

Report of the Paediatric Nurse Education Review Group

December 2000



**DEPARTMENT
OF HEALTH & CHILDREN**
AN ROINN SLÁINTE
AGUS LEANAÍ

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Introduction

The Department of Health and Children is implementing the recommendations of the Commission on Nursing (1998). It agreed with the Nursing Alliance in early 2000 to set up working groups to inform the implementation of specific recommendations in relation to nurse education. One of these working groups was to address paediatric nurse education. In March 2000, a Steering Group to oversee a review of paediatric nurse education was convened and the following *terms of reference* agreed:

1. To consider the future of paediatric nurse education in the light of the recommendations of the Report of the Commission on Nursing, Labour Court recommendation LCR 16330, and current practice and development in child health services.
2. To make recommendations within the context of current developments in nursing, nurse education and service delivery.

The Steering Group decided to set up a working group to explore the issue of paediatric nurse education and membership of this group was agreed. All members of the Working Group were also members of the Steering Group. The Steering Group and Working Group were composed of representatives from An Bord Altranais, paediatric nursing practice, education and management, the Department of Health and Children and the Nursing Alliance (Appendix A). At the first meeting of the Steering Group it was agreed to invite a nurse educator and a nurse manager from outside the Dublin region to join the Steering Group. It was also agreed to nominate a clinical nurse from the National Children's Hospital to the Steering Group. Due to ill health this member could not attend and a replacement was nominated in September 2000.

The Working Group met on 9 occasions and in addition to this met with the Steering Group on 4 further occasions between March and November 2000. This report was agreed with the Steering Group on November 8th 2000.

Context For Working Group

The Report of the Commission on Nursing was published in 1998. Almost all of its recommendations are applicable to Registered Sick Children's Nurses (RSCN) but the following have specific relevance:

- 10.20** “The Commission recommends that the qualification of sick children's nursing remain a post-registration qualification. However, prior to the transition of direct entry nursing disciplines to a degree programme, directors of nursing from the paediatric hospitals, sick children's nurse educators and the Board should review the content, duration and academic award of the sick children's nursing course, in light of the proposed degree course curricula (p 175)”
- 10.21** “It was suggested that the title Sick Children's Nurse was slightly anachronistic in the modern health service. The Commission accepted this view and recommends that the title Sick Children's Nurse be changed to Child Health Nurse (p 175)”

Appendix 4 of Labour Court Recommendation 16330 of 27th October 1999 formed the basis for the settlement of the 1999 nursing strike and set out the agreed priority areas for implementation of the recommendations of the Commission on Nursing. One of these areas was Sick Children's nurse education with the agreed action being a “review of content, duration and academic award of Sick Children's Nursing Course” (LCR 16330).

It was within this context, and in accordance with the terms of reference agreed by the Steering Group, that this report was prepared.

Methodology

The following methodology was employed to facilitate the task of the Working Group in formulating recommendations relating to the future of paediatric nurse education:

- A literature search was conducted relating to education for sick children's nursing. This search involved computer and manual searches to locate material pertinent to the work of the group. Relevant national and international reports and strategies were considered. Irish statistics relating to child health and sick children's nursing were also reviewed.
- Consultations with stakeholders as identified by the Steering Group (Appendix B & C). These consultations included: the Nursing Education Forum, employers of sick children's nurses and third level institutions.
- A survey of nurses caring for sick children in hospital.
- A survey of nurse managers of paediatric units in general/regional hospitals.

Chapter 1

1.1 LITERATURE REVIEW AND CONSULTATION

This chapter presents an analysis of the findings of a literature review conducted to inform the deliberations of the working group. Four areas were explored:

- children and child health
- Registered Sick Children's Nurses in Ireland
- developments in service delivery
- developments in nursing and nurse education in Ireland

At the end of each section, keypoints with particular relevance for paediatric nurse education are highlighted.

In order to explore the subject of paediatric nurse education consultations with many stakeholders and interested parties were held under the direction of the Steering Group and as needs dictated. A complete list of those consulted is provided in Appendix B. Some information from the consultative phase of the work is presented within the literature review, but the main body of data gained through consultation is found in Chapter 2 of this report.

1.2 CHILDREN AND CHILD HEALTH

1.2.1 Introduction

Children are undeniably essential to the future of our society. Healthy children become healthy adults and events in childhood and adolescence have long term effects that determine wellbeing in adulthood (Aynsley-Green et al 2000). These facts emphasise the importance of child health having high priority in governmental philosophy, policy and resource allocation.

1.2.2 International Scenario

Internationally the importance of child health has been recognised. The United Nations Convention on the Rights of the Child (1989) and the World Health Organisation (1986) address the healthcare needs of children. In the United Kingdom (U.K.) the Platt and Court Reports (Ministry of Health 1959, 1976) were the first to address the welfare of children in hospital. Over the past number of years in the U.K. there have been numerous reports which address the issue of child health, hospital services for children and nursing services for children (British Paediatric Association 1991, 1995, 1996, Department of Health 1991, 1996, Audit Commission 1993, Royal College of Paediatrics and Child Health 1996, DHSS 1999a, b). The thrust of these reports has been that all healthcare services for children should be planned, organised and delivered with the child and family at the centre and with their best interests at the core of all decisions and activities. Services and professionals need to be flexible to adapt to the needs of the children and families they serve and to the needs of a changing healthcare environment. The U.K. Department of Health has stated that professionals caring for children should be specifically educated to do so and in the wake of the Allitt Inquiry has made specific recommendations regarding RSCN staffing levels on paediatric wards (Department of Health 1991).

1.2.3 Ireland

In Ireland, the Department of Health & Children has endorsed the viewpoint that children and child health should be given high priority on the strategic and policy agendas. The Department has confirmed its commitment to the provision of high quality healthcare to all children in various strategy statements and reports. While these have not specifically addressed the subject of nursing care for sick children their content and strategies apply equally to the provision of nursing care for sick children. *Shaping A Healthier Future* (1994) outlined the principles of equity, quality of service and accountability which provide a guide for the delivery and development of all services, including sick children's nursing services. It also made the important observation that healthcare for children is a key factor in determining subsequent health status. The 1998 strategy statement *Working for Health and Well-being* identified services for children as a key priority area.

The United Nations Convention on the Rights of the Child was ratified, without reservation, by Ireland in 1992. Article 24 of the Convention pertains to health services and outlines the right of each child to the highest attainable standard of health and to facilities for the treatment of illness. Ireland's commitment to this article has included the education of RSCNs to care for sick children.

1.2.4 Child Population

A child, in Ireland, is defined as any person 18 years of age or less (Children Act 1999). The 1996 census showed that there are 1,137,057 children in Ireland. This represents 32% of our total population (Table 1.1). The number of children from 0-14 years living in each health board area is set out in Table 1.2. The number of children, 18 and under, living in Ireland is higher than the European average (Health Statistics 1999).

Table 1.1 Child Population 1996

Age	Number of Children
0 – 4 years	250,394
5 – 9 years	282,943
10 – 14 years	326,087
15 – 18 years	277,663
Total	1,137,057

Source: Central Statistics Office

Table 1.2 Population by Healthboard area for 0-14 year olds 1996

Healthboard	Number of Children
Eastern	294,394
Southern	128,006
South-Eastern	95,593
Western	84,366
North-Eastern	77,676
Mid-Western	75,880
North-Western	51,594
Midland	51,898
Total	1,137,057

Source: Central Statistics Office

1.2.5 Hospital Services for Children in Ireland

The first children's hospital in Ireland was founded in 1821. This hospital became the National Children's Hospital in 1884. The Children's Hospital, Temple Street and Our Lady's Hospital for Sick Children were founded in 1872 and 1956, respectively. There are approximately 388 beds in these three Dublin based children's hospitals and a further 561 beds in paediatric units around the country (Information Management Unit, Department of Health & Children, 1997).

