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Setting standards for specialised neonatal nurse education

From the late 1970s nursing practice and education have been under the governance of central nursing bodies, currently the Nursing and Midwifery Council (NMC). In 2002 the National Boards for England (ENB), Wales, Scotland and Ireland, who held specific responsibility for approving all nurse education programmes, were amalgamated into the NMC. It was at this time that nurse education moved into the higher education sector with the advantages of accreditation of learning and the clear quality education framework afforded by the Quality Assurance Agency. While the NMC continue to provide a robust set of standards relating to education of pre-registration nurses, their role in validating, monitoring and advising on post-registration programmes has been lost.

Post registration education pathways allow for nurses working in critical care areas to undertake additional training, equipping them with specific knowledge and skills to practise safely and effectively within specialised fields. Until 2002 neonatal specialist courses in England were standardised through a common core content in conjunction with central validation by the ENB¹ that ensured a level of consistency and quality. Historically nurses who had undergone this level of training were seen to be qualified in specialty (QIS). The quality and relevance of this type of training now relies on the partnerships developed between Higher Education Institutions and local Trusts and Networks. With no current agreed UK standards linking education and training criteria to the definition of a QIS neonatal nurse, it is difficult to determine whether a consistent level of education is being delivered to and achieved by all those working in this role.

Specialised neonatal nurses

Since the publication of the National Audit Office report into the reorganisation of neonatal services in England² the numbers and qualification of neonatal nurses caring for babies has come under greater scrutiny. A number of key government and national professional bodies make clear recommendations for the neonatal nursing workforce (National Institute for Health and Clinical Excellence 'Specialist neonatal standards programme'³; DH/NHS 'Toolkit for High Quality Neonatal Services'⁴; British Association of Perinatal Medicine (BAPM) 'Standards for hospital providing neonatal care'⁵). This is not only in terms of ratios of nurses to babies but also in detailing that these ratios are linked to QIS nurses. It is also becoming clearer that the

survival of very low birthweight and preterm babies is directly related to the proportion of nurses on a shift who hold a specialised neonatal qualification⁶.

A common theme of QIS training currently is the achievement of 'competencies' in practice in conjunction with the successful completion of formal theory modules. However the content, assessment methods, credit weighting, length of programmes and skills assessment is variable between courses with initial foundation preparation being even less consistent. Some QIS training requires nurses to experience practice-based learning in intensive care environments while others do not and only rely on the theory of intensive care.

Competency and knowledge base

Competence itself can be defined as a combination of skills and knowledge with skills being learnt primarily in the practice setting and knowledge transfer taking place mainly in the classroom. Overlap obviously exists with the rationale needed to support practice decisions and the use of clinical case studies providing context for theoretical learning.

One of the attributes of a 'competent' neonatal nurse working at QIS level includes their ability to problem solve and make sound clinical decisions. In this way they are making judgements and choices about care rather than completing tasks based on the decisions of others. This level of reasoning has a basis in knowledge and evidence⁷. That is, not only knowing how to carry out an intervention but knowing the risks and benefits to the baby and understanding the potential outcomes, particularly in terms of the developing brain.

Unlike other critical care areas neonatal care has its own unique body of knowledge to support these decisions. For example nurses practising in paediatric and adult intensive care specialisms are able to utilise knowledge and skills already gained from pre-registration programmes relating the treatment of diseases and conditions to normal physiological functioning. Neonatal nurses have little background to base their practice on. Pathologies, congenital abnormalities, the problems of limited physiological development are all unique to neonatal care. In addition to this the position of parents and families, in not being the central care givers for their child, is also unique and requires knowledge of different assessment strategies, support and management to enable strong future family functioning.

Setting standards

Setting clear criteria for demonstrable skills acquisition alongside a core syllabus of essential knowledge would create a standard necessary to define this level of nursing. In 2005 the Scottish Neonatal Nurse Group (SNNNG) developed a 'Core clinical skills set for neonatal nurses' as part of the 'Career and development framework for neonatal nurses in Scotland'⁸. This links to the NHS knowledge and skills framework⁹ and has been adopted within the recently published RCN guidance 'Competence, education and careers in neonatal nursing'¹⁰. The skills set, utilises a systems approach to stages of practice development and as such provides an assessment tool for demonstrating skills development in practice. Currently the skills set is used in all neonatal units in Scotland for assessment of practice and has recently been included within programmes of study in two networks in England. As there has up until recently only been one education provider in Scotland, determination of matched knowledge to skills has been straightforward. With the numerous providers in English Higher Education Institutions (HEI), each having developed separate courses and competencies, it becomes impossible to determine any standard. Development of a core syllabus, linked to the framework of the SNNNG skills set, would allow consistency to be measured and achieved throughout England. Given the changing landscape of nurse education commissioning this becomes more crucial.

