A collaborative approach to education provision will help save our specialism

In the UK, education on tissue viability is delivered on an *ad hoc* basis, with a wide range of providers and educational materials. Clinicians and academics need to work together to ensure common goals that will help standardise such provision

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The education and training of nurses has changed considerably since the introduction of Project 2000 in the early 1990s. Curriculum redesigns and a move into higher education have resulted in staff with good academic qualifications but a reduced practice base when they qualify. Additional problems relating to recruitment and retention of qualified staff mean that nurses struggle to balance their workload, juggling clinical practice demands with their needs for professional development.[1,2]

These difficulties in accessing continuing professional development (CPD) have recently encountered additional complications. Karstadt highlighted that CPD 'is fragmented and appropriate facilitation patchy, with many nurses using their own time and resources'.[3] Many NHS staff previously relied on their employers to support their CPD, either by funding their course and/or allowing study time. But more recently, NHS deficits have resulted in trusts using funding previously ring fenced for education to offset their overspend, with some strategic health authorities not paying for CPD.[4] The Council of Deans[5] stated that education budgets for 2006–2007 fell by £350 **million (okay?)** to provide a contingency fund for the deficits. The bulk of the savings have come from non-medical education and training (NMET) budgets.

The Secretary of State for Health, however, suggested this would lead to 'an absolute shortage of skilled people on whom the NHS completely depends'.[5] Karstadt cautioned that a further consequence would be the disappearance of specialist education programmes, with a risk that specialist lecturers will be made redundant or redeployed as universities choose not to run non-viable programmes in these fallow years without sufficient student numbers.[6]

These actions seem somewhat contrary to the plans put forward in the strategic framework *Working Together, Learning Together*,[7] which set out a coordinated approach to lifelong learning in health care. The sets the direction for the systematic development of all NHS staff, focusing on providing opportunities for CPD. The Department of Health's vision was that:

- Access to education, training and development should be as open and flexible as possible, with no discrimination in terms of age, gender, ethnicity, availability to part-time/full-time staff and geographical location
- Education systems should increasingly reflect the opportunities information technology provides for innovative delivery of learning.[7]

Ad hoc provision

As wound care has advanced as a specialty in the past 20 years, there is an increased need for education to be provided to all practitioners, both at pre- and post-qualification (CPD) levels, to meet these challenges. At present, it is provided in an *ad hoc* way by a range of providers including:

- Trusts offering local study days or short courses, usually led by specialist staff from within the organisation
- Universities offering courses, from short non-accredited courses up to and including masters pathways[8,9]
- Commercial companies offering study days and training packages.

All of these education providers have a role to play, and the breadth of provision reflects the breadth of knowledge and skills required in assessment, diagnosis and care delivery.[10] However, this rather *ad hoc* delivery does not offer any type of quality assurance and has no strategic direction. Quality assurance in this context may be seen to encompass:

- Equality of opportunity
- Quality of information provided
- Quality of the educational experience
- Relevance to clinical practice, drawing on occupational standards, and meeting the core knowledge and skills requirements that prepare practitioners for practice, as set out in *Agenda for Change*.[11]

The challenges faced by education providers are many. Recent reconfigurations within the NHS have had considerable impact on the way CPD is purchased, and the new strategic health authorities (SHAs) are rightly considering how best to achieve value for money from their education budgets and reviewing where they are prepared to send staff to attend for education. It is not inconceivable that a SHA could decide to support a specialist programme such as tissue viability from only one of its education providers. This is an attractive option in many ways as it would standardise the education provided, ensure the viability of that particular programme (although not of the other providers), allow that provider to attract the highest calibre of staff, and ensure that the provision most accurately reflects local needs. On the other hand, it could mean that education is provided by less well-qualified academic staff (like everyone else, academics do not automatically move house if the programme is run in different town), and the focus of the education could be pulled in different directions as each trust has differing requirements.

Knowledge versus experience

Higher education is primarily about achieving academic standards, and this should not be forgotten or devalued. However, it leads to considerable conflict and challenges when considered in the light of the Department of Health requirements outlined above. Take two examples:

- Clinical nurse specialist X has been qualified for almost 15 years, has an RN qualification, a wealth of clinical knowledge and experience, and has undertaken sufficient CPD to now have a diploma in tissue viability. As such, the CNS is eligible to start a degree in tissue viability.
- Nurse Y qualified last month with a degree in nursing, has no clinical experience but has appropriate academic qualifications to start the masters degree in tissue viability.

The junior nurse with little knowledge and experience could gain an academic award (a masters degree as opposed to a bachelors degree) in the same time as the nurse specialist, which implies a much higher level of specialist knowledge than she may really have. Unlike education providers, clinicians and employers do not always seem to be clear about the difference between clinical knowledge and academic level.

The focus on relevance to the workplace and meeting the requirements of *Agenda for Change* has changed the perceived value of academic knowledge, and local experience shows that trusts are increasingly reluctant to fund non-clinical programmes. Research methods courses and honours modules are seen as ‘not necessary or not relevant’ to practice. The real value of these modules is in the critical-thinking and research-appraisal skills they provide, which is

surely of value in an NHS driven by evidence-based practice.

Specialist practitioners in tissue viability have increasingly diverse needs. They not only need to continue developing their clinical knowledge but also a range of skills that pre-registration and clinically focused post-qualification programmes do not address, such as business planning and other aspects of management. Unfortunately, they do not have the time or funding to attend two programmes of education and gain two types of qualification.