Data relating to children in the acute health services, where sick children's nurses are traditionally employed, is presented in this section. Many children are seen in adult out-patient clinics, general Accident and Emergency departments, or admitted under general consultants to adult beds and are thus not represented in "paediatric" figures. Many paediatric episodes of care are recorded within the adult specialty in which they occur rather than by age. Thus it is important to be aware that, in some cases, the figures presented may be an underestimation of actual utilisation of certain services by children.

- In 1999 there were 135,663 hospital discharges in the 0 – 18 age group*.
- The report of the Chief Medical Officer estimates that up to a third of all attendances at Accident and Emergency departments are by children. Approximately 20% of all children attend Accident and Emergency each year and 10% of those attending with an injury are admitted. Approximately 35% of all accidents happen to children and injuries are the most common cause of death in children (EHLASS 1998, Report of the Chief Medical Officer 1999).
- Eighteen percent of children, 16 years and younger, will experience significant mental health problems and a smaller number, 3 to 4%, will be affected by a psychotic disorder.
- The National Intellectual Disability database records around 4,000 children with an intellectual disability. It is unknown what proportion of these children have medical and nursing needs in addition to their disability. The experience of experts in the area is that these children have increasingly complex nursing needs and are frequent users of mainstream acute healthcare services (National Intellectual Disability Database 1996, Courell 1997).

*Source: HIPE data, Department of Health and Children

Other sources of data that relate to child health and to epidemiology and patterns of disease in Ireland are:

- The National Health and Lifestyle Surveys (1999) include a baseline survey of health related behaviours in children and young people. The Health Related Behaviours of School Aged Children (HBSC) study is a collaborative World Health Organisation study (Friel et al 1991).
- European Registries of Congenital Anomalies and Twins (EUROCAT) in which Ireland participates and which records epidemiological information on the occurrence of birth defects.
- The Irish Paediatric Surveillance Unit which monitors the incidence of selected conditions.
- Health boards are developing data collection and reporting systems in relation to child health in their regions. The South-Eastern Health Board published its document *The Health of the South-East – Our Children's Health* in 1999.

The Nursing and Midwifery Planning and Development Units that are being established in each health board may be a future source of data on the nursing service needs of children in their areas. This type of data will add to the strategic planning functions for nursing service delivery and for paediatric nursing education.

KEY POINTS

1. Children 18 years and under comprise 32% of the Irish population.
2. The Department of Health & Children has identified child health as a key priority area.
3. This commitment to child health includes the education of Registered Sick Children's Nurses.
4. There may be insufficient data collected relating to child health service provision to facilitate strategic and cost effective planning for the future.

1.3 REGISTERED SICK CHILDREN'S NURSES IN IRELAND

An RSCN is a generalist paediatric nurse educated to care for a specific age group within the population (0-18 years). To be eligible for entry to the sick children's division of the nursing register a nurse must successfully complete a post-registration programme of education. This is currently the only route of entry to the RSCN division of the register. RSCNs work in the paediatric healthcare services in many capacities. The development of nursing specialties within paediatric nursing broadly mirrors that found in adult nursing – medical and surgical nursing, theatre, accident and emergency and intensive care nursing. There are two paediatric specialist courses approved by An Bord Altranais (theatre and intensive care) at hospital certificate level but only the intensive care course is offered. A wide range of clinical nurse specialist posts have also developed in paediatrics (Condell 1998, Lloyd 2000). When the National Council for the Professional Development of Nursing and Midwifery has completed the process of confirming clinical nurse specialist posts, the precise number in paediatrics will be available. RSCNs also work in paediatric nurse management, education and clinical leadership roles. Any consideration of education for sick children's nurses must be influenced by the need to supply RSCNs for general and specialist roles, clinical career pathways, education and management.

Preliminary figures from An Bord Altranais for 1999 show that there are 4005 RSCNs on the register. Of these 3354 are on the active register and 10% of RSCNs are 50 years of age and older. An analysis of the 1998 registration figures from An Bord reveals that the majority of RSCNs (86.7%) also have another registerable qualification, most frequently that of Registered General Nurse (RGN). Only 13.3% hold the RSCN qualification alone (Table 1.2). Paediatric nurse educators and paediatric nurses identified the inability of RSCNs to obtain work other than in Ireland and the U.K. as a strong incentive to obtain a dual qualification. Smallman (1999), in an article about children's nursing in Europe, points out that sick children's nurses cannot use EU directive (377DO454/395LOO43) relating to mutual recognition of formal nursing qualifications as a route to free movement within the EU. This is because the EU does not recognise RSCN as a general care nursing qualification.

Table 1.3 Breakdown of RSCN qualifications (1998)

Number of Qualifications	Number of Nurses	% of RSCNs
One (RSCN)	423	13.3%
Two (RSCN + RGN)	2196	69.4%
Two (RSCN + RM or RMHN)	12	0.4%
Three (RSCN + 2 others)	407	12.9%
Four (RSCN + 3 others)	125	3.9%
Five (RSCN + 4 others)	5	0.1%
Total	3168	100%

Source: An Bord Altranais

The fact that there are no Irish standards relating to the employment of specifically educated nurses to care for children has been highlighted throughout the consultation process and by the Children's Rights Alliance (1997). However, even though exact figures are unavailable, the Directors of Nursing of the paediatric hospitals report that the majority of their nursing employees are RSCNs. RSCNs are also employed in 27 paediatric units around the country. An unpublished survey of 20 paediatric units revealed that overall 65% (n=301) of nurses working in the paediatric units surveyed are RSCNs. Ninety-five percent of those RSCNs are also RGNs (n=287) and only 5% (n=14) are singly qualified RSCNs and 27% (n=121) are RGNs (The Children's Hospital, National Children's Hospital and Our Lady's Hospital for Sick Children 1999). A brief, informal telephone survey of health board personnel departments conducted by the Working Group confirmed the belief that to be appointed in a permanent capacity to a paediatric unit in a health board general hospital a nurse must hold an RGN qualification, preferably in addition to an RSCN qualification.

The situation regarding nursing care delivered to children in adult accident and emergency departments, intensive care units, and other non-paediatric settings is unclear. What is known is that if a need for paediatric nursing expertise in a particular area is recognised, this is addressed in different ways. Directors of Nursing may offer a position in that specific area to a dual qualified nurse or may advertise for RGNs indicating that an additional qualification as an RSCN is desirable.

There are significant numbers of nursing vacancies for RSCNs in the Dublin area (Table 1. 3.) and Directors of Nursing from outside Dublin have indicated that it is increasingly difficult to recruit dual RGN/RSCN nurses for their paediatric units and other areas where children are nursed.

Table 1.4 Nursing vacancies in the paediatric hospitals

Date	9/99	2/00	8/00
Total	59.5	60.5	83

Note: The highest number of vacancies are in intensive care

Source: National Children's Hospital, The Children's Hospital, Temple Street and Our Lady's Hospital for Sick Children

KEY POINTS

1. The Registered Sick Children's Nurse represents a valuable resource within healthcare system and one that is focused on the high priority area of child health.
2. To maintain and develop paediatric nursing services, an ongoing supply of RSCNs is needed to staff paediatric hospitals and units, to specialise within paediatric nursing and to enter clinical, management and education career pathways.
3. The vast majority of nurses who hold the RSCN qualification also hold the RGN qualification. Employers outside of the paediatric hospitals show a preference for hiring dual RSCN/RGN qualified nurses to staff paediatric units.
4. Nursing employers are experiencing difficulty in recruiting generalist and specialist RSCNs and dual-qualified RSCNs.

1.4 DEVELOPMENTS IN SERVICE DELIVERY

Clinical practice is rapidly changing for all health care professionals including those providing paediatric care. This section will give cognisance to the wider multidisciplinary environment of child health but will specifically focus on developments affecting the delivery of nursing care to children. A basic underlying tenet of health services provision for children is that their needs differ from those of adults. This means that separate consideration of the clinical, developmental and environmental needs of ill children is imperative when services are planned (Price 1994, Royal College of Physicians of Ireland 1996, DHSSa, b 1999).

