

Preparing Health Visitors

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Drivers for change

- Challenges in recruitment
to education and posts
- Ageing workforce (20% >50yrs)
need to build a new generation
- Improving the service
*skill mix, leadership role, increase in
birth rate, immigration, govt pledge of
4,200 increase*
- “Downward spiral”


Unique role of Health Visitors

- Public Health
focus on prevention with young families
- Safeguarding
increasing level and demand for skill
- Team leadership
role to supervise and work with other professionals

Cornwall and Isles of Scilly

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- + Encouraging people into community roles
 - + Modules mapped against NMC standards
 - Supervision does not meet NMC standards
 - Insufficient focus on professional HV role
 - Lacks alternative or consolidating placements

Innovative models - some solutions

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- 1 Flexible delivery
encouraging people into roles
 - 2 Return to Practice
national co-ordination
 - 3 Part time routes
participants contributing to service
 - Cornwall and Isles of Scilly
modules mapped against NMC standards
 - New modular flexible delivery options
maintaining professional focus
 - 4 Graduate entry to nursing – (2+1)
 - 5 “Non-traditional” entrants


NMC standards to ensure high quality health visiting

- APEL and stepping on and off
flexibility to allow service contribution
- Supernumerary status
still allows some flexibility
- Practice teachers and mentors
provision for the contribution of sign off mentors
- Consolidation period
vital especially for part time routes

Actions for NMC

- UK co-ordination of routes
- Engage with programme providers
disseminate flexible arrangements
- Advice to reinforce standards
ensure professional element maintained
- Clarify flexible approaches to practice teaching
agree ratio of sign-off mentors to practice teachers
- Contact “lapsed” health visitors

Actions for others

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- Identify reasons for reduction in those entering profession
 - Review career structure for health visitors
 - Benefits of regulation – protected title

Thank you

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