The need for consistency

To make the best of educational opportunities, practitioners need to be sure what it is they are undertaking and what they can expect from it. The lack of standardisation in education provision means this is not always possible. Academic speak is as much a jargon as that used by practitioners — if you don't understand the language of levels and credits, modular values, transferability and accreditation, then identifying the most appropriate programme of study can be frustrating.

The lack of consistency in academic awards also means that the employer does not necessarily understand what a potential employee's qualifications mean (see the example above) in terms of practice. They could employ an individual as a specialist nurse on the basis that he or she has a masters degree in tissue viability, even though the practitioner has little relevant clinical knowledge and experience. Of course, the whole CV has to be considered, but it is easy to see how misleading titles can be.

At present, there is no standard professional accreditation as a practitioner in tissue viability. No official body can look at a portfolio of information that may include academic qualifications plus clinical knowledge and skills and say, 'yes, you are a registered practitioner in tissue viability'. Tissue viability specialists need a structure that allows them to demonstrate their increasing skills. This should not simply be a competency framework in which a list of tasks is ticked off (although this does have a role), but a mechanism of assessment that recognises and rewards good practice.[12]

The NHS framework for lifelong learning[7] suggested there should be arrangements for some form of mandatory re-registration or revalidation of practice. This is long overdue and, although it will not solve all of the issues, it will go some way in addressing them. Such an accreditation system would give a focus to future developments, and educationalists would have a central point of contact when developing specialist programmes, which could be agreed across the UK rather than at local levels. Clinically focused CPD could be weighted alongside academic accreditation, allowing the practitioner to develop a skill set that is appropriate to their individual learning needs.

innovations

Education provision is sadly now a much more commercial enterprise. While this can be very positive, it means that education providers compete against each other for business and sometimes offer courses that are not of the best calibre or delivered by knowledgeable lecturers, simply because there is a local demand.

However, many things are changing: there is a push for education providers to work more collaboratively by running programmes across more than one university, making use of specialist knowledge, skills and opportunities from academic staff, and using the best of new technologies to have virtual classrooms or virtual students. These innovations support the recommendations for 'national and local networks of knowledge providers.'[7]

Distance learning resources are moving on considerably and no longer comprise a series of Powerpoint handouts loaded onto a website (and if they do, the person responsible should be ashamed). Instead, a more blended approach to learning is taken. Assessment strategies are innovative and more challenging, requiring the student to learn additional transferable skills rather than simply how to write an essay or care **(case?)** study.

Distance or online learning allows much greater flexibility, which goes a considerable way to addressing the financial constraints faced by trusts in relation to funding education and study leave; staff do not need to be out of their practice area for such long periods, travelling time and costs are minimised, and staff can access the resources when it is convenient for them and their clinical area.[2]

Academic accreditation is being reviewed, with modules being offered in smaller 'bite-size' chunks, allowing greater flexibility in what is studied and over what time period. This also makes it easier to spread the payments for the many staff who now self-fund. Work or practice-based learning is being given additional weighting, and CPD portfolios are increasingly used as methods of assessment.

Commercial input

The role of other education providers, especially the commercial companies, should not be forgotten. They play a huge part in the provision of clinical and specialist education. While there has been considerable debate about the benefits of this education in the nursing press,[13-16] it does serve a useful purpose when appropriately structured and delivered. Commercial companies in the UK are bound by their codes of conduct[17,18] and as such should be delivering appropriate education in a professional way. The value of this education, which is usually provided free of charge, should not be underestimated, and where there is collaboration between companies and specialist practitioners, mutual benefits can be achieved.[19]

Valuing the educators

The role of good academic education in tissue viability is often undervalued. How else can you explain the absence of an education category in the main national awards? And it is perhaps pertinent to note that, of the very many specialist tissue viability organisations, none specifically meets the needs of academics/educationalists. Yet preparing clinicians for practice is a crucial role. Education, like the whole specialism, feels very much as if it is on shifting sand; tissue viability as a specialty does not appear to receive the recognition that other specialisms do[20,21] and the current national situation with regards to education provision and funding raises many concerns.

Conclusion

Changing demographics in the UK mean the need for care of patients with compromised tissues will increase as people live longer with chronic diseases. To prepare competent and confident practitioners who are able to meet the needs of a changing NHS, clinical and academic staff need to have a clear vision that leads them in the same direction. Both sides must acknowledge each other's aims and objectives, and the driving force of all education provision should be the patient's best interests. If tissue viability as a specialism is to survive, we need to regroup, consider our strengths and weaknesses, work collaboratively and in an inter-professional way. Areas of poor practice (both clinical and educational) must be dealt with and areas of good and excellent practice recognised and built upon. n

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Hi Tracy, don't know if you can fill the gap with this, put it in a box or something? Otherwise you could always put a little ad for the UH courses!

Questions to ask before commencing a course of study

What do I want to achieve?

- Improved clinical knowledge
- Improved theoretical knowledge
- An academic qualification
- Achieve clinical competencies

What level will I study at?

- Level descriptors vary between Universities ensure you know what they mean

How many credits will I be awarded?

Can I study without being assessed?

Are the credits transferable?

Who will teach me?

What is the teaching strategy? Classroom based / Distance learning etc

What computer skills will I need?

How much time should I allocate for individual study

Ad for UH courses

University of Hertfordshire offers a range of Tissue Viability programmes including distance learning options. For further details please contact Jacqui Fletcher Programme Tutor j.fletcher@herts.ac.uk or Carol Taylor, Programme Admissions on c.r.taylor@herts.ac.uk