1.4.1 Patterns of Disease and Care

The patterns of paediatric illness and the reasons why children are admitted to hospital are continually changing. Services are now experiencing increased numbers of inpatients with shorter durations of stay in hospital. Day case admissions for investigations and surgery are increasing. Children attending hospital are often more acutely ill than previously and require prompt, focused and appropriately skilled nursing care (DHSS 1999a, b). Perinatal and infant mortality rates are at their lowest and more children are surviving with chronic health needs related to diabetes, cystic fibrosis, cardiac disease, organ transplantation and combinations of medical, physical and intellectual disabilities. Better management of disease and technological advances have meant greater survival and life expectancy rates for children. Many of those surviving have increasingly complex and specialised needs and this presents paediatric nurses and other professionals with significant challenges (Royal College of Physicians of Ireland 1996, Royal College of Paediatrics and Child Health 1996, DHSS 1999b). Paediatric nurses and managers echoed these findings throughout the consultative process.

McCarthy's (1996) study examined how technological advances impacted upon the case-mix of one paediatric hospital. Utilising oncology and cardio-thoracic surgery as examples she showed that while no children had broviac catheters inserted in 1981, 116 were inserted in 1993. The increasing complexity of cardio-thoracic care was evidenced by a rise in average length of I.C.U. stay from 3.37 days in 1981 to 9.7 days in 1993. Cronin (1995, 2000) and Leen (1993) have conducted studies that demonstrate that specialist nurses within paediatrics are involved in changes in service delivery. The oncology and cystic fibrosis nurse specialists provide in-hospital and outreach care for their

patients. Condell (1998) contends that there are many specialist nurses within paediatric nursing. An unpublished study (Lloyd 2000) found that there are 54 nurses working in the three Dublin paediatric hospitals who view themselves as nurse specialists. When the National Council for the Professional Development of Nursing and Midwifery completes the confirmation process for clinical nurse specialists, the precise numbers of practicing Clinical Nurse Specialists in paediatric nursing will be known. Two recent studies demonstrate the growth of specialist roles and needs within paediatric nursing (Cronin 2000, Hampson 2000). The trend toward the development of specialist roles serves to indicate an increasing need for specialisation within paediatric nursing practice to meet service demands.

In addition to the changing profile of hospital care for children, nurses reported ever increasing numbers of children with complex needs whose parents wish to care for them at home. Much of the care needed is of a specialised type not currently provided in the community. Some support and care for children and parents in the home is currently provided on an ad-hoc basis. This is facilitated mainly by hospital outreach specialist paediatric nurses or sometimes in collaboration between hospital paediatric nurses and public health nurses. The types of care/support provided includes but is not limited to: support for parental administration of home intravenous medications, home airway management (suction, tracheostomy care, ventilation), nutrition support (nasogastric feeding, total parenteral nutrition), vascular access device care, bloodtesting and palliative care. Formal analysis of the types and amount of care provided are not available. An analysis of need in relation to the nursing of acutely and chronically ill children in the home has not been undertaken in this country. However, the experience of the nurses consulted by the Working Group is that there is an unmet need in terms of nursing services for sick children in the home. With the guiding principal that children are best cared for at home, unless hospital admission is absolutely necessary, and in an environment where parents are demanding this type of care there are indications that such an analysis is warranted.

Efforts to meet growing demands for this type of nursing care have implications for the education of sick children's nurses. There is a growing belief that courses of study leading to registration as an RSCN should place greater emphasis on caring for children in all environments. This should include both the well and the sick child and encompass hospital and community care. If RSCNs are part of future plans for community sick children's nursing this has implications for RSCN education.

1.4.2 Expectations

Service delivery is also shaped by the expectations of children and families as consumers of health care. Parents and children are becoming better informed about their health care choices and their expectations of health care services have escalated. Awareness of health care issues is growing and demands for high quality patient services are increasing (Leahy and Wiley 1998). Consumers of paediatric healthcare expect skilled nursing care for their children. In 1992 the Department of Health published the Charter of Rights for Hospital Patients. This does not deal specifically with child patients. In Ireland the consumer organisations with an interest in child health are Children in Hospital Ireland and the Children's Rights Alliance. The Children's Rights Alliance was formed specifically to monitor the implementation of the United Nations Convention on the Rights of the Child and in its document *Small Voices: Vital Rights* (1997) has called for nursing staff to be specifically educated to care for sick children. Children in Hospital Ireland have adopted a charter relating to the rights of the child in hospital. It is also the charter of the international association Action for Sick Children, to which Children in Hospital Ireland is affiliated. This charter, which is reproduced below, is essentially the same as the charter issued by the Department of Health in the U.K.

CHARTER FOR CHILDREN IN HOSPITAL

1. *Children shall be admitted to hospital only if the care they require cannot be equally well provided at home or on a daily basis.*
2. *Children in hospital shall have the right to have their parent or parent substitute with them at all times.*
3. *Accommodation should be offered to all parents.*
4. *Children and parents shall have the right to be informed in a manner appropriate to age and understanding. Steps should be taken to mitigate physical and emotional distress.*
5. *Children and parents have the right to informed participation in all decisions involving their health care. Every child shall be protected from unnecessary medical treatment and investigation.*
6. *Children shall be cared for together with children who have the same developmental needs and shall not be admitted to adult wards. There should be no age restriction for visitors to children in hospital.*
7. *Children shall have full opportunity for play, recreation and education suited to their age and condition and shall be in an environment designed, furnished and staffed to meet their needs.*
8. *Children shall be cared for by staff whose training and skills enable them to respond to the physical, emotional and developmental needs of children and families.*
9. *Continuity of care should be ensured by the team caring for children.*
10. *Children shall be treated with tact and understanding and their privacy shall be respected at all times.*

Source: Children in Hospital Ireland

The U.K. Department of Health has gone further in relation to the nursing care of sick children and has issued the following guidelines;

“It is accepted that the general nursing needs of children can be best met by grouping them in a discrete children’s department with an experienced RSCN in charge supported by other nurses qualified in the care of children. The introduction of day care, day wards and the extension in the range of out-patient treatments and paediatric community nursing services has resulted in those children being admitted to hospital being more acutely ill than in the past with higher dependency and considerably increased throughput. This, together with the related need to educate and support families so they are competent to care for their children, has accentuated the needs for registered paediatric trained nursing staff in children’s departments”

Source: Department of Health (1991) The Welfare of Children and Young People in Hospital.

These charters and guidelines also shape the expectations of Irish parents and the consultative process revealed that these are the expectations of care for sick children that parents express and that paediatric nurses aim to meet.

1.4.3 Current Initiatives

There are a number of strategies and reports published or being prepared by the Department of Health and Children that may have an impact upon and implications for how paediatric nursing

services are planned and delivered. Any such impact will affect how education for paediatric nurses is structured. These initiatives are outlined below:

1. National Children's Strategy – an inter-departmental group has been established by the Department of Health and Children to oversee the development of this 10-year strategy to address all aspects of the child and young person.
2. Joint Council for Hospital Care – this body is designed to assist the three paediatric hospitals with the Eastern Regional Health Authority (ERHA) to develop and deliver acute paediatric services on a co-ordinated basis. It may also facilitate co-operation with other agencies within and without the ERHA.
3. Palliative Care Review - the Minister for Health and Children established a National Advisory Committee on Palliative Care Services in late 1999 whose task is to prepare a national policy for the planning and development of palliative care services.
4. Study of the Nursing and Midwifery Resource – the primary objective of this project is to forecast future nursing and midwifery workforce needs. This will allow the forecasting of paediatric nursing needs also.
5. Strategy for the development of community nursing – the formulation of this strategy is underway.
6. Health Promotion Strategy – the recently published strategy highlights child health as an area for concern and action (Department of Health and Children 2000).

