

Report on District Nurse Education in the United Kingdom 2014-15



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Key points

- 566 new entrants to the Specialist Practitioner – District Nurse programme in 2014/15
- 479 District Nurse Specialist Practitioners were due to qualify in summer 2015, compared to 382 in 2014
- 64 students due to qualify in London in 2015, compared to 25 in 2014 and 5 in 2013
- Two more universities ran the NMC approved programme in 2014/15 compared to 2013/14
- 54% of universities ran programmes with more than 11 students in each cohort in 2014/15
- 647 student intake predicted for the academic year 2015/16
- The new QNI/QNIS Voluntary Standards for District Nurse Education and Practice are being incorporated into the Specialist Practitioner programmes

Introduction

The majority of registered nurses preparing to lead District Nursing teams complete the Specialist Practitioner – District Nurse with integrated V100 Nurse Prescribing programme, an approved specialist qualification that is recorded against the nurse’s registration with the Nursing and Midwifery Council (NMC).

The Queen’s Nursing Institute (QNI) published the results of the 2020 Vision Survey on the future of District Nursing in 2014, which presented evidence that the Specialist Practitioner Qualification (SPQ) in District Nursing was critical to effective team leadership and caseload management (QNI, 2014a). A subsequent report to investigate the value of the SPQ in more depth has reinforced the message that this specialist programme is essential to support the nurse to develop the unique skills and knowledge required to lead and manage a team of multi-skilled professionals to deliver excellent nursing care to people in their homes and local communities (QNI, 2015).

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

Data collection

All programme leaders for the NMC approved Specialist Practitioner – District Nurse programme across the UK were asked to complete an online survey. Responses were collected between June and September 2015. All data have 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 responses, which have enabled the QNI to produce this review of District Nurse education.

Findings

Universities running the programme

The Specialist Practitioner – District Nurse programme is offered in all four countries of the UK. The number of universities running the programme in 2014/15 remained relatively stable since the previous year. As shown in Table 1, there were two more universities in total running the programme in 2014/15 compared to 2013/14. Scotland was not included in the 2013 review.



Table 1: Universities running the Specialist Practitioner – District Nurse programme

Country	Universities running the Specialist Practitioner programme		
	2012/13	2013/14	2014/15
England	24	30	32
Wales	4	4	4
Northern Ireland	1	1	1
Scotland	N/A	4	4
Total UK		39	41

Two universities in England that were approved to run the programme did not do so in the academic year 2014/15. In one case this was due to a lack of commissioned places, whilst in the other there was an insufficient number of applicants who met the entry requirements. Where relevant, these two universities have been included in the statistics that follow.

Most programmes were approved by the NMC between 2011 and 2015 and all programme leaders responded that they planned to apply for re-approval between 2015 and 2020.

Application of students to the programme

Table 2 shows the number of new entrants to the Specialist Practitioner programme in each country for 2013/14 and 2014/15. The total number of new entrants increased by 32.6% in 2014/15 compared to the previous year. The number of new entrants does not reflect the number qualifying in summer 2015, as some universities have two entry points during the academic year and a number of students undertake the programme part-time.

Table 2: Entrants to the Specialist Practitioner – District Nurse programme

Country	Number of new entrants 2013/14	Number of new entrants 2014/15	Predicted number of students 2015/16
England	329	446	494
Wales	31	42	61
Northern Ireland	26	21	35
Scotland	41	57	57
Total	427	566	647
Increase from previous year	N/A	32.6%	14.3%

The number of new students predicted for the academic year 2015/16 is 14.3% greater than the number entering the programme in 2014/15. As one university in Scotland did not respond to this question, this estimate was calculated based on no change to the intake of District Nurse students in Scotland in 2015/16.

In addition to academic entry requirements, most programme leaders of universities offering the Specialist Practitioner programme stated that previous community experience was required or desirable. The following comments illustrate the type of experience that the programme leaders look for in their applicants and how this varies depending on their approach.

'Ideally, some previous community staff nurse experience but, as the pre-registration nursing programme becomes more community-focussed, this should not potentially be as important.'

'Previous community nursing experience. Knowledge of community and primary care both local and national. Ability to show leadership aptitude. Numeracy and literacy tested. Knowledge of role of a District nurse, team working, integrated working, promoting independence and supporting self-care.'

