities providing CPD learning opportunities may be greater than identified through this study,

There is easy access to the larger courses such as MSc, BSc level programmes. For many reasons this may not be the most accessible form of learning as smaller modular programmes may more readily meet CPD needs. Identifying individual CPD need will vary according to the individual. Issues of diversity have not been formally considered within the scope of the project for example the CPD need of an overseas nurse working in Wales may be numeracy or language competence to enable them to use their practice skills effectively. Similarly a NMC registrant in Wales may have a CPD need for enhancement of numeracy skills to underpin practice as a nurse prescriber.

Some interviewees specifically mentioned a range of other sources of CPD provision available to them outside of Wales. For example:

- Pembrokeshire College
- Liverpool University
- Bristol University
- Manchester University
- Birmingham University
- Chester College
- Wrexham

- Keele University
- Warwick University for Diabetes education
- Aintree for coronary heart disease management
- Bradford for coronary heart disease management
- RCN Clinical Leadership Programme
- RCN Political Leadership programme

In a country with geographically dispersed practitioners and services, access to programmes of learning presents a challenge. A 30 mile journey across a city would take far longer than visiting the nearest town as would the need to cross several valleys to attend college or university. Work based learning is available in certain areas of the country and not in others. Distance learning is favoured by many learners but not all. So the need for a diversity of modes of learning is a consideration when planning CPD provision.

Releasing staff to access CPD opportunities is an issue for most employers and employees. Not only is there the personal cost and commitment of time for the employee but also the time for the employer to enable nurses to leave the practice area. Finding staff to backfill posts even on a sessional basis is a challenge. The biggest issue is funding both for course related costs and paying a second salary to cover the work of the nurse. There is therefore a keen interest in distance learning to reduce the costs and inconvenience of university campus based learning.

In addition to distance learning there is also an interest in work-based learning opportunities. A number of interviewees shared that they had 'in-house' programmes of CPD that may or may not be competency-based. Nurses working within LHB's were reported as having 'protected time' of one afternoon session per month for 'in house' CPD.

The limitations and challenges in achieving CPD within organisations raise possibilities not only for shared learning but also for sharing resources across agencies and disciplines. It may be that one organisation may have the IT infrastructure for e-learning and another organisation has personnel or systems in place to support resource efficient CPD provision. Interviewees considered these are possibilities that are yet to be explored.

Both skills training and broader education were recognised as important by those interviewed. They also made a distinction between in-service training and education provided by the universities. Some CPD skills development is delivered in the work environment in direct response to issues identified via Individual Performance Reviews (IPR).

Some interviewees emphasised the need for skills training, especially surrounding care and treatment associated with specific conditions. Others specified wound management, immunisation, child protection, training in the revised mental health Act and child and adult protection (sometimes in association with social services). Skills training were not only limited to in-service training as the following quote indicates:

'...the universities and colleges seem to focus very much on things like pain management or the acutely ill child or those sorts of things. Whereas I think for primary care service, we could do with a bit more of a balance for things like community development ...partnership working-those kind of professional development situations that enable practitioners to move on'

Interviewee 21

5.4 Objective Three: To provide a frame of reference which explicitly demonstrates the match between existing Open University provision and CPD need in Wales?

Lead Nurse requirements for CPD

The lead nurses identified 34 areas of practice that needed to be the focus of CPD provision. Through thematic analysis these were reduced to 7 subject areas:

- ICT
- Accountability [OU provision: law]
- Leadership
- Management
- Practice
- Public health
- Research/ evidence based practice

The outcomes required of CPD for registered practitioners were:

- Highly specialised practitioners with generic skills
- Multi skilled
- Flexible
- Competent and confident
- Able to transfer skills across contexts of care and client groups
- Whole client focused

The preferred/ required modes of delivery were:

- Support shared learning across work groups and across organisations
- Whole client focused
- Promotion of shared values
- Distance learning delivered locally
- Blending: mix of distance and face: face
- Incorporate e learning
- Accessible: time and place
- Bite size chunks, not whole programmes, large courses/ modules
- Mix and match, units/ blocks of courses/ modules which when combined with others generate a whole and relevant learning experience

For many lead nurses the issue was not that CPD provision is not already available but that it was not available in the forms needed and did not develop the skills profile of staff in the ways needed.