KEY POINTS

1. The nursing needs of children are different to those of adults.
2. Clinical practice and service delivery in paediatrics will continue to evolve and experience rapid change.
3. Higher numbers of more acutely ill and chronically ill children with complex needs require appropriately skilled nursing care in hospital and home settings.
4. There are increasing parental expectations that the nurses caring for children are specifically qualified to do so.
5. There is evidence of increasing nursing specialisation within paediatric nursing to meet service demands.
6. Current and projected patterns of disease, care and service delivery emphasise the need for RSCNs to care for sick children.

1.5 DEVELOPMENTS IN NURSING AND NURSE EDUCATION

In a world of constant change, predictability is a thing of the past. The same is true of the health care environment in which nurses work (Oulton 1997). In addition to the prevailing climate of change engendered by these transitions there are specific changes underway in Irish nursing that have relevance for paediatric nursing.

1.5.1 Framework for Development

The Commission on Nursing (1998) outlined a blueprint for the future of nursing in Ireland. It made recommendations relating to the regulation of and preparation for the profession. The issues of professional development and management of services were also addressed. The Commission has advocated a structure where, after 2002, degree level preparation is required for entry to the profession on the general, psychiatric and mental handicap divisions of the register. Sick Children's nursing and midwifery both remain as post-graduate qualifications. (A pilot direct entry Midwifery diploma commenced in 2000). The routes to career progression through clinical, management or educational pathways were also mapped out. The move to a degree based profession is seen as essential to give a secure base for the development of nursing and the scope of nursing practice in light of current and anticipated changes in the planning, organisation and delivery of nursing and health services.

The National Council for the Professional Development of Nursing and Midwifery is responsible for the post-registration professional development of nursing and midwifery. The Council has already issued guidelines for the immediate confirmation of Clinical Nurse Specialists in practice. It has also issued transitional and final guidelines for future appointments at Clinical Nurse Specialist level (National Council 2000). The Council will be responsible for accrediting post-registration courses that prepare nurses for specialist or advanced practice. At present courses that prepare nurses for specialist practice in areas such as intensive care, theatre, accident and emergency are offered at differing levels from hospital certificate to higher diploma level. The recently published Review of Scope of Practice for Nursing and Midwifery (2000) provides a framework within which a nurse can make decisions about practice in a dynamic and demanding health care environment.

1.5.2 Paediatric Nurse Education

In 1919 the Nurses' Registration (Ireland) Act established the General Nursing Council for Ireland. After completion of an approved programme of training a nurse could be registered as a general, psychiatric or sick children's nurse. Throughout the changes brought about by the Nurses's Acts of 1950 and 1985, the sick children's division of the register has been maintained. Programmes of education leading to the Registered Sick Children's Nurse (RSCN) qualification have been and are provided by the three paediatric hospitals in Dublin. Condell (1998) outlines the ways in which sick children's nurse education was provided. Initially all courses were three year certificate programmes. During the 1970s and 1980s there were three routes to a sick children's nursing qualification: three year certificate, four year integrated certificate programme leading to RSCN/RGN qualifications and a post-registration programme.

Since 1996, the only entry into this branch of the profession is an 18-month post-registration programme of training. One institution (National Children's Hospital) changed to exclusively post-registration RSCN education in the mid-1980s with the other two institutions (The Children's Hospital, Temple Street and Our Lady's Hospital for Sick Children) making this change by 1996. The Children's Hospital, Temple Street and Our Lady's Hospital for Sick Children are linked with University College Dublin and The National Children's Hospital is linked with Trinity College Dublin. University College Dublin and Trinity College Dublin award the post-registration programmes with a higher diploma and a post-graduate certificate.

The rationale for the change to exclusively post-registration education for paediatric nurses is unclear and not recorded in the literature (Condell 1998, Commission on Nursing 1998). During consultations conducted for this report paediatric nurse educators expressed the opinion that the reasons for this change were multifactorial. The situation was heavily influenced by the difficulty

encountered by RSCNs in obtaining employment outside paediatric hospitals. RSCNs also found it difficult to obtain places on post-registration RGN courses. Although application numbers for the 3-year pre-registration and 4-year integrated courses are not readily available the experience of nurse educators and managers, of the time, was that the courses attracted substantial numbers of applicants. It was emphasised that the integrated RSCN/RGN course was consistently the most popular course.

There are currently 133 places available annually on post-registration programmes leading to a paediatric nursing qualification (Table 1.5). There are two intakes of students - Spring and Autumn of each year. Each hospital undertakes its own recruitment and selection processes. Applications for places on these programmes have been falling steadily since 1997. The Directors of Nursing and Principal Tutors in each of the hospitals report increasing difficulty in filling training places (Table 1.6). This trend is a cause for considerable concern in that it is occurring at a time when expectations for improved child health and high quality child health services are rising and have high priority on public and government agendas.

At present many applicants for the post-registered RSCN programme apply to all three schools of nursing. The financial and resource implications of this situation could be best addressed through the adoption of a collaborative recruitment approach by the schools.

Table 1.5 Number of Post-registration Training Places for RSCNs

Hospital	The Children's Hospital Temple Street	National Children's Hospital	Our Lady's Hospital for Sick Children	TOTAL
No. of Places	52	21	60	133

Table 1.6 Application figures per RSCN Training Place*

Year	1996	1997	1998	1999	2000
Number of applications per place	12	5.1	3.7	2.6	1.8

Note: Some applicants apply to two or three schools.

*Figures are averaged over the three schools.

Source: The Children's Hospital Temple Street, National Children's Hospital, Our Lady's Hospital for Sick Children.

Sick children's nurses, managers and educators all expressed concern that RSCN education may not be optimally structured to meet the demands it faces within the healthcare environment. The current structures, under which a small number of experts are divided between three schools of nursing and two universities, have not allowed the establishment of a critical mass of expertise. Such a critical mass of expertise in sick children's nursing is essential to underpin practice, service, professional and research development.

Another issue raised by some of the stakeholders in this process was the duplication of sick children's nurse education structures across three schools of nursing and two Dublin third level institutions. Within a relatively small branch of the profession this situation was not viewed as optimal to facilitate the sharing of clinical, educational and financial resources. The fact that all

RSCN education is based in Dublin was noted by most participants in the consultative phase of this work. It was highlighted to the working group that regional and general hospital paediatric units are experiencing the same phenomena in relation to rising acuity and complexity of care as the paediatric hospitals. Nurse managers and RSCNs confirmed the view of the Chief Medical Officer that up to 30% of accident and emergency attendances at units around the country are by children. In addition children are cared for not only in paediatric units and accident and emergency departments but also in adult intensive care units, theatres, out-patient and day-surgery departments and other areas particularly orthopaedic and surgical units (Report of the Chief Medical Officer 1999).

1.5.3 Registered Sick Children's Nursing Programme

An Bord Altranais specifies the syllabus for registration as an RSCN. This lays out the requirements for theoretical and clinical instruction. The paediatric schools of nursing in conjunction with their linked university draw up the curriculum for a programme of education for paediatric nurses. An Bord Altranais approves that curriculum. The goal of sick children's nursing is to promote the healthy development of the child as a physical, intellectual and emotional-social being within the context of both family and community. The RSCN can assist the child and family in the improvement of health, recovery from ill-health and provide support in death (The Children's Hospital, Our Lady's Hospital for Sick Children, University College Dublin 1999). The goal of sick children's nurse education is to provide and facilitate the learning experiences that lead to an RSCN who is a safe and competent practitioner and who has a good foundation on which to base further professional development.

The three paediatric schools of nursing, in conjunction with their respective affiliated universities, have recently completed a review of the RSCN syllabus for registration. Stakeholders noted that any changes to the post-registration programme, for degree graduates post-2002, will necessitate a curriculum review process. Any reviews of the RSCN curriculum for any reason now have access to a growing body of data on child health in Ireland and education programmes should be structured with reference to this type of data (sections 1.1.4 & 1.3.4).

