

Report on District Nurse Education in the United Kingdom 2015-16



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Key points

- There were 565 new entrants to the Specialist Practitioner – District Nurse programme in 2015/16
- 517 District Nurse Specialist Practitioners qualified in 2016, compared to 479 who were due to qualify in 2015 and 382 in 2014
- There are 44 universities in the United Kingdom (UK) approved by the Nursing and Midwifery Council (NMC) to offer the District Nurse Specialist Practice Qualification (DNSPQ).
- 40 universities responded to the survey; of these two universities did not run the programme and another university was offering the programme for the final time with a small cohort of just 2 students.
- 66% of universities ran programmes with more than 11 full or part time students in each cohort in 2015/16, compared to 54% in 2014/15
- There were 554 new full (441) and part time (113) student intakes for the academic year 2016/17
- 82% of university respondents had mapped their programmes to the QNI/QNIS Voluntary Standards for District Nurse Education and Practice
- Almost all respondents have major concerns about future funding and viability of District Nurse programmes.

Introduction

This is the fourth annual District Nurse (DN) Specialist Practitioner Qualification (SPQ) education audit, a review process which was implemented in 2013 and the first report since the publication of the Queen's Nursing Institute (QNI) and Queen's Nursing Institute Scotland (QNIS) Voluntary Standards for District Nurse Education and Practice, in September 2015 (QNI/S, 2015a).

This report provides the results of an audit of District Nurse education in the UK during the academic year 2015-6 and highlights any changes or developments that have occurred since the QNI published similar reports in 2013 (QNI 2013), 2014 (QNI 2014b) and 2015 (QNI 2015).

Data collection

The programme directors for the NMC approved Specialist Practitioner programmes in District Nursing (UK wide) were asked to complete an online survey. Responses were collected between November and December 2016. All data has been treated as confidential and individual universities have not been identified in this report.

We would like to thank all those who participated for their time.

Findings

Universities running the programme

The Specialist Practitioner – District Nurse programme is offered in all four countries of the UK. According to the NMC website there are 44 universities approved to offer the Specialist Practitioner – District Nurse programme and of these 40 universities (90%) responded to the QNI survey.

Table 1 shows an increase in the number of universities in England approved by the NMC to run the programme, although the number of programmes in the other UK countries has remained the same.

Table 1: Universities approved by the NMC to run the Specialist Practitioner – District Nurse programme

Country	2012/13	2013/14	2014/15	2015/16
England	24	30	32	35
Wales	4	4	4	4
Northern Ireland	1	1	1	1
Scotland	N/A	4	4	4
Total UK	N/A	39	41	44

N.B. Scotland was not included in the 2013 review.

Two universities in England that were approved to run the programme did not do so in the academic year 2015/16. In one case this was due to a modification to enable the programme to offer a choice of V300 or V100 prescribing qualifications to students. In the other case it was a change in commissioning arrangements, whereby service provider organisations preferred another university which had an historic contract for continuing professional development, allowing students to follow the programme on a modular basis, despite the model of one year full time or two years part time being very positively evaluated by students. The modular model meant that service providers were able to retain staff in substantive positions whilst they studied. Where relevant, these two universities have been included in the statistics that follow.

All programmes except one were within the 5 year approval period for the NMC. Only one programme stated that they would not apply for NMC reapproval. Others nearing the end of their approval period stated that they would ask for an extension until the new pre-registration standards and independent prescribing standards were approved.

Entry to the programme

Table 2 shows the number of new entrants to the Specialist Practitioner programme in each country since 2013/14.

Table 2: Number of new entrants to the Specialist Practitioner – District Nurse programme

2013/14	2014/15	2015/16
427	566	565
	32.6%	No increase

Numbers of new entrants to the programmes remained virtually the same between 2014-15 and 2015-16. However data taken from the 2014/15 survey shows that 647 new entrants were predicted for 2015-16 but only 565 enrolled in 2015-16. This equates to a 13% decrease in the numbers expected by the universities. One university did not respond to this question, so the data is calculated from 39 responses.

Of the 565 new entrants to the programmes, 461 were full time students and 104 were part time students. This is a ratio of 4.4 full time : 1 part time students.

