Llywodraeth Cynulliad Cymru
Welsh Assembly Government

Post Registration Career Framework for Nurses in Wales

DR JEAN WHITE

Welsh Assembly Government

Why Wales developed a career framework for nurses

- Part of UK Modernising Nursing Careers initiative – each country taking different stance
- Revised Nursing and Midwifery Strategy for Wales 2008 – one aim is to develop existing and new roles and create flexible career pathways
- Changing service demands driving workforce modernisation – need role clarity

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September 2009

Context

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- Must be patient/client centred
- Need for flexibility & transferability, eg demographic changes, advances in technology/treatments, worker migration
- Individual professional responsibilities/ regulatory requirements
- Employer responsibilities, including appraisal and PDP
- Align with existing frameworks, eg Agenda for Changes/KSF, Free to Lead: Free to Care
- Equality and diversity agenda

Dimensions of the Framework

1. Wales' standards for non medical consultants
2. Scotland's Advanced Practice Toolkit

Common themes in both:

- Clinical/Professional Practice
- Leadership and Management
- Facilitated Learning and Development
- Research

Nursing roles at career levels 8 and 9 'Leadership and Management' will be extended to include 'strategic service development'

Board level management roles will also include 'corporate skills/responsibilities'.

Principles

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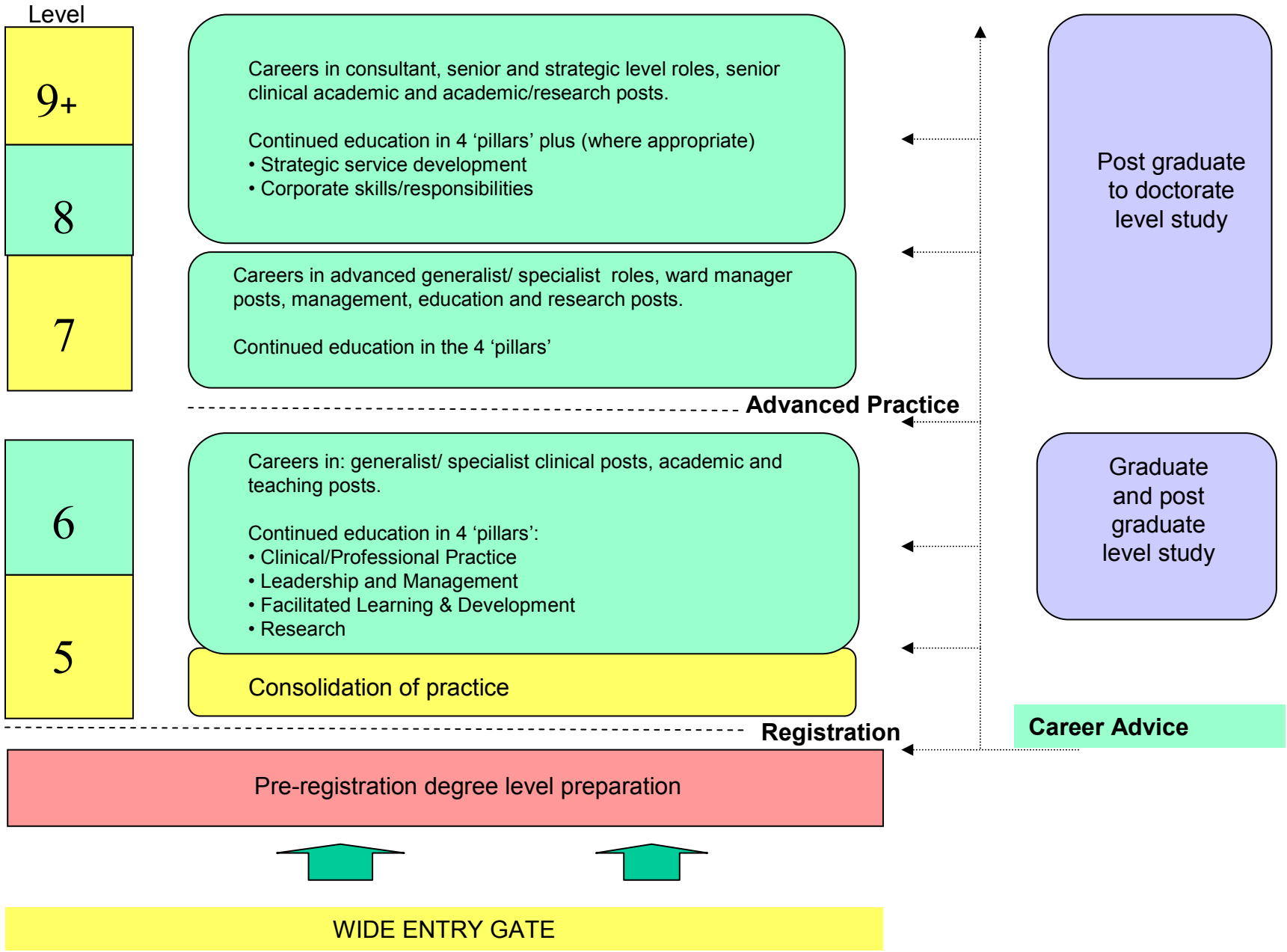
- Skills for Health - Career Framework Levels would be used

- Recognition that although career frameworks are presented as ladders of progression, many nurses stay within a level, often doing different roles. Framework therefore supports lateral and well as vertical progression