1.5.4 Post-registration Education for RSCNs

There are two hospital based certificate courses approved by An Bord Altranais for the purposes of specialisation within paediatric nursing (Intensive Care and Theatre nursing). Only the intensive care course has ever been offered at Our Lady's Hospital for Sick Children, and there are approximately 12 places available annually on this 6-month course. The Higher Diploma in Oncology Nursing offered by University College Dublin has a paediatric stream and is offered in conjunction with Our Lady's Hospital for Sick Children. This is the first academic option of this level and type offered to paediatric nurses and represents a welcome development and one which is compatible with the recommendations of the Commission on Nursing and with academic developments within nursing in general.

In line with the move within nursing to underpin specialisation with academic study and awards, those consulted perceived that this academic option should be more widely available to underpin specialisation within paediatric nursing. It was felt in particular that this option should be available to paediatric nurses and nurses caring for children working both in and outside Dublin. Two of the Dublin paediatric hospitals (The Children's Hospital, Temple Street and Our Lady's Hospital for Sick Children) along with University College Dublin have begun to explore the possibility of offering an Intensive Care Course at Higher Diploma level. The proposed programme would be

offered as a "paediatric" choice within the modularised structure of the existing critical care course in the same way as the oncology option, discussed earlier, is offered. This type of proposal represents an important initiative within paediatric nursing on two fronts. Firstly the collaborative nature of the proposal is welcomed as an attempt to pool and share resources - clinical, educational and financial. Secondly this type of paediatric option within a Higher Diploma course could be explored for suitability to the needs of many other areas: neonatal intensive care, accident and emergency, theatre and other specialties.

Furthermore, developments of this nature allow visualization of a future for RSCNs, which includes opportunities to specialise and develop within paediatric nursing to Masters degree and Doctorate level and to contribute to health care services for children at these levels. The availability of opportunities to progress professionally and academically could form part of a scenario in which paediatric nurses stay within nursing while trying to reach career and personal goals.

1.5.5 Nursing Research

During the literature review it was not possible to locate published material or studies relating to paediatric nurse education in Ireland. This reflects no change, 2 years on, from a similar situation encountered by Condell (1998) when completing a review for the Commission on Nursing. An unpublished survey of paediatric units performed by the three paediatric hospitals was discussed in section 1.2. The work of Condell (1998) and Lloyd (2000) in highlighting the prevalence of Clinical Nurse Specialist roles within paediatrics has been outlined earlier. Despite this lack of research in relation to paediatric nursing some other Irish and U. K. nursing research has relevance.

In a study by Hughes (1997) 237 third year nursing students from 12 Dublin hospitals were studied to establish their career planning and guidance needs. Fourteen percent of the participants were student RSCNs on a direct entry programme. All of the participants who felt obliged to undertake post-registration RGN education were paediatric nursing students and 92% of them had already made plans to pursue this goal. Sixty-seven percent (n=14) of the students who were not training in the area of their choice would have preferred paediatric nursing.

The fact that the choice of education as a paediatric nurse is not available to school leavers may mean that there is an untapped pool of secondary school students for whom paediatric nursing would be a career choice if it were available to them. McCarthy and Cronin (1999) found that working with children is considered as an alternative career to nursing. They also found that up to 43% of the student nurses participating in their study had made a decision to enter nursing early in secondary school. The fact that paediatric nurse education is offered at post-registration level only means that it may not be considered as a career choice by potential young applicants who may then make career choices outside nursing that involve working with children.

McCarthy and Cronin's study was partially funded by the Department of Health and Children as was a study by Wells et al (2000) examining the factors that influenced school leavers when considering a career in nursing, particularly in psychiatric nursing. Its findings underlined the importance of career guidance services that give prospective students an accurate picture of the opportunities within nursing. Again paediatric nursing, under current structures, is not actively presented to secondary school students as a career choice.

In the U.K. the Institute of Manpower Studies examined the career patterns of RSCNs in 1983. The study found that RSCNs experienced difficulties obtaining employment without a general nursing qualification. Unfilled places on post-registration RSCN programmes were explained by the

inaccessible location of many of the programmes offered. A later study carried out by the Paediatric Nurse Managers Forum of the Royal College of Nursing (1997) found that the number of RSCNs above ward manager level is dropping in the U.K. The quality and level of services to children is negatively affected by this and it means that there is a decline in the number of senior paediatric nurses capable of key leadership roles in the future.

KEY POINTS

1. Current developments in nursing and nurse education engendered by a changing health care environment and by the Commission on Nursing also apply to Sick Children's Nursing.
2. Paediatric nurses are concerned that paediatric nurse education is not currently structured to keep pace with these developments.
3. There are concerns relating to how (pre-registration or post-registration) and where paediatric nurse education is delivered and around the availability of specialist nurse education within paediatrics.
4. The post-registration RSCN programme now offered is experiencing difficulty in filling its places with students.
5. Irish nursing research shows that there may be an unexplored pool of school leavers who may be interested in a career in paediatric nursing if the opportunity were available to them.
6. U.K. research has shown that unfilled places on post-registration RSCN programmes may be explained by the location of the courses offered and that falling numbers of senior RSCNs in children's services have a negative effect on the quality of service offered.

Chapter 2

2.1 CONSULTATIONS WITH STAKEHOLDERS

Consultations with stakeholders in the provision of paediatric nurse education assisted the Working Group. A list of those consultations is provided in Appendix B. This section lists some of the issues raised during the consultative process and presents the findings of two surveys and of consultations with selected agencies.

2.2 ISSUES RAISED DURING CONSULTATIONS

- Paediatric nurse educators expressed the view that the fact that sick children's nursing education does not fall under the remit of either the Nursing Education Forum or The National Council for the Professional Development of Nursing and Midwifery may have implications for this branch of the profession.
- Paediatric nurses, educators and managers consulted expressed a strong desire that there be an education officer, with specific paediatric nursing experience, within An Bord Altranais to address both professional and educational issues.
- The vast majority of the stakeholders within paediatric nursing and paediatric nurse education believe that a 1 year post-registration programme leading to registration as an RSCN is a viable option. When the other issues raised during this work, in relation to the overall structure of paediatric nurse education are clarified, that work on the design of a one year post-registration option can progress. While such a change is considered desirable it was suggested that all programmes leading to a registerable post-registration qualification should be of similar length.
- In the future every nurse who wishes to obtain an RSCN qualification will first have to complete a 4-year degree programme and gain experience as a staff nurse before commencing a post-registration course of study leading to registration as a sick children's nurse. This will actually lengthen the minimum time it takes to gain an RSCN qualification from 5 years currently to 5½ years in the future. This may make a career as a paediatric nurse more difficult to pursue and less attractive to prospective applicants in comparison with other branches of nursing and other careers involving service to children.
- Any increase in the minimum length of time it takes to obtain an RSCN qualification will mean that the route to promotion and progression through the newly established clinical, management and educational pathways will also be lengthened. This may compound the disincentive to enter paediatric nursing that already exists by virtue of its exclusively post-registration status.
- The Report of the Commission on Nursing commented on the low profile of sick children's nursing. The fact that RSCN education is only provided at post-registration level has meant that student selection and recruitment is conducted by individual institutions and has not enjoyed the benefits of the expertise of the Nursing Careers Centre. As a post-registration course, it is not presented as an option for school leavers and thus the only possible pool for RSCN recruitment is qualified Registered General Nurses, Registered Mental Handicap Nurses and Registered Psychiatric Nurses. The latter two groups have not entered RSCN training in significant numbers and there is currently a well publicised shortage of RGNs in certain areas of the health services.