In addition to academic requirements, course leaders identified that the following experience was deemed as most important in selecting students:

Table 3: Experiences important in selecting students

Experience looked for in applicants	
Sound knowledge and understanding of the role	94.9%
Right attitude, values and beliefs	92.3%
Previous community nursing experience	82.1%
Preparation for the course	64.1%
Mentorship experience	33.3%

The following comments illustrate the wide variety of approaches used in the selection of students:

‘Employers interview and nominate for the course. If academic credits meet the entry criteria we accept nominations from sponsoring Trusts.’

‘We have a structured application and interview process but each of the 12 trusts that send students onto the programme has slightly different shortlisting criteria. We normally look for some experience and knowledge of the role of the DN with leadership potential. We definitely want someone with the right attitude, kind, caring and compassionate. Usually students have mentorship qualifications and some trusts make it a prerequisite for the course.’

‘Although not essential, learning as a result of previous community experience would be discussed in relation to their desire to access the programme and as a sign of their motivation to learn and develop.’

‘Most trusts recruit internally and look for previous experience.’

The survey asked for further detail about why some applicants were unsuccessful and 29 out of 40 universities offered information about why candidates did not receive an offer.

Respondents identified that:

10.3% did not meet numeracy and literacy requirements.

72.4% did not meet other requirements.

Of the 23 universities that commented on this, reasons were varied, however the key issues identified were:

- Host service providers unable to release all suitable candidates.
- Insufficient places commissioned for the number of suitable candidates.
- Service providers undertake the interviews with no involvement of the university, so unable to comment on unsuccessful candidates.
- Candidates had insufficient understanding of the role.

Applicants who did not enter the programme

There was insufficient information offered by universities to identify why candidates who had been offered a place subsequently declined the offer. 84.5% of universities said declining an offer was not applicable. Of those universities where the offer was declined, 3.8% cited withdrawal for personal reasons and 7.7% as the candidate failed to get sponsorship.

Qualification from the programme

Table 4: Nurses qualifying from the Specialist Practitioner – District Nurse programme

	Number who qualified in summer 2013 (estimated maximum number)	Number who qualified in summer 2014	Number who qualified in summer 2015	Number who qualified in 2016
Total	254	382	479	517
Increase from previous year		33.5%	25.4%	7.35%

N.B. Scotland was not included in the 2013 review.

The number of District Nurse Specialist Practitioners due to qualify in London has improved, with 74 students qualifying in 2016 from universities based in London. However the total number of commissions for District Nurse places in London is not known, or whether this number of commissions was filled.

Figures have increased year on year as follows:

- 2013 – 5 students qualified
- 2014 – 25 students qualified
- 2015 – 64 students qualified
- 2016 – 74 students qualified

*

This figure would further increase if two universities which are outside London are included, as it is known that some London service providers send their students to these universities.