Table 2 below provides a synopsis of OU provision in relation to number of courses available and their academic level within each area of CPD identified as being needed. The titles of the courses and so their focus is provided at appendix 2

Table 2: Level of OU provision which could contribute to meeting the CPD needs as identified by lead nurses		
CPD Need	OU courses	
	Number of Courses	at academic level
ICT	two	1
	three	2
	one	4
Accountability [Law]	one	1
	two	2
Leadership: these range from organisation focused to client group focused	one	1
	three	2
	fourteen	3
	fourteen	4
Management	one	1
	three	2
	twelve	3
	three	4
Practice	one	1
	thirteen	2
	twelve	3
	one	4
Public Health focusing on client groups or general principles	three	1
	six	2
	four	3
Staff Development	four	1
	one	2
	one	3
Evidenced & research based practice	three	3
	three	four

It should be noted Degrees have not been identified as lead nurses were interested in 'bite size chunks'. Individual practitioners however could be interested in what the 'bite size chunks' could build up to, such as a degree.

The OU has 122 courses across the 7 subject areas that are of relevance to the CPD needs of primary care nurses as identified by lead nurses. The category of 'staff development' did not emerge however this has been included to capture the OU provision which could be of interest in the context of such as core skills and widening access to employment.

The courses can be clustered in a range of ways, such as:

- policy drivers: long term conditions, whole organisation development, leadership, development of IT competence of employees
- client centred: children, older people, people with mental health issues, people with social issues
- subject areas as per the table above.

In the presentation of OU provision it is felt crucial that it is shared in a way that makes it attractive to potential purchasers, both organisation and students. A great strength of the OU's provision is that its comprehensiveness really could support whole organisation development across all employee categories and grades.

Academic levels

Academic levels were not explicitly referred to by lead nurses. It is worthy of note however that in relation to the subject areas they identified as needing to be included in CPD provision that:

- academic levels 1 and 2 are represented in all except evidence/ research based practice
- ICT and law are not represented in academic level 3
- All except law and public health are represented in academic level 4.

5.5 CPD Gap between what is available and what is needed

In some interviews there was a view that the course and learning programmes are out there but just not accessible. Other areas, more on the border of England and Wales, considered it more feasible to access CPD opportunities provided by learning institutions in England. The only potential difficulty would be the differing political influences and ways of working between the United Kingdom Government and the Government of Wales. Universities such as the OU however present course content in such a way that requires students to apply it in the context of their specific national, regional and local policy requirements.

Interviewees identified the following gaps in educational provision as needed by nurses working in primary care:

- Assessment
- Diagnostic skills
- Nursing Documentation
- Political awareness
- Referral skills
- Workforce planning

Where there are gaps in OU provision and another university is providing the CPD it is clear that due to the geography of Wales these courses would not be easily accessible. This offers the Open University an opportunity to provide education across Wales as its provision by its very nature is accessible to all in all areas. A challenge maybe ICT availability.

Research appears to be well provided for by all the Universities and leadership appear to be provided by all but one university. All other CPD requirements are provided by one or two universities depending on the topic. However there is a list of thirteen other providers of CPD that are mostly sited outside of Wales. Given the scope of transformation that is required in the NHS in Wales and the provision of healthcare at home there is likely to be a greater need for CPD especially as more nurses transfer to the community, it is reasonable to take the view that the need for CPD provision will rise. Table 3 provides a synopsis of established provision in Wales and OU provision.