- Educators expressed a fear that the numbers discontinuing nurse education may rise, when the transition to degree level preparation occurs, and that will in turn lead to an even smaller pool from which to draw applicants for an exclusively post-registration RSCN course.
- Those involved with student RSCN recruitment feel that in a post-2002 context even fewer nurses will opt for a post-registration sick children's nursing course in view of the increased opportunities to progress in their area of first registration through the career pathways recommended by the Commission on Nursing.
- The concern is that, in the current context of dramatically reduced applications to post-registration RSCN courses, these issues will compound the situation and lead to a scenario where the supply of RSCNs is not enough to meet service demands. Some stakeholders believe we are already experiencing this phenomenon with difficulties being reported by the paediatric hospitals in recruiting post-registration students and generalist and specialist RSCNs. Many paediatric units around the country are reporting difficulties in maintaining their current ratio of RSCNs to RGNs.
- U.K nursing research has shown that, with declining numbers of senior RSCNs working in the paediatric services, quality of service is negatively affected. This decline also has the added implication of reducing the number of senior RSCNs capable of taking on key leadership roles within children's services (Royal College of Nursing Paediatric Nurse Managers Forum, 1999).
- If paediatric nursing service providers wish to recruit RSCNs from outside the country, their options are limited. The United Kingdom is the only country from which RSCNs can be recruited. The registration figures of An Bord Altranais show that 39 RSCNs from the United Kingdom have registered so far this year in Ireland. A recently announced National Health Services plan in the U.K. to recruit 20,000 nurses may reduce the number of such registrations. An inability to continue sourcing RSCNs from outside the country will inevitably increase the pressure for Ireland to produce sufficient RSCNs for its own service needs.
- Some participants in the consultative process felt that with increasing acuity and specialisation within paediatric nursing, many non-RSCNs caring for children may not feel sufficiently confident of their competence to accept accountability for nursing sick children. Within this context, the idea of an accelerated post-registration programme for nurses who have substantial experience caring for children was discussed.
- Students currently undertaking the post-registration RSCN programme contacted the Working Group in relation to their college fees and salary. They questioned why the new fees and salary initiative for student midwives had not also been extended to them. It was their opinion that the extension of this initiative to student RSCNs would serve to make the post-registration course a more attractive choice and help to retain RGNs wishing to undertake paediatric nursing within the nursing workforce.

2.3 CONSULTATION QUESTIONNAIRES

Two surveys were carried out by the working group:

1. The first asked RSCNs and other nurses working in paediatric hospitals and units their views about paediatric nurse education.
2. The second solicited the views of paediatric nurse managers in general and regional hospitals.

The questionnaires used are presented in Appendix C.

1. Survey of RSCNs and Other Nurses Caring for Children.

Approximately fourteen hundred questionnaires were distributed to RSCNs and other nurses working with children in the three paediatric hospitals and in 27 paediatric units around the country. A total of 411 or just under 35% of questionnaires were returned. A profile of the qualifications held by respondents is presented in Appendix C. Eighty percent (n=331) of respondents reported an RSCN qualification and 93% (n=307) of those reported second or third nursing qualifications. The second qualification most frequently held by RSCNs was that of RGN (62%, n=258).

When asked whether paediatric nurse education should be delivered at pre-registration, post-registration level or both levels, 70% (n=289) of respondents thought that it should be available at both levels. Some of the reasons given for this choice are given below. The availability of paediatric nurse education at both pre and post-registration levels would:

- Offer paediatric nursing to school leavers and others as a career option
- Maximise future recruitment and retention of paediatric nurses
- Help to maintain and develop a skilled paediatric nursing workforce to meet service demands

Eighteen percent (n=75) felt that post-registration only was the best option while 8% (n=33) stated that pre-registration only was best.

The vast majority of those surveyed (83%) stated that there is a need for paediatric nurse education outside the Dublin area, while 16% (n=66) felt that a Dublin only situation was adequate. One percent did not respond to this question. The majority of respondents believed that education outside Dublin would enhance recruitment to paediatric nursing. There was a concern expressed that such education may need access to the tertiary paediatric centres on a secondment basis.

Finally, the nurses were asked their views relating to the skills and knowledge they felt would be necessary for a student to acquire during preparation for RSCN registration in the future. The responses received demonstrated a strong awareness of current issues and developments in paediatric nursing and child health. The responses are organised into five categories for convenience and are presented in Table 2.1.

2. Survey of Paediatric Unit Nurse Managers in General and Regional Hospitals.

This second survey solicited the views of nurse managers from the 27 paediatric units around the country. Their views were sought in relation to the employability of RSCNs and paediatric nurse education. A total of 22 questionnaires were returned.

The first question asked if nurse managers would consider employing a nurse with a single RSCN qualification and 59% (n=13) replied that they would consider this, but most qualified their answer by stating that while they appreciated the paediatric nursing skills of the singly qualified RSCN, a variety of reasons compelled them to usually employ dual RSCN/RGN qualified nurses. The reasons cited were the invariable health board practice of requiring an RGN qualification for a general/regional hospital permanent nursing post and the pressures of maintaining a flexible workforce to meet changing service requirements.

Ninety-six percent of those who responded felt that paediatric nurse education is needed outside the Dublin area and 86% (n=19) expressed the view that it should be available in an integrated fashion

or at both pre and post-registration levels. The reasons given for these choices related to the point that the dual RSCN/RGN qualification is viewed as a more attractive career option by nurse managers and as a more attractive option in terms of service flexibility by employers.

Influenced by these findings the Working Group decided to ask stakeholders if they could envisage a way in which education could be structured for an RSCN that would involve developing competence to work in adult nursing if required. A question was thus included to that effect. Fifty percent (n=11) replied that there was no way to restructure and that a nurse needs to be an RGN to work in adult areas. Thirty-six percent (n=8) said that the way to achieve this was by offering an integrated RSCN/RGN programme of education. Several stakeholders also felt that restructuring RSCN education to allow an RSCN to work in adult areas would effectively create another grade of nurse and prevent a common understanding of paediatric nursing.

When asked for their opinions about the future of education for paediatric nurses, the responses of the nurse managers were clustered around the following themes:

- The education and supply of RSCNs is essential to service provision in paediatric units in which the nursing care needs of children are becoming more acute and more specialised
- Paediatric nurse education would be best offered at pre and post-registration levels and also available outside the Dublin area
- Service developments and education to allow RSCNs to care for children at home and in ambulatory care and in-patient settings are essential.

Table 2.1 Skills and Knowledge for RSCNs – presented in order of preference

Clinical Skills	Working with Children - Hospital and Home	Professional Issues	Health Promotion	Skills to Support Professional Practice
<ul style="list-style-type: none"> • Developmental assessment • Emergency procedures • Clinical experience in paediatric units in regional hospitals • Increased clinical experience • Infectious diseases • IV cannulation and phlebotomy • Knowledge of learning disability • Neonatal care • Experience in a wider range of outside agencies • Pain management • Palliative care • Child and adolescent psychiatry 	<ul style="list-style-type: none"> • Adolescent issues • Behavioural changes • Care of the dying child • Children's Bill 1999 • Primary care structures • Multicultural sensitivity • Empowering families • Family centered care • Family dynamics • Home based nursing care • Partnership with parents • Patients Charter • Child sexual abuse • Statutory services 	<ul style="list-style-type: none"> • Bullying • Appraisal training • Assertiveness training • Changes in healthcare • Freedom of information • Health and safety issues • Industrial relations • Nursing/legal issues • Mentorship and preceptorship training • Career and educational guidance • Role of specialist nurses 	<ul style="list-style-type: none"> • Accident prevention • Alcohol and drug abuse • Health education • Preventative healthcare • Parentcraft • Public health issues • Vaccinations 	<ul style="list-style-type: none"> • Care co-ordination • Communication skills • Computer skills • Budgeting skills • Counselling skills • Ethical decision making • Interpersonal skills • Library skills • Management skills • Critical thinking • Quality management • Nursing research • Risk management

2.4 CONSULTATION WITH THIRD LEVEL INSTITUTIONS

The two third level institutions currently involved in the delivery of paediatric nurse education - University College Dublin and Trinity College - were consulted about their views on paediatric nurse education. One third level institution outside Dublin was also consulted - University College Cork.