Reasons why students did not qualify in 2016

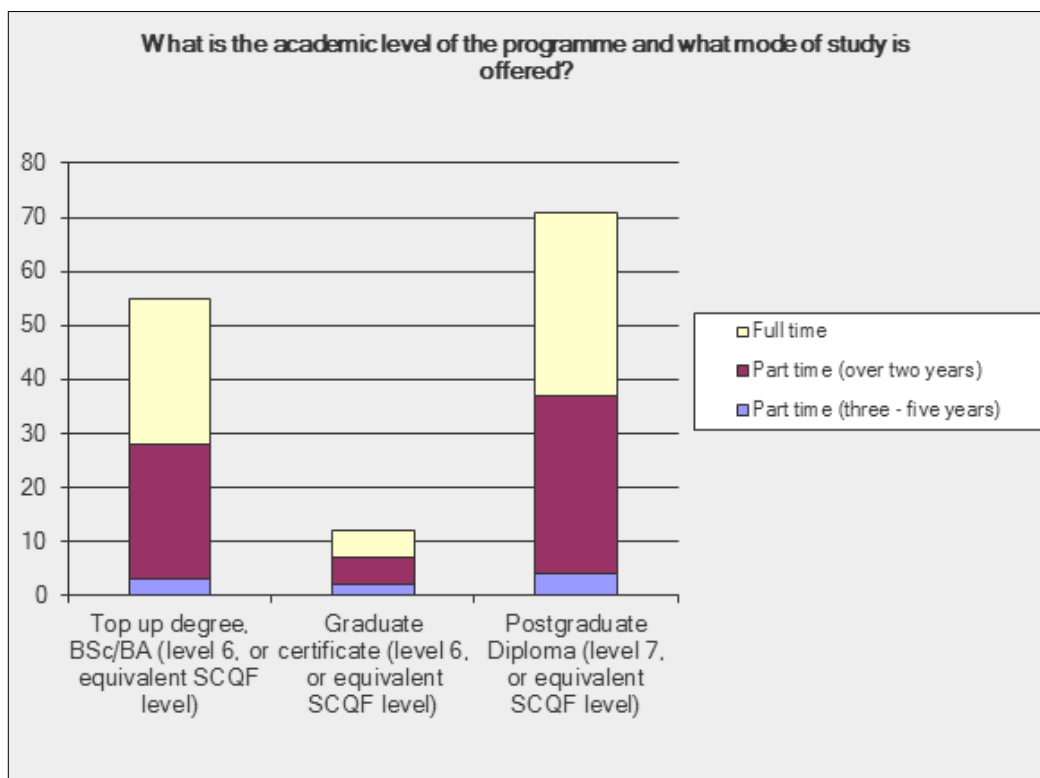
27 universities responded to this question. The percentage of students on each programme who did not pass at the end of their course was not identified, but overall this is a small number. For the small percentage that did not complete the programme, the reasons cited for withdrawal or non-completion at the end of the programme were:

- Personal reasons
- Resubmission or resitting parts of the programme
- Withdrew for health reasons
- Failed the programme
- Failed the practice component
- Withdrew for carers leave
- Withdrew for maternity leave.

Academic level and duration of the programme

Most universities offer the Specialist Practitioner – District Nurse programme at both undergraduate and postgraduate levels, as shown in Figure 1.

Figure 1: Academic level of the Specialist Practitioner – District Nurse programme and timeframe over which the programme is delivered



The number of universities that offer the programme at post graduate (level 7 or SCQF equivalent) appears to be increasing, although there remains a market for a top up degree and graduate certificates.

This trend follows the requirement for the exit level of all UK pre-registration nursing education programmes to be at Level 6 from September 2013 (NMC, 2010).

Top up to MSc

For students who have completed the Postgraduate Diploma during the District Nurse programme, 92.5% of universities offer a top up to a full Masters award. However the take up of this option was very varied due to:

- Limited or no funding
- Lack of support from employers
- Graduating students feeling the need to consolidate and career advancement taking priority.

The top up of 60 credits from post graduate diploma to MSc level was not available in Northern Ireland.

Full and part time programmes were offered across England and Scotland, whilst in Northern Ireland the programme was offered on a full time basis only and in Wales on a part time basis only. There is no marked change from 2014/15 in the proportions of students studying on a full or part time basis.

Whilst all the programmes lead to the District Nurse Specialist Practitioner Qualification, they have a range of degree titles. This could act as a barrier for nurses searching for a District Nurse programme on a university’s website, particularly in cases where the term ‘District Nurse’ is not used in the title of the programme.

Programme duration

The duration of the course ranged from 40 to 52 weeks, as shown in Table 5.

The number of universities that delivered the programme over 40 weeks increased from 7 universities in 2014/15, to 8 in 2015/16.

Conversely, the number of universities that delivered the programme over 52 weeks decreased from 24 universities in 2014/15, to 20 in 2015/16.

The QNI has previously described the challenges for both educators and students to fit the programme into a limited timescale (QNI, 2014b). The trend towards shorter programme duration is concerning, given the expectation that recent graduates will be leading teams in challenging practice environments. There must be sufficient time within the programme for students to be adequately supervised, developed and supported.

Table 5: Duration of the Specialist Practitioner – District Nurse course

Course duration	2014/15		2015/16	
	Number of universities	Percentage	Number of universities	Percentage
40 weeks	7	17.5%	8	20.5%
42 weeks	3	7.5%	1	2.6%
44 weeks	3	7.5%	5	12.8%
46 weeks	1	2.5%	1	2.6%
48 weeks	2	5.0%	3	7.7%
50 weeks	0	0.0%	1	2.6%
52 weeks	24	60.0%	20	51.3%

Supernumerary status of students

The QNI has previously reported that many nurses, especially those studying part time, continue working in their usual place of work as both a student and a team member, which can be problematic for both the student and their colleagues (QNI, 2014b).