Table 3: a synopsis of current provision and OU provision		
CPD Need	Established Provision in Wales	OU Provision
Skilled generalist	2 universities	Yes
Leadership	4 universities	Yes
Assessment skills	No generic provision, occasional specialism focused	No generic provision
Diagnostic skills	No generic provision, Palliative care provision	No generic provision
Care planning	1 university	Yes
Case management	Chronic disease management only	Yes
Chronic disease management	2 universities	Yes
Accountability including accountability when delegating nursing practice.	2 universities.	Yes
Effective record keeping skills	Gap	Gap
Nurse Prescribing	2 universities	Gap
Partnership working	1 university	Gap
Academic scrutiny - evidence monitoring planning	All	Yes
Political awareness	Gap	Gap
Referral skills	Gap	Gap
Interpretation and assessment skills	Specialism's only. Generic gap	Gap
Research skills	All	yes
Future Workforce planning	1 university	Gap
Information and communication technology skills (ICT)	1 university	yes

Section 6 Limitations of the project

Accessing Information

A researcher was asked to harvest CPD information from the university websites. Although there are large quantities of information available the task of harvesting information was not readily achievable in all cases. This became even more apparent when prospectus' for short courses arrived by post.

Time Frame

The time frame for the project enabled completion of the project however it did not allow for any additional exploration as information arose. An example of this is the detailed material of short courses.

Data Collection

Data collection was confined to Nurse Directors of LHB's and NHS Trusts and did not include any dialogue with GP's or other healthcare providers such as Social services. Such information may have added clarity about the role of social services and its interface with nursing. This may have helped define what nurses do.

It was not possible to predict the vast amount of information obtained via interview. This led to considerable pressure within the resources of the project for transcribing to take place.

Accessibility of information about CPD provision

The majority of the courses have reasonably explicit information as to the purposes of the provision. However, for a significant number of universities information at the level of learning outcomes was not easily or readily available which made a detailed mapping and comparison of the CPD provision challenging.

Section 7 Recommendations

The recommendations arising from the findings of this project are:

- That the OU and the RCN use their respective organisational influence to support the development of nursing practice within primary care.
- That further work is undertaken by the RCN to promote protected time and funds for nurses to undertake CPD
- That the OU and RCN present learning outcomes in a format that explicitly demonstrates the match between CPD provision and CPD need.
- That the OU and RCN promote the benefits of work based and open distance learning
- That the RCN and OU consider exploring the training and CPD needs of Health Care Support Workers in primary care.

Conclusion

The project identified that to meet current and evolving health care provision demands and intentions CPD needs to be provided in a time, place and mode that accommodates the diverse contexts of health care delivery in Wales. Further, that CPD needs to focus on the changing health and age profile of the people of Wales.

CPD opportunities are available in Wales and in the main meet the needs of primary care services and nurses. There are however some gaps in provision and in relation to content, focus and accessibility.

The OU's provision could meet a whole raft of CPD needs in a time, place and mode that would accommodate the needs of services and practitioners and the constraints operating on both. A challenge however is providing the CPD in a form that allows services and practitioners to mix and match that which is needed in such as bite size chunks.

References

Aiken, L. H. Clarke, P.S., Cheung, R.B, Sloane, D.M, Silber, J.H, , (2003) Educational Levels of Hospital Nurses and Surgical Patient Mortality' Journal of American Medical Administration 290(12): pp 1617-23

Audit Commission Wales (2004) The finances of NHS Wales 2004 Report by Auditor General for Wales, presented to the National Assembly on 1 April 2004

Beecham (2006) Making the Connections – delivering Beyond Boundaries. Welsh Assembly Government, November 2006

Braithwaite, J. (2007) How to restructure-proof your health service British Medical Journal, Jul 2007; 335: 99.

Department of Health (2006) Modernising Nursing Careers: Setting the Direction
Department of Health, Social services and Public Safety Department of Health. CNO
Directorate

Draper, J. and Clark, L (2007). Impact of continuing professional education on practice: The rhetoric and the reality, Nurse Education Today (2007) 27, 515-517

Dey, I (1993) Qualitative Data Analysis: A User-Friendly Guide for Social Scientists. London: Routledge and Kegan Paul.