All three of the institutions expressed an interest in the delivery of paediatric nurse education at pre and post-registration level. Trinity College Dublin expressed the view that it could deliver both pre and post registration paediatric nurse education and that the post-registration course should remain an 18-month course. University College Dublin presented a scenario in which a range of educational options and routes of entry to paediatric nursing would be available. These options include:

- Pre-registration programme leading to a single RSCN qualification – could be offered but, given concerns about limited employment opportunities, it may not be seen as a first choice career option
- Integrated route – combined RSCN/RGN and awarded a BSc and a Higher Diploma (4.5 years in length)
- Post-graduate route – RSCN and Higher Diploma (1 Year)
- Post-registration route for current RGNs with paediatric experience (available for a limited period and possible length not yet determined)
- Post-graduate education to support specialisation

University College Cork considered that a direct entry and post- registration route should be offered and that the post-registration programme could be achievable within a single year after transition to degree level education.

2.5 MEETING WITH THE NURSING EDUCATION FORUM

Two members of the working group met with a paediatric sub-committee of the Nursing Education Forum. Various issues pertinent to paediatric nurse education were discussed. The members of the sub-committee highlighted the issue that applications to post-registration RSCN education will drop in a post-2002 setting and that this is a matter for concern. They also identified similar concerns to those of nurse managers in relation to the poor employment prospects for a singly qualified RSCN.

The members of the sub-committee expressed the view that any proposed paediatric pre-registration programme could fit within the framework being developed by the Forum for transition to degree based nurse education. It was also noted, by the sub-committee members, that the timeframe for inclusion in a 2002 transition to degree based nurse education is short.

2.6 PAEDIATRIC NURSE EDUCATION IN OTHER COUNTRIES

The working group reviewed the provision of paediatric nurse education in other countries. A generic model of pre-registration nurse education that allows a nurse to work in a variety of settings and forms a foundation for specialist post-registration studies exists in the United States, Canada, Australia and New Zealand (Tyrrell 1998). Within Europe, Barr and Sines (1996), note that the U.K. and the Republic of Ireland are the only countries adopting a model that involves distinct branches

of nursing. A comparison of the educational options leading to registration as an RSCN in the U.K. and Ireland is presented in Table 2.2. It will be noted that the Republic of Ireland is the only country that offers one route only to registration as an RSCN and to clinical, educational, research and management roles within child health.

Table 2.2 RSCN education in the U.K. and Republic of Ireland.

	DIPLOMA	DEGREE	POST REGISTRATION	ACCELERATED	SPECIALITY COURSES
Northern Ireland	Branch*	Branch 3 & 4 Year	1 Year	-----	Various specialty certificate, diploma, higher diploma courses. Degree – Community Children’s Nursing.
England**	Branch	Branch 3 & 4 Year	1 Year	26 week course (RGN with 3 yrs paediatric nursing experience)	Various specialty certificate, diploma, higher diploma, degree, masters courses including a degree in Community Children’s Nursing.
Scotland	Branch	Branch	1 Year	-----	Various specialty certificate, diploma, higher diploma, degree, masters courses including a degree in Community Children’s Nursing.
Wales	Branch	Branch 3 & 4 Year	2 Year Degree***	26 week course (RGN with 3 yrs paediatric nursing experience)	Various specialty certificate, diploma and higher diploma courses including Community Children’s Nursing.
Republic of Ireland	-----	-----	18 Months	-----	1 hospital certificate course (ICU) 1 Higher Diploma course (oncology)

* Branch indicates a common foundation course followed by a branch programme leading to registration in the area of choice

** Some universities in London are developing a generic healthcare degree programme – first year generic to all healthcare disciplines (eg nursing, medicine, physiotherapy etc.). At the end of the first year students branch into area of choice to complete programme.

*** 2 year degree to registration as an RSCN for selected students with a primary healthcare degree.

KEY POINTS

1. Post-registration RSCN programmes are currently experiencing difficulties in filling places and this situation is expected to worsen in a post-2002 setting.
2. To maintain a supply of RSCNs to meet service needs, a range of educational options for registration as an RSCN is essential.
3. Nurses working within paediatric units and hospitals strongly believe that paediatric nurse education should be available at pre and post-registration levels.
4. Paediatric nurse managers in regional and general hospitals view the dual RSCN/RGN registration as the most attractive and flexible option for both employment and career reasons.
5. There is a need for paediatric nurse education to be delivered both in and outside the Dublin region.
6. Among countries who maintain a division of the register for sick children’s nurses, the Republic of Ireland is the only one offering a single route to registration as an RSCN.
7. The third level institutions consulted believe that it is an academically viable option to offer a variety of educational options for RSCN preparation.

Chapter 3

3.1 DISCUSSION

The stakeholders in this process identified their concerns that the current structure of paediatric nurse education is inadequate to meet the demands of paediatric nursing services in the future. Already paediatric schools of nursing are facing difficulties in filling student places and it is expected that applications for post-registration places will drop even further after the proposed transition to degree level education for nurses. On the service side, employers are experiencing difficulties recruiting generalist and specialist RSCNs to maintain current services.

There is currently only one route to registration as an RSCN in the Republic of Ireland. The pool from which students for RSCN registration are drawn (Registered General Nurses, Registered Mental Handicap Nurses, Registered Psychiatric Nurses) is one that is experiencing difficulties maintaining its numbers. In addition, once the transition to degree level education is complete, it is anticipated that even fewer nurses will opt for a post-registration RSCN course in view of increased opportunities to progress in their area of first registration through the career pathways recommended by the Commission on Nursing.

The view of the stakeholders and the Working Group is that it is imperative to explore additional routes to registration as an RSCN. Without changes to the structure and delivery of paediatric nurse education, it will become increasingly difficult to meet current service demands. In addition, there will not be a resource of nurses specifically skilled in child health to plan service developments and from which to draw the generalist and specialist RSCN staff, managers, educators, researchers and leaders of the future.

3.2 RECOMMENDATIONS

The Paediatric Nurse Education Review Group – comprising the Steering and Working Groups - makes the following recommendations:

1. There should be various educational options for those wishing to obtain registration as a Registered Sick Children's Nurse. The Group acknowledges the concerns of the profession that, unless such options are available, current structures will not meet service demands for paediatric nurses.
2. Paediatric nurse education should be offered at both pre-registration and post-registration levels.
3. The option of an integrated programme leading to a dual qualification be explored within the context of a direct entry programme.
4. An accelerated post-registration route to registration as an RSCN should be explored as a matter of urgency.
5. The Group endorses the recommendation of the Commission on Nursing that the preferred post-registration option is that of a one year post-registration course leading to a Higher Diploma (or equivalent) and to registration as a Registered Sick Children's Nurse. This option would ideally become available after transition to degree level nurse education and in a context

of similar changes to other post-registration programmes leading to a registerable qualification.

6. Paediatric nurse education should be available outside the Dublin region and that the Cork hospitals and University College Cork be considered as potential providers.
7. All three paediatric hospitals in Dublin should utilise a collaborative approach for clinical placements.
8. All future providers of paediatric nurse education should use both local and national sites for clinical placements. Students based in the Dublin tertiary level paediatric hospitals may benefit from clinical experience in paediatric units in general and regional hospitals. Students of any future programme based outside Dublin may likewise benefit from experience in a tertiary level paediatric facility.
9. The Group recommends to the National Council for the Professional Development of Nursing and Midwifery that it supports initiatives from the third level institutions and service providers to develop programmes of education in specialist areas within paediatric nursing. Programmes involving collaboration between service providers represent an important step forward in paediatric nurse education.
10. The three Dublin paediatric hospitals should adopt a collaborative approach to the recruitment of students to the post-registration RSCN programme. Work to facilitate this approach should be initiated as a matter of urgency.
11. Post-registration RSCN student nurses maintain equity with student midwives in relation to fee support and salary.
12. The Group recommends that when the way forward for paediatric nurse education is agreed, that representatives from paediatric nurse education, clinical practice and management work to develop the programmes that are planned.

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Appendix A

MEMBERS OF THE STEERING GROUP

Peta Taaffe, Chief Nursing Officer, Department of Health and Children (Chair).

Yvonne O'Shea, Chief Education Officer, An Bord Altranais.