Therefore it is worth noting that 28 universities (71.8%) required students to be supernumerary in 2015/16. However, this represents a reduction from last year n=36 (83.7%). Feedback from respondents who stated that they did not require students to be supernumerary, identified major differences between countries of the UK and regions within each country about this issue.

Most universities insist on students having protected learning time. Where universities take students from a number of different service provider organisations, this may have an impact on the consistency of the practice learning placement. This appears to depend on factors such as local provider decisions, availability of staff and other resources. The following comments illustrate some of the issues around the supernumerary status of students:

'We recommend that students are supernumerary but are unable to enforce this in trusts. Consequently there are inconsistencies in the student practice placement experience.'

'This is an important factor that enables the student to fully embrace new ways of thinking at a higher level. It is becoming more and more difficult to sustain within practice due to immense pressures on workload for all community teams.'

'This would be preferable but it is dependent on the [service provider] and the student funding.'

'Absolute necessity for students to be moved to a different placement and to be fully supernumerary.'

The NMC (NMC 2001) stipulates that the programme should be 50% theory and 50% practice, with no reference to supernumerary status for the learner. The responses above indicate that students, sometimes even within the same university, can have very different experiences of learning in practice.

Independent prescribing

Universities are required to include the V100 Nurse Prescriber qualification in the Specialist Practitioner – District Nurse programme (NMC, 2001; NMC, 2006).

Some universities incorporate the V300: Non-Medical Prescribing for Nurses, Midwives and Allied Health Professionals course into the programme (NMC, 2006), either as an optional or compulsory component.

The number of universities offering the V300 course as part of the programme has increased from 5 universities in 2013/14 to 8 in 2014/15 and to 9 in 2015/6, reflecting the advancing skills required for the specialist District Nurse role.

Table 6: Inclusion of independent prescribing (V300) into the Specialist Practitioner – District Nurse programme

Is independent prescribing (V300) part of the programme?	Number of universities in 2014/15	Number of universities in 2015/16
No	35	31 (77.5%)
Yes - optional	4	6 (15%)
Yes - compulsory	4	3 (7.5%)

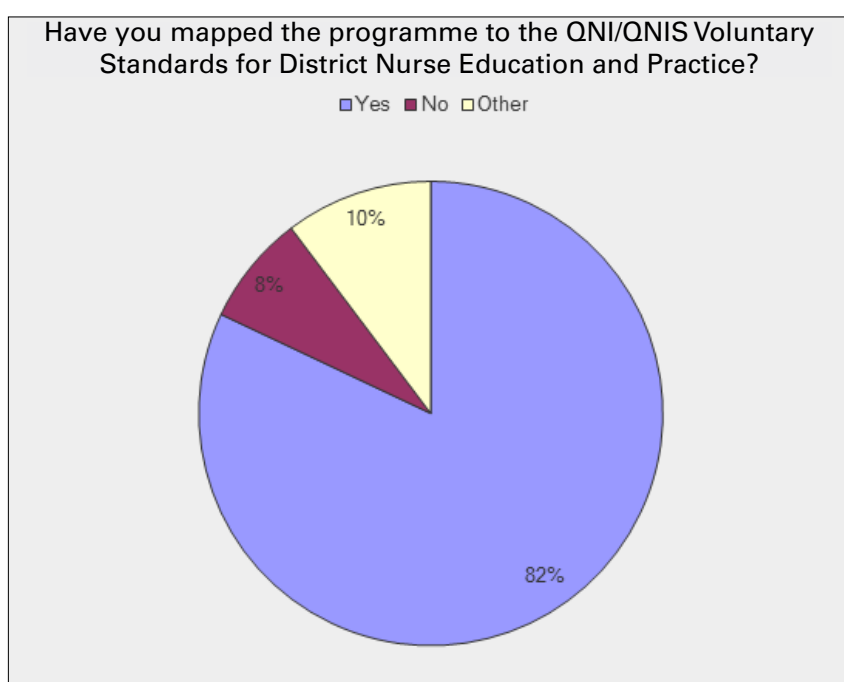
Universities were asked if the programme included an advanced clinical assessment/examination module as this would be considered a pre-requisite for V300 and for enhanced clinical decision making. Of the 22 universities that answered this question, 16 (72.7%) said they included an advanced

assessment module or equivalent within the course. This appears to be an increase from the previous years and may reflect the requirement for this in the QNI/QNIS voluntary standards for District Nurse Education and Practice (QNI/QNIS 2015a).