In February 2011 a working group, led by BAPM, was convened to address this issue of standardisation. The group consists of senior neonatal nurses from all interested environments and all four countries of the UK and includes HEI lecturers, practice educators, advanced neonatal nurse practitioner, Network Lead nurses, Network Manager and the Chair of the Neonatal Nurses association. Members of the group also have affiliation

to neonatal professional groups, namely SNNNG, NNA, BAPM and Bliss. The aim of the group is to devise a knowledge base to match to the SNNNG skills set in order to determine the essential skills and knowledge required to define the competency of a neonatal nurse QIS. It is anticipated the standard produced from this work will be completed early in 2012 with the aim for it to be utilised by commissioners, education providers and practitioners.

Commissioning programmes of study

Following the proposed changes to the organisation of the NHS it is likely that one of the functions of the new Skills Networks will be to ensure CPD programmes of study are commissioned that prepare nurses to provide 'excellent standards of care' within a framework of accreditation. It will become vital therefore that a professional consensus is available if the quality of courses commissioned is of a consistent, achievable standard for QIS. Awarding of credits itself is important for nursing in terms of giving value to learning and for career progression. This accreditation exists within institutions which are themselves accredited by government or have formal links with HEIs. However maintaining accreditation of learning for specialised programmes may prove more difficult than has previously been experienced. With the reduction in funding to universities the financial viability of individual programmes and modules has taken on a greater importance. Historically HE institutions, in partnership with their commissioners, created bespoke neonatal QIS programmes that could be delivered to small contracted numbers of nurses. However this situation may no longer be possible. It is likely that, if the relationships between the NHS and HEIs is to continue for post-registration education, alternative strategies may need to be considered by those with

commissioning responsibility to ensure the frameworks described for career progression in neonatal nursing⁴ become a reality.

With the importance of this level of qualification being recognised in research, government documentation and by professional bodies it seems timely to define a clear criteria-based standard matching both knowledge and skills. With the notable absence of any significant involvement from the NMC in determining acceptable and relevant theory and practice course content, the responsibility for CPD education now lies with both healthcare and commissioning professionals within this important specialism to ensure preparation of neonatal nurses has the greatest positive impact on the babies and families in their care.

References

1. **English National Board.** *Special and Intensive Nursing Care of the Newborn: Course 405.* London: The English National Board for Nursing, Midwifery and Health Visiting. 1990.
2. **National Audit Office.** *Caring for vulnerable babies: The reorganisation of neonatal services in England.* London: NAO. 2007.
3. **National Institute for Health and Clinical Excellence.** *Specialist Neonatal Care Quality Standards.* NICE. 2010.
4. **Department of Health.** *NHS Toolkit for High Quality Neonatal Services.* London: DH. 2009.
5. **British Association of Perinatal Medicine.** *Standards for Hospitals Providing Neonatal Care.* 3rd Ed. London: BAPM. 2010.
6. **Hamilton KESTC, Redshaw ME, Tarnow-Mordi W.** Nurse staffing in relation to risk-adjusted mortality in neonatal care. *Arch Dis Child Fetal Neonatal Ed.* 2007; 92: F99-F103.
7. **Thompson C, Dowding D.** *Clinical Decision Making and Judgement in Nursing.* Edinburgh: Livingstone. 2002.
8. **NHS Education for Scotland.** *A career and development framework for neonatal nurses in Scotland.* 2nd Edn. Edinburgh: Neonatal Nurse Group. 2010 Available via www.nes.scot.nhs.uk
9. **NHS.** *The NHS Knowledge and Skills Framework (NHS KSF) and the Development Review Process.* London: NHS. 2004.
10. **RCN.** *Competence, education and careers in neonatal nursing: RCN guidance.* London: RCN. 2011.



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