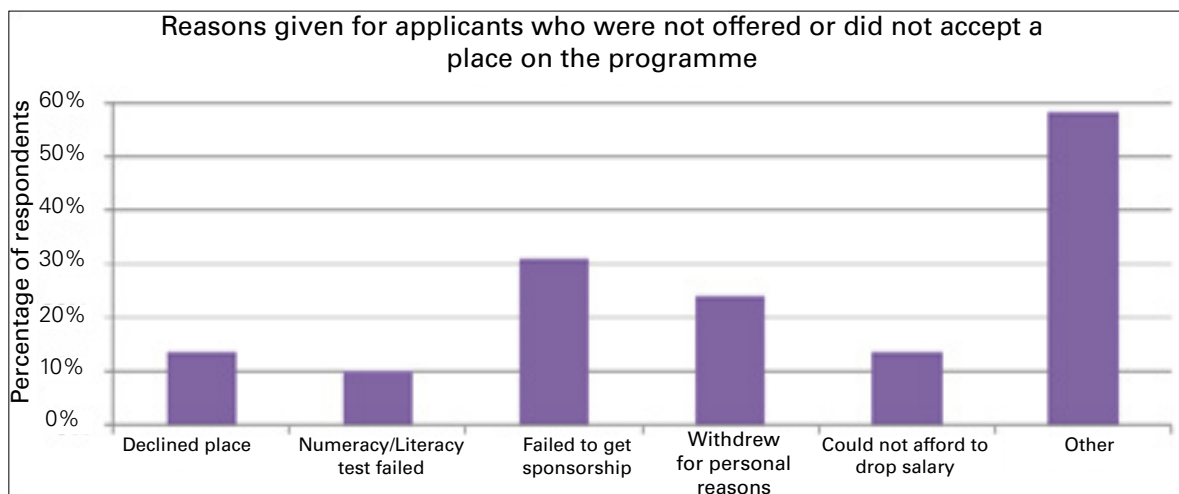
'Dependent on individual sponsoring trusts - some will want candidates to have previous community staff nurse experience whilst others do not.'

'The University does not currently have any representatives on the interview panels for those nurses who wish to apply for the programme through the commissioning process. Trusts arrange and manage this process. Criteria vary from Trust to Trust.'

'Students are put forward by either themselves, Matrons, DN Sisters and encouraged to apply. This means that the applicants already have community experience and are working on the community as a community staff nurse. One particular negative of this system is that the DN teams cannot get new recruits from the acute sector.'

Applicants who did not enter the programme

Figure 1: Reasons given for applicants who were not offered or did not accept a place on the Specialist Practitioner – District Nurse programme



Please note that multiple responses to this question were permitted.

There were a number of reasons given by programme leaders for applicants who were unsuccessful or did not accept a place on the programme. As shown in Figure 1, the most common reasons were failing to obtain sponsorship and withdrawal for personal reasons. The comments below exemplify some of the 'other' reasons given.

'Those who were not successful at interview were unprepared for interview. They did not demonstrate sufficient knowledge about policy, professional and practice issues.'

'Failed to meet the values based recruitment criteria in the areas of panel interview, and

presentation and structured group discussion. Unsuccessful applicants failed to demonstrate and identify leadership qualities, currency of knowledge and awareness of the district nurse course and commitment involved.'

'The course has to be funded in this area by organisations using CPD [Continuing Professional Development] money there is no HEE funding, there is also a challenge with mentors.'

'Because there is no backfill and just programme fees are paid, this means that two people cannot be released from one DN area as this would increase the pressure on the team. Therefore we must take the candidate that performs best at interview.'

Qualification of students from the programme

80.5% (n=33) of programme leaders reported that all students due to complete the programme in the academic year 2014/15 were expected to do so successfully. In cases where students were not expected to qualify, this was mainly due to the temporary or permanent withdrawal of students for personal reasons, or the requirement of students to resubmit or resit parts of the course that they had failed at their first attempt.

The estimated number of students due to qualify in summer 2015 increased by 25% compared to summer 2014, as shown in Table 3. This is the most accurate figure that can be calculated based on the data provided.

Table 3: Nurses due to qualify from the Specialist Practitioner – District Nurse programme

Country	Number due to qualify in summer 2014	Estimated number due to qualify in summer 2015
England	303	396
Wales	20	27
Northern Ireland	28	18*
Scotland	31	38
Total	382	479
Increase from previous year		25.4%

**Although the number of students due to qualify in Northern Ireland in 2015 is lower than the previous year, 35 students are planned for 2015/16*

The number of District Nurse Specialist Practitioners due to qualify in London has further improved, with 64 students due to complete in summer 2015, compared to 25 in 2014 and just five in 2013.