QNI/QNIS Voluntary Standards for District Nurse Education and Practice

The QNI/QNIS Voluntary Standards for District Nurse Education and Practice were published in September 2015. 32 (82.1%) of the 40 respondents had mapped their programme to the standards. All who stated that they had not yet mapped to the QNI/QNIS standards were in the process of integrating the standards or were waiting until the next revalidation and NMC approval of the course (Figure 2).

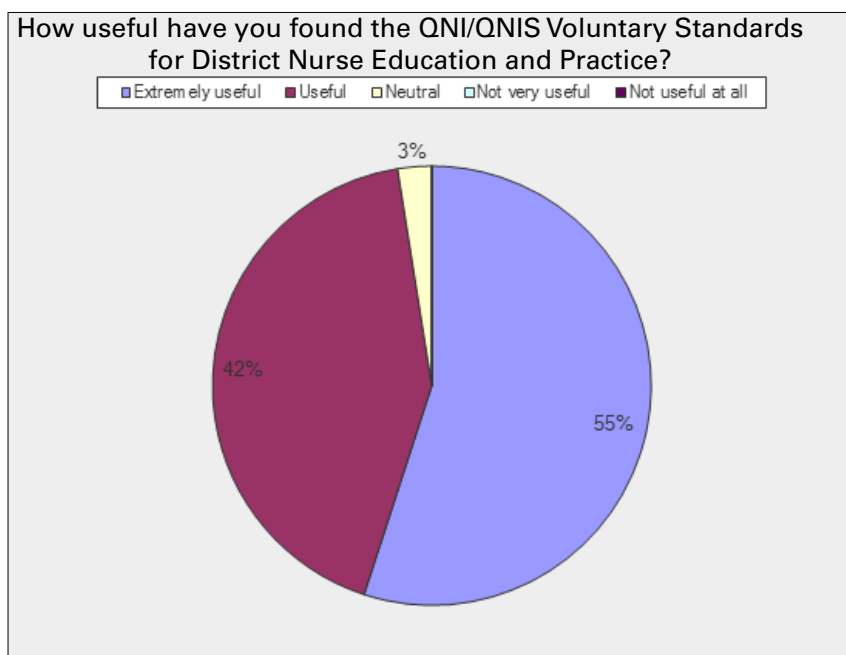
Figure 2: Mapping of QNI/S voluntary standards for District Nurse education and practice to programmes



Universities were asked how useful they found the QNI/QNIS standards and 97.5% (n = 39) found them useful or very useful with only one respondent stating they were neutral (Figure 3).

Comments provided indicated that the standards are useful in initiating discussion about District Nursing practice and were 'continually referred to'. Other comments included the difficulty in meeting the standards in a 40 week course.

Figure 3: Usefulness of the voluntary standards



Future funding of the programme

Respondent were asked about the future funding of the District Nurse programme. Of the 39 respondents to this question, only one did not have concerns about the future funding of the course. Concerns included lack of long term planning and uncertainty regarding future funding after 2017-8 academic year. Others were concerned that the structure of the programme would be affected as more District Nursing service provider organisations were moving from full time sponsorship to part time courses, due to staffing difficulties, despite the full time option being preferred by students and the universities.

Comments included:

'It is devastating that on the back of so much positivity in relation to district nursing that the funding issues should be capable of pulling the plug on so much hard work and energy. I hope there is a way forward being promoted from the centre to support the work locally.'

'We are asking stakeholders about their plans post 2017/18 and what their intentions are regarding apprenticeship models so that we can begin to pro-actively consider the future and be in the driving seat rather than waiting to be directed what to do.'

