

Collaborative development of an accelerated graduate entry nursing programme outside of traditional funding mechanisms

CJ Whiffin, H Clarke, H Brundrett, D Baker, B Whitehead - Nurse Education in Practice, 2017

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### **Abstract:**

Financial support for students entering nurse education programmes has typically been the responsibility of Governments who make a substantial contribution to tuition and/or living costs. However, where programmes are not funded by Government bodies, students must make alternative arrangements for financial support. This paper explores how a university worked with local employers to design, recruit and deliver an accelerated graduate entry nursing programme and how this philosophy of collaboration ultimately led to local health employers providing sponsorship for students. Therefore, we offer for debate the benefits of collaborative curriculum design and future considerations of attracting employer funding for graduate entry nursing programmes.

### **Key words:**

Student nurses; Nurse education; Graduate entry nursing; Funding

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## Introduction

In response to regional workforce development planning, we were asked by our local funding providers to develop a two year, graduate-entry nursing (GEN) programme. The programme was designed to meet the national nursing regulator's standards for nurse education (Nursing and Midwifery Council (NMC), 2010). Validation was planned for March 2016; however, at the end of January 2016 the funding mechanism for nursing programmes was changed nationally. The regional arm of our national funding providers were then forced to withdraw funding as new GEN programmes were not eligible for Government funding (Gummer, 2015). The consequence of which meant students would be required to pay their own course fees.

Although course fees were introduced for undergraduate nurse education programmes in England from September 2017 decisions regarding post-graduate programmes were postponed (Department of Health, 2016). At a time when the Government were still funding a number of GEN programmes, the viability of a self-funded programme was called into question.

## Background

It is widely recognised that the worldwide nursing workforce is in decline (Migration Advisory Committee, 2016; World Health Organisation, 2013). This decline has been reported as an international crisis and is predicted to increase (Buscher, 2009). Although solutions are multifactorial international recruitment is popular (Germack et al., 2015; Glasper, 2016). However, this impacts negatively on the workforce of the nurse's country of origin (Buscher, 2009; North, 2011). Therefore North (2011) argues self-sufficiency and sustainability of the nursing workforce should be prioritised. Although not initially designed with this aim, GEN programmes with accelerated routes to registration are one solution to the declining nursing workforce (Aktan et al., 2009; Ben Natan, 2016).

Internationally GEN programmes do differ with those in the UK offering post-graduate degrees alongside registration and those in the US and Australia more frequently offering

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accelerated bachelor degrees. However, despite the differences there are similarities and students on accelerated programmes are recognised as highly committed to completing in a shortened time-frame (Neill, 2012, 2011). This may explain why accelerated routes to nurse registration are increasingly attractive to employers worldwide (Neill, 2012; Stacey et al., 2016).

Fully cognisant of the value of GEN programmes, when a lack of commissioning threatened the viability of the new GEN programme, local employers from community, mental health and hospital services in government and the independent sector chose to fund the course fees themselves. Our collaborative approach to programme development and shared investment in the future of the local nursing workforce underpinned this landmark decision.

### **Collaborative working**

Some have argued that moving away from hospital trained nurses to university education has severed an important link between education and practice (Oliver, 2017) and universities have been accused of not meeting the needs of healthcare providers. Strong partnership between universities and practice providers is productive and represents best practice (Willis, 2012). Therefore, the steering group had strong representation from local employers and Experts by Experience. The aim was to design a curriculum that reflected contemporary regional practice, attracting candidates who would be retained in the local healthcare economy.

Given this substantial financial investment a contract was drafted requiring graduates to work for the sponsoring organisation for two years post-qualification. It was essential therefore that recruitment met the criteria for entry to the university and also specific employment criteria. Although a shared recruitment process is an NMC requirement (NMC, 2010) admission is usually university led with representatives from practice joining selection days; however, in this case the university admissions department and employer human resources department had to work together. Equal partnership in selecting applicants, while maintaining

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a commitment to recruit for the right values and behaviours for nursing (Health Education England, 2016) was essential.

### **Enhancing learning opportunities through collaboration**

The first aim of the programme, driven by The Code, (NMC, 2015) was to “Develop nurses who ensure the interests of people using or needing nursing services are their first priority” (Authors, 2016 p.7). We were also cognisant of characteristics associated with graduate programmes such as such as an advanced knowledge base, criticality and reflexivity (See Box one) (Quality Assurance Agency, 2015). Our shared vision was preparation of students who would shape the future of nursing; be uncompromising in their standards of care; be advocates and agents of change. Delivering on this promise required a continued commitment from both university and employers to nurture and support students throughout their programme to meet specific needs of the GEN students. Collaborative approaches to education enhance learning and we explore below how three specific approaches facilitated the development of post-graduate characteristics.

#### *Portfolios:*

Cognisant of the new professional requirement for nurses to maintain a professional portfolio (NMC, 2013) we ensured portfolios were embedded into all aspects of the programme.