Academic level and duration of the programme

Most universities offer the Specialist Practitioner – District Nurse programme at both graduate and postgraduate levels, as shown in Figure 2. The number of universities that offer the programme only at graduate level has fallen from four in 2013/14, to just two universities in 2014/15. Conversely, 27.9% (n=12) of universities only offer the programme at postgraduate level, which is three more than in 2013/14.

This trend reflects the requirement for all UK pre-registration nursing education programmes to be at graduate level from September 2013 (NMC 2010). However at postgraduate level, the audit also revealed that a small number of universities experienced problems filling their commissioned student places,

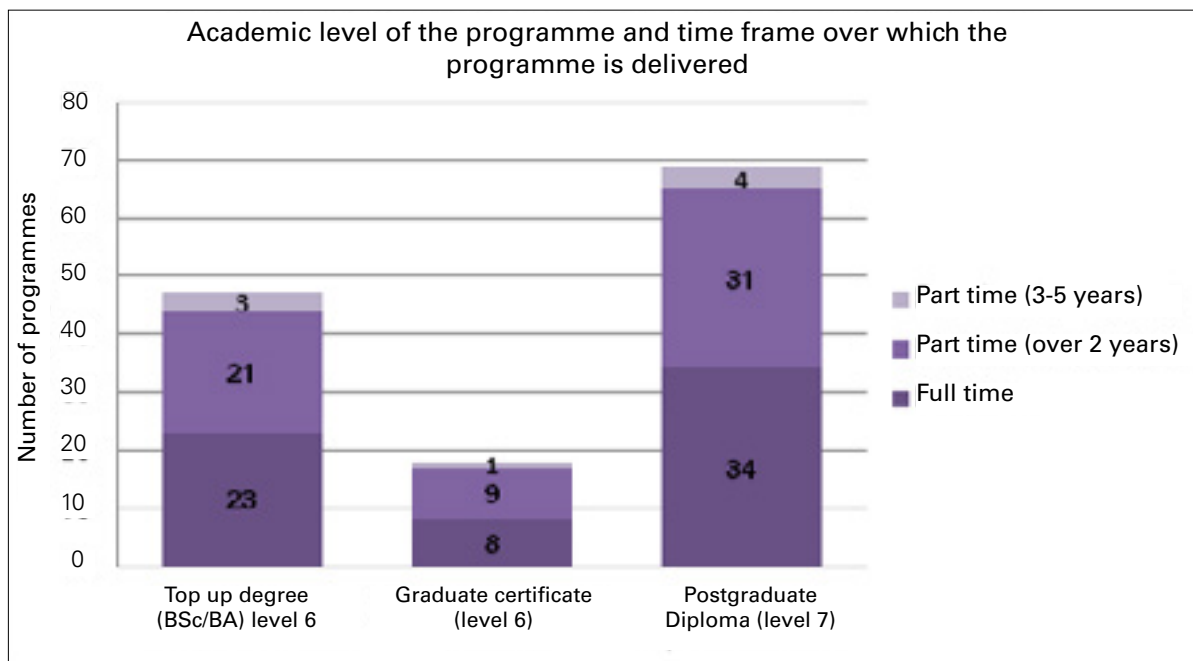
due to the lack of applicants who met the entry requirements. One programme leader commented as follows:

'Community Trusts normally identify staff members to undertake the programme with us. If those identified are not at the right academic level we work with the Trust to develop staff to the level required for entry to the programme.'

For students who complete the Postgraduate Diploma during the District Nurse programme, all the universities in England, Wales and Scotland offer a top-up of 60 credits to MSc; however this is not currently available in Northern Ireland.

Whilst all the programmes lead to the District Nurse Specialist Practitioner Qualification, there is a range of degree titles, as shown in the Appendix to this report. 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.