Overview of the career framework

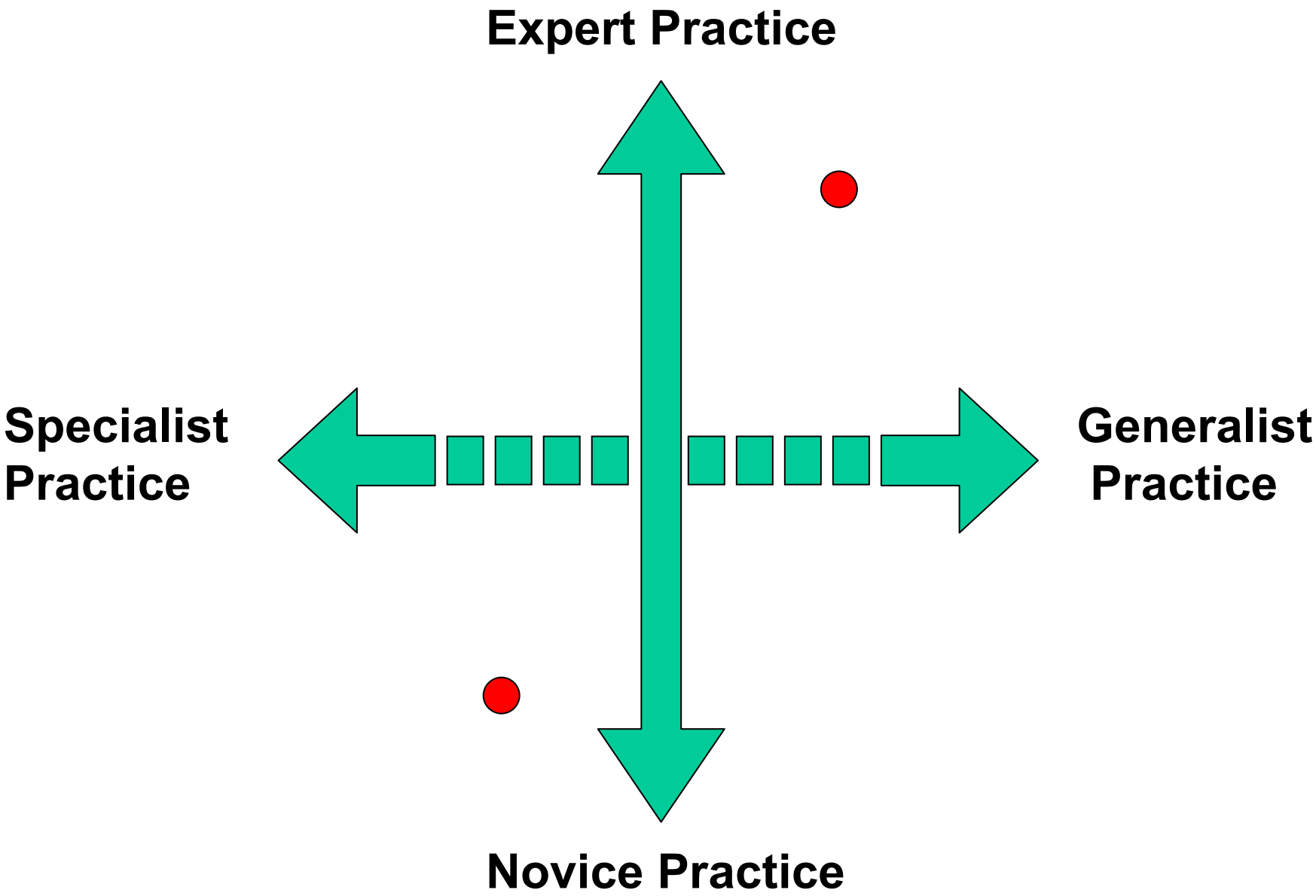


Post Registration Career Framework for Nurses in Wales – Key Facets

1. Career advice and career reviews at key points – linked to service needs, based on annual appraisal and PDP
2. Workforce planning - succession planning; survey of ‘talent pool’; support staff to achieve good job fit
3. Consolidation post qualifying – also applicable for return to practice or overseas/EU trained.
   - Preceptorship support.
   - Rotation/taster experiences – some linked to patient pathways includes education, research, in-patient and community/primary care

Key Facets continued

4. Free to Lead: Free to Care (empowering ward sisters/charge nurses)
   - Specific management and leadership preparation for ward managers/sisters/charge nurses – in post and aspiring



T.D. Barton PhD thesis

Key Facets continued

5. Recognition of specialist and generalist practice up to advanced level. Education and training to prepare practitioners for roles – emphasis on knowledge and skills preparation that can be transferred.

   - Clinical Nurse Specialists to have a degree in a relevant subject and be able to demonstrate competencies in field.
   - Advanced level practitioners – develop existing clinical nursing staff so that they meet the description and role competencies of advanced practice, this includes supporting staff to reach graduate status and subsequently complete education at master's level.

Key Facets continued

6. Flexible approach to clinical academic careers – greater movement between education and service.
7. Investment in research capacity building – but need to establish clinically based posts. Possibly build research teams around non-medical consultant posts

Already in place:

- Research Capacity Building Collaboration Wales
- Clinical Research Collaboration Cymru – research networks, community of scholars

Activity in 2010

- NLIAH led Advanced Practice project
- OD & Leadership sponsored work on clinical academic careers and leadership development in health faculty.
- Free to Lead, Free to Care ward sister/charge nurse development programme
- Pilot research placements with research networks
- LHB/Trust developments – includes looking at roles & job titles, consolidation experience for new staff & workforce planning initiatives. Ongoing PDP and annual appraisal with associated career advice.

The Challenge

- The nurses we have now will be in our workforce for the next 20-30 years.
- Academic attainment – will take time to realise aspiration of an all graduate profession
- Misleading use of titles, especially specialist/ advanced practitioner
- Financial pressures – will it inevitably lead to less nurses and more support staff? Or will we see more advanced practitioners with expanded remits?
- Will people still want to be nurses in the future?