Fries, J. (1980) Ageing, natural death and the compression of morbidity, New England Journal of Medicine, 1980; (303):30-135

GMS (2006) Standard General Medical Services Contract

GMS (2007) GMS Contract in Wales 2007-08; Directed Enhanced Services

Gunther E, Powell J, Englesakis M, Rizo C, Stern A (2004) Health related virtual communities and electronic support groups: systematic review of the effects of online peer to peer interactions. British Medical Journal 2004;328:1166 (15 May), doi:10.1136/bmj.328.7449.1166

Health National report April 2004, Transforming health and social care in Wales. Aligning the levers of change Audit Commission in Wales (p 8)

Health related virtual communities and electronic support groups: systematic review of the effects of online peer to peer interactions. British Medical Journal 2004;328:1166 (15 May), doi:10.1136/bmj.328.7449.1166

Healthcare Standards Wales: Making the Connections Designed for Life. How to restructure-proof your health service British Medical Journal, Jul 2007; 335: 99.

Howson (2007) Designed for People with Chronic Conditions
<http://www.wales.nhs.uk> <http://www.wales.nhs.uk>

Is the NHS in Wales Managing Within its Available Financial Resources?, (8 June 2007).

Irvine F, Kenkre J (2004) A RE-EXAMINATION OF THE REVIEW OF HEALTH VISITING AND SCHOOL NURSING. Welsh Assembly Government

Lawton S, Wimpenny P (2003) Continuing professional development: a review
Nursing Standard Volume 17(24), 41-44

Linstead S, and Linstead A (2004) Managing Change in Linstead S, Fulop L & Lilley S
Management and Organisations: a critical text. Palgrave Macmillan

Nursing and Midwifery Council (2004) Report on the Continuing Professional Development of Staff Nurses and Staff Midwives. NMC London

Nursing and Midwifery Council 2006 The PREP Handbook. NMC London

NPHS/NS/WAG (2006) A profile of long-term and chronic conditions in Wales, Health Challenge Wales. National Public Health Service for Wales; National Statistics. Welsh assembly Government. 2006

Podmore. J (2007). Helping nurses to move from acute to primary care. Employing Nurses and Midwives December 2006/January 2007

QOF (2004) Quality and Outcomes Framework: Achievement Data 2004/05

QOF (2006) Quality and Outcomes Framework: Achievement Data 2006/07
Report by Auditor General for Wales, presented to the National Assembly on 1 April 2004 Service Development and Commissioning Directives Statement on European Working Time Directive. 5th July 2006

Strauss, A Corbin, J (1990) Basics of Qualitative Research: Grounded Theory Procedures and Techniques. Newbury Park, CA: Sage Publications, Inc.

The finances of NHS Wales 2004 The Public Enquiry Unit HM Treasury.

WAG (2007) One Wales: a progressive agenda for the Government of Wales. Welsh Assembly Government 2007

WAG (July 2005) Making the Connections: Connecting the workforce Challenge for Health. Welsh Assembly Government 2005

Welsh Assembly Government (2003) The Review of Health and Social Care in Wales. The Report of the Project Team advised by Derek Wanless. Cardiff: Welsh Assembly Government.

WAG (2002) The Future of Primary Care: An Action Plan for Primary Care in Wales. Cardiff: Welsh Assembly Government.

WAG (2004) Mapping School Nursing Across Wales 2004

Welsh Assembly Government (2005) Designed for Life: Creating a World Class Health and Social Care Service for Wales in the 21st Century (WAG 2005)

Welsh Assembly Government (March 2007) designed to Improve health and the management of Chronic conditions in Wales.

Williams A (2004) REVIEW OF PRIMARY CARE AND COMMUNITY NURSING IN WALES: SUMMARY AND RECOMMENDATIONS. Welsh Assembly Government

WQOF (2005) Welsh Quality and Outcomes Framework results E-Health Media LTD

Appendix 1: semi structured interview questions

Who are the key nurses working in primary care?

What do you want nurses to do in primary care?

What CPD is available which enables nurses to do what you want them to do?

What CPD is not available which would enable nurses to do what you want them to do?