Figure 2: Academic level of the Specialist Practitioner – District Nurse programme and time frame over which the programme is delivered



Full and part time programmes were offered in England, Wales and Scotland, whilst in Northern Ireland the programme was offered on a full time basis only. In total, 81.4% (n=35) of universities offered a part time programme in 2014/15. The number of universities that offered the programme only on a part time basis halved from 12 in 2013/14, to 6 in 2014/15, and the programme leader of one of these universities gave the following comment:

'The Locality Matrons are advising that they are desperately short of District Nurses and they would like to see the one year course being reintroduced. It is taking a minimum of 2 years and often longer (via modular system) to get DNs trained. This is having an impact on practice as the Locality Matrons want to maintain the high quality and standard of care offered by DNs therefore they do not allow staff to be a DN team leader until they have completed the DN programme. With a retiring workforce, staff are leaving the Band 6 roles before enough are coming through.'

The duration of the programmes ranged from 40 to 52 weeks, as shown in Table 4. The number of universities that were commissioned to deliver the programme over 40 weeks decreased from 10 universities in 2013/14, to 7 in 2014/15.

Conversely, the number of universities that were commissioned to deliver the programme over 52 weeks increased from 21 universities in 2013/14, to 24 in 2014/15. 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 longer course duration demonstrates that the universities and commissioners are responding to this challenge, enabling students to meet the learning outcomes of the programme and gain the required experience in practice.

Table 4: Duration of the Specialist Practitioner – District Nurse course

Course duration	Number of universities	Percentage
40 weeks	7	17.5%
42 weeks	3	7.5%
44 weeks	3	7.5%
46 weeks	1	2.5%
48 weeks	2	5.0%
50 weeks	0	0.0%
52 weeks	24	60.0%

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 while they are studying, which can be problematic for both the student and their colleagues (QNI, 2014b).

For the 2014-15 review of District Nurse programmes, the QNI asked the programme leaders whether they require students to be additional to the clinical workforce and 83.7% (n=36) said that they required students to be supernumerary. The following comments illustrate some of the issues around the supernumerary status of students:

‘This is the preference for the majority of term 1 and 2 otherwise they do not develop from being a staff nurse doing a list of patients.’

‘Ideally, but the challenges of practice are such that placement providers have found it difficult, at times, to honour this.’

‘Some supernumerary time is ‘given’ to students as part of some of the modules. The DN programme is not commissioned locally and there is no back fill - this makes it difficult to release staff and for them to be supernumerary’

‘No this is not possible without the backfill. Students try to move base on a straight swap basis if we can.’

‘We liaise with managers to encourage students to move bases. For periods of time students will be supernumerary for some clinical practice, but not entirely.’

'Full time students usually are and part time are not. The Health boards negotiate the detail with practice.'

For those universities that require students to be supernumerary, only 77.8% (n=28) of programme leaders said this always happens in practice. Comments indicate that practice providers had to be reminded of this requirement, and the extent to which students were actually supernumerary would be affected by various factors including availability of staff and other resources.

Independent prescribing

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

In addition, as shown in Table 5, 18.6% (n=8) of the universities incorporated 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 five universities in 2013/14 to eight in 2014/15, reflecting the evolving skills required for the specialist District Nurse role.

Table 5: Inclusion of independent prescribing (V300) into the Specialist Practitioner – District Nurse programme

Is independent prescribing (V300) part of the programme?	Number of universities	Percentage
No	35	81.4%
Yes - optional	4	9.3%
Yes - compulsory	4	9.3%

The following comments reveal some of the issues involved with including the V300 course as part of the Specialist Practitioner programme:

'We did introduce V300 in 2013 as an optional module and it ran for one year, only one student chose to do this, no students chose the V300 2014-15. We revalidated in March without the V300 following liaison with managers.'

'Some students have undertaken the V300 as an optional module but due to the trusts recently wishing students to complete the course in a year the trust have requested the students take V100. Some students do return to complete the V300 at a later date. The returning students are able to take a top-up module.'

The new Voluntary Standards for District Nurse Education and Practice, developed by The QNI and QNI Scotland (QNIS) in 2015 to enhance the NMC Standards for Specialist Education and Practice (NMC, 2001), do not stipulate the inclusion of V300 in the Specialist Practitioner programme (QNI/QNIS, 2015).

Discussion with the Voluntary Standards Project Advisory Group, which included representatives from education and clinical commissioners, service and education providers, third sector providers, public health and the NMC, led to the decision that V300 independent prescribing was not considered to be an essential part of the District Nurse programme. It was instead considered to be a qualification which built on the skills of the District Nurse specialist practice qualification and should be positioned accordingly.