'We need to have a strong voice to shape DN rather than others dictate our profession. DNs keep the NHS going in relation to keeping patients at home and providing 24 hour nursing care to patients and families at home.'

'I have concerns about the future of the Specialist programme and if funding is lost how will we ensure the future of district nursing.'

'The uncertainty of funding post-2017 may limit developments.'

Conclusions

Trends in staff numbers

The QNI is concerned that the significant increases in District Nurse student numbers identified in the DN Education audit between 2013/14 (QNI 2015) and 2014-15 (QNI 2016) appears to have reached a plateau. Therefore, the QNI has significant concerns that the number of District Nurses qualifying will not be sufficient to meet the increased demand for district nursing services and to replace those due to retire.

There was an increase in the numbers of DNs qualifying in 2016 of just 7.35%. However there was a 13% decrease in the numbers of students expected to enrol on DNSPO programmes by universities in comparison to those who actually enrolled for the academic year 2016-7. There was no increase in the number of new entrants from 2014-15 to 2015-6.

Data from Health Education England (2016) identify that the number of District Nurse commissions in England reduced from 502 in 2015-6 to 498 in 2016-17. Whilst this is a small decrease, it is the first downward movement in numbers that has been noted in four years.

Statistics from NHS Digital (2016) identify a reduction in District Nurse numbers from 7716 in January 2010 to 4400 in September 2016. These statistics would appear to be borne out by the feedback from the audit, with programme directors who cited major concerns about future viability of programmes due to uncertainty about funding and the development of apprenticeship schemes. It is noted that one third of universities are running programmes with less than 11 students, so any further cuts are likely to impact on the economic viability of District Nurse programmes.

Managing demand and capacity

The King's Fund (2016) identifies the gap between demand and capacity in district nursing services and highlights:

'...dissonance between the frequently stated policy ambition to offer 'more care close to home' and the apparent neglect of community health services over recent years is striking. Resources, monitoring and oversight remain stubbornly focused on the acute hospital sector' (2016 p.4).

This report further states that approaches to managing the demand – capacity gap in district nursing services impact directly on teaching, training and professional development:

'...cutting back on non-clinical activities that promote and assure quality – including: – teaching and training – professional development – joint visits' (2016 p.54).

The recent publication of the draft improvement resource for the district nursing service by NHS Improvement (2017) offers a set of principles to identify safe staffing and caseloads. Among these is the need to review local recruitment and retention priorities. It also highlights the need for the development of appropriate metrics and the use of an evidence-informed decision support tool, triangulated with professional judgement and comparison with relevant peers (p.22). District Nurses, in their role as team leaders and clinical experts in caring for people at home, are essential participants in applying such approaches and professional judgement. There could be a significant risk to patient safety with a further reduction in the supply of appropriately qualified District Nurses.

Specialist education

The QNI will continue to evidence the value of specialist practitioner education for District Nurses. The significance of this preparation is clearly evidenced in research commissioned by the QNI on the value of the District Nurse Specialist Practitioner Qualification (QNI 2015b). Respondents (both qualified District Nurses and employers) cited many benefits to patient care, as well as enhanced skills and professional growth. As more complex care is managed in community settings, the more important it is that highly skilled District Nurses are managing community teams. The QNI plans to commission further work to identify how specialist practitioner training can enhance patient outcomes.

In 2015 the QNI/QNIS published the Voluntary Standards for District Nurse Education and Practice. It is pleasing that almost all programme leaders found the standards useful or very useful and that 92% have mapped their programmes to the standards.

The standards are proving helpful to commissioners and providers by clearly setting out the expectations of District Nurses in practice, once they have completed a course that is mapped to the standards. The standards reflect the expert clinical, managerial and leadership skills necessary to lead and co-ordinate the nursing care of people at home and reflect both the contemporary and future requirements of this role within new service models and new ways of working.

This approach to the development of District Nurse leaders supports the strategic intentions of NHS England (NHSE) to bring care closer to home. It is therefore anticipated that NHSE will continue to have major influence on investment not only in District Nurse training but also in the district nursing workforce.

The QNI will continue to lobby and influence decision making bodies to invest in the District Nurse leadership role and training, to ensure that Specialist Practitioner programmes continue to be offered, ensuring people receive high quality nursing care at home.

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