Annette Kennedy, Director of Professional Development, Irish Nurses Organisation.

Sr Antoinette Kelleher, Principal Tutor, Our Lady's Hospital for Sick Children.

Maura Connolly, Director of Nursing, National Children's Hospital.

Siobhan O'Halloran, Nurse Advisor-Education, Department of Health and Children.

Anna Lloyd, Nurse Advisor-Paediatric Nursing, Department of Health and Children.

Ruth Maher, Nursing Practice Development Co-ordinator, Our Lady's Hospital for Sick Children.

Rita O'Shea, Director of Nursing, The Children's Hospital, Temple Street.

Judith Foley (for Honor Nicholl, due to ill health), Nurse Tutor, The Children's Hospital, Temple Street.

Liz Dunbar (for Honor Nicholl) Principal Nurse Tutor, The Children's Hospital, Temple Street.

Liz Lynch, Principal Tutor, Nurse Education Centre, Cork University Hospital.

Eileen O'Sullivan, Nurse Manager, Cork University Hospital.

Carole King, Nurse Tutor, National Children's Hospital (from September 2000).

MEMBERS OF THE WORKING GROUP

Anna Lloyd, Nurse Advisor-Paediatric Nursing, Department of Health and Children (Chair).

Ruth Maher, Nursing Practice Development Co-ordinator, Our Lady's Hospital for Sick Children (Acting Chair 25/4/00 to 10/7/00).

Maura Connolly, Director of Nursing, National Children's Hospital.

Judith Foley, Nurse Tutor, The Children's Hospital, Temple Street.

Liz Lynch, Principal Tutor, Nurse Education Centre, Cork University Hospital.

Naomi Elliot, Education Officer, An Bord Altranais (until June 2000).

Appendix B

CONSULTATIONS

- Registered sick children's nurses and other nurses caring for children in the three paediatric hospitals and in 27 paediatric units around the country.
- Paediatric nurse managers in 27 paediatric units in regional/general hospitals.
- Principal Tutors in Paediatric Schools of Nursing at the National Children's Hospital, The Children's Hospital and Our Lady's Hospital for Sick Children.
- Third Level Institutions – University of Dublin, University College Dublin, University College Cork.
- Nursing Education Forum.
- Association of Irish Nurse Managers.
- Ms Aveen Murray, Member of the National Council for the Professional Development of Nursing and Midwifery (Sick Children's Nursing representative).
- The Irish Nurse Practice Development Co-ordinators Association.
- Clinical Placement Co-ordinators – from various institutions.
- Ms Deirdre Fitzsimons, Nurse Advisor – Public Health Nursing, Department of Health and Children.
- Health board personnel departments.
- United Kingdom Central Council for Nursing, Midwifery and Health Visiting.
- English National Board for Nursing, Midwifery and Health Visiting.
- National Board for Nursing, Midwifery and Health Visiting for Scotland
- Welsh National Board for Nursing, Midwifery and Health Visiting.
- National Board for Nursing, Midwifery and Health Visiting for Northern Ireland.

Appendix C

SURVEY QUESTIONNAIRES

1. Consultation questionnaire for RSCNs and other registered nurses working in Paediatric hospitals and units (see page 40).
2. Consultation questionnaire for nurse managers involved in the recruitment of nurses within paediatric units (see page 41).

QUALIFICATIONS HELD BY RESPONDENTS TO SURVEY 1

Qualifications	Number	Percent
RSCN + RGN	258	63%
RGN	43	10.6%
RSCN + RGN + RM	34	9%
RSCN	24	6%
RGN + RM	16	4%
RSCN + RGN + RNT	6	1%
RSCN + RGN + RM + RNT	3	0.7%
RGN + RM + RNT	3	0.7%
RSCN + RM	2	0.4%
RSCN + RGN + RPN	2	0.4%
RSCN + RGN + RMNH	1	0.2%
RSCN + RPN	1	0.2%
RGN + RNT	1	0.2%
SEN	1	0.2%
No qualifications listed	14	3.4%
TOTAL	411	100%

In March 2000 a Paediatric Steering Group was set up to explore the future of Paediatric Nurse Education in light of the Report of the Commission of Nursing.

The Members of this group include representatives from The Department of Health and Children, An Bord Altranais, The National Children's Hospital Tallaght, The Children's Hospital Temple Street, Our Lady's Hospital for Sick Children Crumlin, Cork University Hospital, The Irish Nurses Organisation.

The Terms of Reference of this group are:

- To consider the future position of Paediatric Nurse Education in the light of the recommendation of the Report of the Commission on Nursing, Labour Court Recommendation LCR 16330, and current practice and development in Child Health Services.
- To make recommendations within the context of current developments and nursing, nurse education and service delivery.

1) Please tick any of the following registrable nursing qualifications that you hold:

- a) RSCN - Registered Sick Children's Nurse
- b) RGN - Registered General Nurse
- c) RPN - Registered Psychiatric Nurse
- d) RM - Registered Midwife
- e) RMHN - Registered Mental Handicap Nurse
- f) RPHN - Registered Public Health Nurse
- g) RNT - Registered Nurse Tutor

2) Do you think education for Registered Sick Children Nurses (RSCN) / Child Health Nurses should be undertaken at pre-registration or post registration level?

Please tick one of the following options

- A) Pre Registration Training only
- B) Post Registration Training only
- C) Both

3) Please comment on why you selected a), b) or c) in question two.

4) Is there a need for Paediatric Nurse Training outside Dublin?

Please tick yes or no

Yes No

5) In order to be able to care for children both now and in the future, taking into consideration changes in how health care is provided, what education / training will RSCN's require?

6) Have you any other thoughts / comments in relation to how Paediatric Nurse Education should be developed in order to meet the needs of children in the future.

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE.

Paediatric Nurse Education Review Group

Consultation Questionnaire for Registered Sick Children's Nurses, and other Registered Nurses, working in Paediatric Hospitals and Wards.

Please Return Questionnaire to _____

Please take a few minutes to complete this questionnaire as it is an opportunity to voice your opinions about the future of paediatric nursing in Ireland.

In March 2000 a Paediatric Steering Group was set up to explore the future of Paediatric Nurse Education in light of the Report of the Commission of Nursing.

The Members of this group include representatives from: The Department of Health and Children, An Bord Altranais, The National Children's Hospital Tallaght, The Children's Hospital Temple Street, Our Lady's Hospital for Sick Children Crumlin, Cork University Hospital, The Irish Nurses Organisation.

The Terms of Reference of this group are:

1) To consider the future position of Paediatric Nurse Education in the light of the recommendation of the Report of the Commission on Nursing, Labour Court Recommendation LCN14330, and current practice and development in Child Health Services.

2) To make recommendations within the context of current developments and nursing, nurse education and service delivery.

1) Would you consider employing a nurse with a single RSCN Qualification in your unit?

Yes

No

2) Please give reasons for your answer to question one above.

3) Which of the following programmes for Registered Sick Children's Nurses (RSCN) / Child Health Nurses should be available?

Please tick one of the following options:

A) Pre Registration Training only

B) Post Registration Training only

C) Integrated RSCN / RGN Training

D) Combination of the above

4) Please comment on why you selected a), b) c) or d) above.

5) It is recognised that in some areas singly qualified RSCNs have had difficulty in finding employment. Could a direct entry RSCN programme be structured to make singly qualified RSCNs more employable?

Yes

No

6) Please give any suggestions you may have as to how this may be achieved

7) Is there a need for Paediatric Nurse Training outside Dublin?

Please tick yes or no

Yes No

8) How do you envisage the development of paediatric services within Ireland in the future?

9) Do you have any further comments and suggestions?

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE.

Paediatric Nurse Education Review Group

Consultation Questionnaire for Nurse Managers involved in the recruitment of Nurses within Paediatric Units.

Please Return Questionnaire to _____

To be returned by Monday 10th July 2000.

To assist with analysing the data could you please state your job title in the area below.