Practice learning

The NMC Standards to Support Learning and Assessment in Practice require students on the programme to be supported and assessed by a sign-off mentor, who has met additional criteria, or by a practice teacher, where this is required by commissioners (NMC, 2008).

58.1% (n=25) of programme leaders said that their students were supported by practice teachers; two universities said only sign-off mentors were used, and 37.2% (n=16) selected the option 'a mixture, depending on the provider'. For programmes that did not rely solely on practice teachers, students were supported by a sign-off mentor, who was typically an experienced District Nurse with the SPQ. The sign-off mentor and student were overseen, or 'long-armed', by a practice teacher.

In contrast, the NMC requires students undertaking the NMC recordable Specialist Community Public Health Nursing programmes (such as Health Visiting and School Nursing) to be supported and assessed by practice teachers (NMC, 2008). The consequence is that there can be, in the same university, a disparity in the way in which the teaching and assessment of specialist programmes is supported in practice.

There is also some variation in the academic level to which practice teachers were prepared for supporting students. Around a third of the programme leaders said practice teachers were expected to complete a course or module at postgraduate level. Others required training at graduate level or postgraduate level, and some commented that whilst more experienced practice teachers may only have training at graduate level, newer teachers were more likely to have undertaken postgraduate training.

The practice learning component of the specialist practice programme can be in the form of an external placement, or it may take a work-based learning approach, where the nurse is placed as a student District Nurse in their normal place of work for part of the time. The type of approach used by the universities varied, and in some cases this was dependent on the provider of the practice placement, and/or whether the student was full or part time. For example, the following comments were made by the respondents:

'It is recommended that students move out of their work place to placement with their Practice Teacher for the duration of their practice placement. However, this is not always possible.'

'The students tend to have a placement rather than work based learning, however, some Practice Teachers adopt different learning and teaching approaches within their own areas.'

'Placement is used for full time students and a combination of placement and work based learning for part time students.'

The QNI's position is that a more consistent approach is needed in the teaching and assessment of specialist practice, with a qualified community practice teacher for each District Nurse student, supernumerary status for each student throughout the programme and a period of practice learning away from their usual place of work.

The QNI/QNIS Voluntary Standards for District Nurse Education and Practice

Universities offering the Specialist Practitioner programme were asked how the new Voluntary Standards for District Nurse Education and Practice (QNI/QNIS, 2015) would be incorporated into the programme.

The survey responses were collected prior to the publication of the new standards therefore a few respondents said they would take action once the standards were confirmed. Many of the programme leaders said that the new QNI/QNIS standards would be mapped against the existing programme. Some universities responded they would incorporate the standards into specific areas, such as the specialist practice portfolio, and would make adjustments to their courses as required.

The plans for using the new standards were often dependent on when the programme was last approved and the date for NMC re-approval (normally every 5 years), as exemplified by the following comments:

'The programme is currently going through periodic review and the new NMC standards will be incorporated into the programme and the practice based portfolio prior to our scheduled NMC revalidation in 2016.'

'Course due for NMC re-approval, so will be used as part of the course external mapping and benchmarking.'

'Programme has just been revalidated prior to new QNI draft standards. They will be included within course content.'

The QNI and QNIS recommend that the new standards are adopted by all education providers currently offering the Specialist Practitioner – District Nurse programme in the UK, and the QNI welcomes the positive response from universities regarding the incorporation of the standards into their programmes.

The QNI and QNIS are currently in the process of seeking endorsement of the new voluntary standards from organisations that were represented in the project advisory group and contributed to the development of the standards.

At the time of publication of this report, the following organisations have endorsed the standards:

- Association of District Nurse Educators
- National District Nurses Network
- Health Education England
- Royal College of Nursing
- Macmillan Cancer Support
- Marie Curie
- Speaking4yourself
- Unite (Community Practitioners and Health Visitors Association).

Conclusion

The QNI welcomes the estimated 25% increase in the number of District Nurse students due to qualify in summer 2015 compared to the previous year. However, the extent to which numbers of new entrants are increasing year on year appears to be tailing off, from a 32.6% rise in 2014/15 to the 14.3% growth predicted for 2015/16. In addition, in their proposals for 2016/17, Health Education England reduced the number of commissions for specialist District Nurse programmes by 0.8% compared to 2015/16 (Health Education England, 2015).