Appendix 2: OU provision at course level

OU courses which match CPD needs as identified by lead nurses

CPD Need	OU provision	
	Course number	Course Title
ICT	M150	Data, computing & information
	T121	Information & communications Technologies at work
	M253	Team working in distributed environments
	T226	ICTs, Changes & projects at work
	T209	ICTs, people and interactions
	T850	Exploring information systems
Accountability [Law]	A181	Ethics in real life
	W200	Understanding law
	W221	Employment law practice
Leadership	LB160	Professional Communication Skills for Business Studies
	B202	Understanding business functions
	B204	Making it happen: leadership, influence & change
	T214	Understanding systems: making sense of complexity
	B300	Business behaviour in a changing world
	E312	Leading work with young people
	B722	Developing entrepreneurial business ideas
	K330	Nursing: people, policy & practice
	K332	Developing practice: exploring and using evidence
	K335	Making a difference to child health nursing
	K338	Developing leadership
	K339	Promoting person centred practice
	K340	Making your voice heard: understanding and influencing policy
	K341	Shaping professional practice
	E312	Leading work with young people
	T306	Managing complexity: a systems approach
K801	Dissertation: a practice innovation project	
K820	Strategy	
K821	Innovating in practice	
K822	Leading health care	
K826	Transforming health care priorities into practice	
B821	Financial strategy	
B822	Creativity, innovation & change	

	B823	Managing knowledge
	B826	
Leadership [cont]	B830	Making a difference
	B856	Shaping public policy: contexts & processes
	B857	Current issues in public management and social enterprise
	BS811	Strategic management in health sciences & health care
	T889	Problem solving & improvement: quality & other approaches
Management	Y159	Understanding management
	B121	Managing in the work place
	B202	Understanding business functions
	T205	Systems thinking: principles and practice
	W221	Employment law and practice
	K303	Managing care
	K307	Managing health & social care
	BZX642	Managing people
	BZX643	Managing finance and information
	BZX644	Managing customers and quality
	DD305	Personal lives and social policy
	BXR635	The management challenge
	B615	The professional certificate in management
	B625	Winning resources and support
	B700	
	B713	Fundamentals of senior management
	T889	Problem solving & improvement: quality & other approaches
	B700	Managing performance and change
	B824	Managing human resources
	B855	The human resource professional
Practice	SMK184	Chance, risk & health
	Y156	Understanding children
	Y158	Understanding health
	E118	Introduction to working with young people in practice
	SK120	Diabetes Care
	SK121	Understanding cardio vascular disease
	SK 122	Challenging obesity
	SK125	Introducing health sciences: a case study approach
	SK183	Understanding human nutrition
	SK195	Human genetics and health issues
	K114	Introducing professional practice

	K204	Working with children & families
	K214	Exploring professional practice
Practice [cont.]	K221	Perspectives on complementary & alternative medicines
	K223	Knowledge information & care
	K225	Diverse perspectives on mental health
	K260	Death & dying
	K272	Challenging ideas in mental health
	SK277	Human biology
	SD226	Biological psychology: exploring the brain
	DSE 212	Exploring psychology
	DSE232	Applying psychology
	U205	Health and disease
	U212	Childhood
	E209	Child development
	DD307	Social psychology: critical perspectives on self & others
	K302	Critical practice in health & social care
	K320	mentorship in health & social care practice
	K333	Understanding the experience of childhood
	K334	Enhancing child health nursing practice
	K335	Making a difference to child health nursing
	K336	Exploring ageing
	K337	Maximising older peoples' potential
	K339	Promoting person centred practice
	KE308	Youth: perspectives & practice
	KE312	Working together for children
	S320	Infectious diseases
	K823	Developing skills for practice
Public Health	E123	Working with children in the early years
	E124	Supporting children's learning in the early years
	E131	Introduction to working with young people
	U212	Childhood
	K272	Challenging ideas in mental health
	ED209	Child development
	DSE212	Exploring psychology
	K203	Working for health
	K204	Working with young children & families
	DD307	Social psychology: critical perspectives on self & others
	KE308	Youth: perspectives and practice
	KE312	Working together for children

	K311	Promoting public health: skills, perspectives & practice
Staff Development	Y154	Open to change
	Y162	Starting with maths
	K100	Understanding health & social care
	SMK184	Chance, risk and health
	K202	Care, welfare and community
	K309	Communication in health & social care
Evidenced & research based practice	EK310	Research with children & young people
	K331	Using research to develop practice
	K332	Developing practice, exploring & using evidence
	K824	Designing health care research
	K825	Conducting health care research
	K800	Dissertation – a research project