

Raising the bar for health visiting

The Willis Review of nurse education has significant implications. While the proposal for a new community nursing branch would not suffice for health visiting, it offers a chance to discuss what should replace the current programme, says Dame Sarah Cowley.

In March, the *Shape of Caring* review was published (Willis, 2015), focusing on care assistants and pre-registration nursing education. Commissioned in the wake of reports about poor, uncaring practice and nurses lacking in compassion, the review has significant implications for health visitor education—particularly in light of the likely closure of the specialist community public health nursing (SCPHN) part of the Nursing and Midwifery Council (NMC) register (Cowley, 2014). The Willis Review is wide-ranging, with 34 recommendations under eight main themes. Two key suggestions are that student nurses might opt from the start to enter a new specialist branch of ‘community nursing’, and that students might enter this branch and leave, after 3 years, as health visitors.

More than 20 years ago, when undergraduates still received grants and nurse education was based in hospital schools of nursing, I spent 5 years leading a BSc Community Nursing programme. Students entered

as registered nurses without prior academic qualifications, and left 3¼ years later with a degree and qualifications in both district nursing and health visiting. Three things remain with me from that experience. First, the theory was all taught jointly—and all applied across the field, with no difficulty. In a multidisciplinary world, the same theoretical learning (communication skills, physiology, social policy, psychology etc) applies to most health professionals, so that is not a surprise. However, application in practice, which is the second point, was different. In the first term, students spent time with district nurse practice teachers and returned to college confident in their ability to transfer skills from their prior hospital experience. In the second term, students went out with health visitor practice teachers, returning to college amazed and sometimes shocked at how different it was from anything they had done before. Third, even though a few graduates tried extremely hard to combine roles and work across the two fields (health visiting and district nursing) in one post, they could only achieve this by working as if they held two part-time posts in the same area. In practice, there was almost no overlap between the two fields.

That degree programme foundered because of the (then) new specialist practitioner qualification in 1995, which both shortened the health visitor programme and required a great deal of shared learning across community nursing. The emphasis on clinical nursing and lack of time for students to learn enough about health visiting led to serious concerns about their preparation, and was a key reason for current SCPHN programmes

concentrating on public health without a shared interface with clinical nursing. The Willis Review makes common ground between public health and community, but the two are different—as was debated at length when the SCPHN register was established. ‘Public health’ refers to a field of practice, whereas ‘community’ is the location for work. Also, the term ‘specialist’ is used in the review to refer to the pre-registration branches, which define the field of practice. Health visiting operates at a highly sophisticated level—sometimes called ‘specialist’ (as in SCPHN), but more clearly labelled as an advanced or higher level of practice.

The suggestion that students might enter a 2-year common core with other student nurses and specialise in health visiting in their final year, would be unworkable and completely unacceptable. If both community nursing and health visiting qualifications are wanted from the outset, the programme would need to be at least 4 years long, with its own common core, to allow time to learn about the two fields and develop the requisite abilities. Such a programme seems unlikely, and not necessarily desirable. However, there is too little time in the current programme, which urgently needs major change, extension and expansion. This new proposal provides a welcome opportunity to open discussions about what would work for health visitor education and regulation, which both need reform before the SCPHN part of the register is closed—so without delay. **JHV**

Cowley S (2014) Health visiting: profession or job? *Journal of Health Visiting* 2(7): 404. doi: 10.12968/johv.2014.2.7.404
Willis GP (2015) *Raising the Bar. Shape of Caring: A Review of the Future Education and Training of Registered Nurses and Care Assistants*. Health Education England, London



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