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Issue for debate: Is nurse education too acute focussed?

With a shortfall in the community nursing workforce and an ever-aging population, the motto during the Covid 19 pandemic was to stay at home, save lives and protect the NHS. Images emitted across the country were of NHS staff at full capacity in the acute sector, with weekly clapping for NHS heroes outside our Accident and Emergency Departments. The media portrayal of the NHS at this time unknowingly favoured acute services, which was well deserved, but in doing so this arguably created a disservice to those 'frontline' staff in the community.

In reality ongoing and additional care continues to be delivered at community level, with its capacity struggling to meet current demands. Quarterly community data identified 1,201,200 referrals relating to patient care were received, with length of referral to treatment and assessment times being strained, (NHS Digital, 2021)

As a consequence of the pandemic, we must ask ourselves, is it time for nurse education to shift its priorities from a predominantly secondary care focused programme to one centring on community and public health? In a world which moves so rapidly with an emphasis on instant gratification, there is an apprehension that nursing as a profession may have become short sighted. It has long been identified that investment in community nursing is essential, and is a welcomed vision (QNI, 2019). The ethos and value of medicine by the reward of saving lives in emergencies as opposed to preventing one would no doubt prove complex.

Policies developed over more recent the years cite that paediatric care, mental health, long term conditions and newer models of integrated care are future priorities (Department of Health and Social care, 2019). However, in order to sustain and deliver services to the next generation one could surmise that vision and policy require accurate translation. That is, translation to future proof the workforce, develop current practice, and with it, sufficiently educate the next generation of nurses. Nursing applications have increased and many students from young and mature demographics are seeking caring professions, which are perceived as valued, challenging, and secure.

Community nursing roles like those across secondary care have an abundance of unfilled vacancies. Community Specialist Practitioner courses (SCP) in district nursing, community child nursing, health visiting, and school nursing

(SCPDN/CCN/PHN) are additional recognised routes to a higher level of practice within the community. They are held in high esteem by community nursing teams and employers alike, and places are limited in comparison to many other academic courses. SCP programmes are awarded with a recordable NMC qualification unlike the current status for advanced clinical practice. Stringent recruitment criteria is implemented to ensure only elite candidates are enlisted from trusts annually. However, therein lies the problem. There can be difficulties in releasing experienced members of the team to attend a 40 or 52 weeklong course. Resources needed to support and provide education can cause pressure with care delivery from a local perspective. Nevertheless, a deficit of students partaking in SCPDN/CCN/SCPHN programmes could in fact perpetuate a further cycle of shortages, particularly in terms of assessor and supervisor numbers. Such highly skilled practitioners are needed to ensure quality of care delivery, to support the student experience, and to achieve competencies required by the NMC for pre and post registration students (NMC, 2002, NMC, 2018). The proposed new standards from the NMC for these specialist roles are critically important and the discussions already generated are testament to their contemporary nature.

Despite technological advancements during the Covid pandemic, a lack of accessibility to deliver care to vulnerable groups was an overarching theme. The consequent strive for the implementation of community digital assessment platforms, self-management of conditions and the explosion of interest in social prescribing, meant the impact on community service and roles would be far reaching. It is about time that the value of the community nurse as the protagonist is recognised and not just by the media. Community nurses are widely regarded as the hidden workforce, and this must undoubtedly change. Governmental issues aside, perhaps investment in community pathways at a pre-registration level within our higher education institutions is the first step towards attracting a committed and autonomous workforce. Students can be educated to deliver safe and compassionate care to the local communities they serve, as long as they realise this as an option. The QNI has long championed the skills and value community nurses possess, and actively encourages students with its 'welcome to the community' initiative, a mantra education providers could consider adopting.

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