The QNI finds this move alarming, particularly given the recent policy focus across the UK on delivering more care in the community (Department of Health, Social Services and Public Safety, 2011; NHS England, 2014; NHS Scotland, 2013; Welsh Assembly Government, 2010). The QNI has significant concerns that the number of District Nurses qualifying will not be sufficient to meet the increased demand and to replace those due to retire, and there remains a critical need to develop a robust workforce plan for District Nurses.

Recent contributions to this area include the QNI's report, commissioned by NHS England, exploring good practice of caseload allocation and workforce planning within the District Nursing service (NHS England/QNI, 2014), and the NICE evidence review of safe staffing for adult nursing care in community settings (NICE, 2015). This research will inform the work to be led by NHS Improvement on safe staffing in the community in 2016, which may assist in determining the number of nurses needed to undertake the District Nurse programme each year, in order to realise the policy aim of care being delivered closer to or in the home. Whilst this programme of guidance for safe staffing work will be led by an organisation based in England, the principles are likely to be applicable across the District Nursing services in all countries of the UK.

The work on the value of the District Nurse Specialist Practitioner has underlined the complex and highly skilled nature of the District Nurse role, which brings together expert clinical, management and leadership skills to co-ordinate the delivery of care to people in their homes and local community (QNI, 2015). It is clear that the policy objective of more care being delivered closer to or in the home will not be fully realised without the expertise and leadership of the District Nurse specialist practitioner in the community.

The QNI will therefore continue to lobby for the appropriate number of District Nurses to be prepared each year by Specialist Practitioner programmes, to lead and manage teams delivering high quality care in the community, under our 'Right Nurse Right Skills' campaign.

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Appendix

Variation in the title of the Specialist Practitioner – District Nurse programme

Programme titles listed where these were provided by the university

Programme titles including the words ‘District Nursing’:

- BSc (Hons) Community Specialist practice/District Nursing / PGDip Community Specialist Practice/ Primary Care Nursing/District Nursing
- BSc (Hons)/GDip Community Health Studies, Specialist Practice Award in District Nursing
- BSc (Hons)/GDip/PGDip Community Specialist Practice (District Nursing)
- BSc (Hons)/GDip/PGDip Community Specialist Practice: District Nursing
- BSc (Hons)/MSc Primary & Community Care (District Nursing)
- BSc (Hons)/MSc Specialist Practice (District Nursing)
- BSc (Hons)/PGDip Community and District Nursing Specialist Practice
- BSc (Hons)/PGDip Community Health with PSRB Specialist Practitioner exit award of Community Nursing in the Home: District Nursing (with integrated Community Practitioner Nurse Prescribing: V100)
- BSc (Hons)/PGDip in District / Home Nursing
- BSc (Hons)/PGDip Person Centred Practice (District Nursing)
- BSc (Hons)/PGDip Specialist Community Nursing (District Nursing)
- BSc (Hons)/PGDip Specialist Community Nursing (District Nursing)
- BSc (Hons)/PGDip Specialist Community Practitioner (District Nursing)
- BSc (Hons)/PGDip Specialist Practitioner (District Nursing)
- BSc (Hons)/PGDip/MSc Community Health Studies District Nursing Specialist Practice
- BSc (Hons)/PGDip/MSc Community Specialist Practice (District Nursing)
- BSc (Hons)/PGDip/MSc District Nursing
- BSc Hons/PGDip Specialist Nursing, District Nursing (with integrated nurse prescribing)
- BSc/GDip/MSc/PGDip Specialist Practice Community (District Nursing)
- BSc/PGDip Specialist Practice - District Nursing
- MSc Advanced Clinical Practice (District Nursing in the Home)
- MSc Advanced Practice (Nurse Practitioner District Nurse)
- MSc Community Nursing Practice (District Nursing)
- MSc Nursing (Specialist) Practice with NMC SPQ in District Nursing
- PGDip Advanced Practice in District Nursing
- PGDip Community Nursing in the Home/District Nursing
- PGDip Specialist Practitioner District Nurse
- PGDip/MSc Advanced District Nursing
- Public Health (District Nursing)
- Specialist Practice Community District Nursing

Programme titles that do not include the words ‘District Nursing’:

- BSc (Hons)/PGDip Community Health Nursing
- BSc (Hons)/PGDip/MSc Specialist Community Nursing
- MSc/PGDip Community Health Studies [SPQ]

Abbreviations: GDip – Graduate Diploma, PGDip – Postgraduate Diploma





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