Gonzales et al. (2017) found GEN students to be active and sequential learners. Portfolios are an opportunity to actively engage in personalised learning both within the programme and beyond into registration.

It has been suggested that nursing students can enter programmes of nurse education with an idealised view of nursing (Grainger and Bolan, 2006). McKenna et al. (2016) found this was also true of Australian GEN students. In contrast GEN programmes in the UK can recognise prior experiential learning meaning students should be more prepared for the clinical environment. Having completed a prior degree GEN students also have many transferable skills and hold significant life experience (Stacey and Holland, 2017).

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Entry portfolios are therefore a useful strategy to capture this experience and map this

against the standards required for nurse education. Accrediting prior learning (both in theory and practice) can facilitate a reduction in programme length (Stacey et al., 2014). While the ability to demonstrate competence in two years rather than three has been questioned by some practitioners (Stacey et al., 2015). Offering opportunities for practitioners to review these portfolios may help alleviate such concerns.

### *Simulation:*

The use of simulation in nursing programmes is well established (Adib-Hajbaghery and Sharifi, 2016) and indeed has been found to suit the learning styles of GEN students (Gonzales et al., 2017). Simulation can be used to increase experiential learning at a time of increased demand for clinical placements where GEN students can feel their learning needs are not prioritised (Stacey et al., 2015). Healthcare environments are challenging and exposing students to the realities of practice in a safe environment is one advantage of simulation.

High fidelity simulation was strategically placed throughout the programme, developed and delivered in partnership with employers and Experts by Experience enabling students to make theory practice links in a tangible way, develop their clinical reasoning and increase their confidence.

### *Clinical supervision:*

Stacey et al. (2014) advocated the use of clinical supervision in GEN programmes, offering an opportunity to develop skills of critical reflection and the confidence to question practice. Although GEN students are highly motivated to complete their studies the realities of clinical practice can be overwhelming and Neill (2012) found GEN students were often exposed to unfavourable nursing cultures. Embedding clinical supervision within the programme was seen as a means of reducing the negative impact this can have and provide a safe and confidential environment to encourage critical reflection.

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In a recent report from the Foundation of Nursing Studies (2017) uneven opportunities for

clinical supervision in nursing raised concerns. The programme therefore offers clinical

supervision from the outset by academics, peers, and employers. The aim is to enable

students to positively adjust to adversity and develop nurturing professional relationships; an

important strategy to help nurses deliver compassionate care. Stacey et al. (2016) suggests

reflection, resilience and expert performance could be considered key components of

'graduateness' in GEN students. Clinical supervision is one way to help embed these

characteristics.

### **Future considerations**

While new funding arrangements for undergraduate programmes will be implemented in

September 2017; post-graduate programmes have yet to be considered (DH, 2016). Failing

to address funding for post-graduate nursing programmes is leaving institutions struggling to

recruit to self-funded programmes and individuals without financial support unable to

commence GEN education. The programme described here, whilst deemed essential in the

region has fallen into a funding gap and there are significant ongoing consequences for local

workforce development.

In addition, nursing is undergoing a period of rapid development and change in the United

Kingdom. The Nursing Associate role and professional apprenticeships were introduced in

2017. What this plurality of provision means for GEN programmes is yet to be understood.

However, with the realisation of the Sustainability and Transformation Plans (NHS England

and NHS Improvement, 2016), increasing acuity of patients and the need for care to be

delivered closer to home, there is a need for nurses to work in different ways and

increasingly in new roles.

Finally, the NMC are currently consulting on a revised set of standards for nurse education

with the ambition for all institutions to adopt the standards by September 2019. The lead

advisor to the NMC, Professor Dame Jill Macleod Clark recognised that GEN programmes

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CJ Whiffin, H Clarke, H Brundrett, D Baker, B Whitehead - Nurse Education in Practice, 2017 have “real potential to set the gold standard for the future outcomes of nurse education”

(Stacey and Holland, 2017). Collaborative practice and good partnership working will mean we are well positioned to respond.

## Conclusion

Addressing the workforce development needs of the nursing profession is multi-factorial (Everett et al., 2013). Graduate entry accelerated routes to nursing registration are part of the solution and global provision is increasing (Neill, 2012; Stacey and Holland, 2017). However, failing to address post-graduate funding in England for nurse education undermines workforce development. It is yet unknown if employer funded programmes of nurse education are sustainable in the long-term or represent good value for money for front-line care providers. Although collaborative approaches are considered best practice this new model of funding significantly increases the role of practice in education and their desire to see a return on their investment.

Partnership between employer and provider is invaluable and offers a firm basis on which to enter a new era of GEN. Collaborative approaches to education enhance learning and help to bridge the theory practice gap. Meaningful employer-provider collaboration will ensure students are fit for practice and ready to make a difference.

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