



Llywodraeth Cynulliad Cymru
Welsh Assembly Government

Post Registration Career Framework for Nurses in Wales



September 2009



Foreword by Edwina Hart AM OStJ MBE Minister for Health and Social Services

This *Post Registration Career Framework for Nurses* is an important step in the modernisation journey to achieve a world-class health service in Wales, that is available to everyone and at the time they need it, as described in *Designed for Life* (2005). All patients and clients accessing the health services should receive skilled, compassionate nursing care from a well educated and highly motivated nursing workforce. Nurses are an essential part of the healthcare workforce and their roles and influence can be felt at every level of the health service. Ensuring nurses have the right support and development opportunities to enjoy meaningful careers will have a positive effect on staff morale, motivation and expertise, which in turn will lead to improved patient care.

The revised strategy for nursing, midwifery and specialist community public health nurses *Designed to realise our potential* (2008) establishes five aims for the professions. One of these aims is to develop existing and new roles and create flexible career pathways. Historically, the career pathways many nurses have taken have been unstructured and opportunistic. This framework for the first time sets out guidance for nurses and employers and builds on the existing arrangements and responsibilities of individuals and organisations. Key features of the framework are the need for career advice and review at key stages, succession planning, and the achievement of specific levels of knowledge and competencies in specialist and advanced level roles. It encompasses elements of the work in Wales to support and develop the role of ward sisters/charge nurses, described in *Free to Lead, Free to Care* (2008). It also includes reference to the existing non-medical consultant standards and national behavioural competencies expected of board level Nurse Directors employed in Wales.

I would like to thank the nurses and organisations who took the time to respond to the consultation, which helped shape this career framework.

I have great pleasure in endorsing this framework and the principles described within the document. The framework is deliberately aspirational and implementation is going to be challenging both to individual practitioners and employers. However, our goal is to have a world class nursing workforce able to provide world class care and so the aspirations set out in this framework are worth striving for.

A handwritten signature in black ink, appearing to read 'Edwina Hart', written in a cursive style.

Preface by Rosemary Kennedy OStJ CBE Chief Nursing Officer for Wales

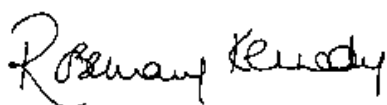
“Doing a job you like not only delivers its own rewards, but the chances are you’ll do it well, and so be recognised and make progress.”¹

I guess that the people who will pick up this Post Registration Career Framework will fall into distinct categories and will therefore read it from different perspectives. For the newly qualified nurse the key imperative is to secure their first post, and thoughts of planning their future career pathway may seem too remote. However, experience has shown that too many newly qualified staff find themselves ‘stuck in the rut’ without having consolidated their early training on a wide enough front. For other nurses and specialist community public health nurses who have begun to establish a career for themselves, the question of “where to go from here” may arise, especially in the face of either personal life changes or organisational restructuring which may destabilise the current arrangements. The need for built-in opportunities to reflect on where they want to go and what options are open to them often missing.

A few, however, will have set their sights firmly on a goal, perhaps from the outset, having gained particular satisfaction on one field of nursing or another from their training days, but may still be unsure as to how to make the right moves and gain the necessary breadth of experience to help them achieve their ultimate ambition.

For all of these – and for their managers, mentors and career counsellors - the Framework offers insight into how to keep all options open, how to use ‘taster’ opportunities to move between care settings or organisations before settling on the role that suits them and their circumstances best whilst remaining flexible in the face of inevitable changes to the delivery of healthcare in the future. It sets out very clearly the expectations of clinical skills and behaviours at different levels on the route from novice to expert and should help to iron out inequalities in roles that may have developed in very ad hoc ways that cause confusion and concern to patients and professionals alike. It supports the principles behind the Knowledge and Skills Framework and places the responsibility firmly with the practitioner for considering how they will maintain their continuous professional development and meet the requirements under their codes of registration.

Importantly, the Framework focuses on the meeting the needs of the patient as the main reason for developing new roles, advancing research and enhancing education and sustaining the future of the profession. It places equal value on the contribution made by all levels of nursing practice in both general and specialist fields. It is a map and compass if you choose to use it!



¹ J Bullmore in ‘Management Today’ (2006)

CHAPTER ONE – SETTING THE SCENE

INTRODUCTION

The *Modernising Nursing Careers: Setting the Direction (2006)* report identifies a clear need for change to enable nurses to meet the demands arising from a modernised health service. The document ably describes the imperative for a career structure that enables nurses to:

“work in different care settings, to take on changed roles and responsibilities, develop a varied mix of skills, to pursue education and training when they need it, and to develop both generalist and specialist skills as they require them.” (2006, p14)

As part of the UK-wide Modernising Nursing Careers initiative, each of the four Home Countries has considered the structures it needs in order to support practitioners once qualified. An example of the products being produced is the *Advanced Practice Toolkit (2008)* developed in Scotland. Although devolution is impacting on the way service delivery responds to the unique challenges in the various parts of the UK, there is much that remains common. The emerging career frameworks from the four countries reflect the health context of the respective country, while maintaining staff mobility and transferability.

In Wales, *Designed for Life (2005a)* established the priority areas for the modernising and reform of the health service. It sets out an ambition to create “*world class health and social care services*” and this premise is shaping the current direction in policy and practice for nursing and midwifery. The revised nursing and midwifery strategy for Wales, *Designed to Realise Our Potential (2008a)* sets out the priority areas for nurses and midwives to meet the challenges identified in *Designed for Life*. The revised strategy for Wales has five main aims for the professions. Aim 4 addresses the need:

“To develop existing and new roles and flexible career pathways for nurses, midwives and specialist community public health nurses that provide a matrix of opportunities to cross boundaries and participate in clinical practice, education, research, management and/or policy development to enhance care delivery and job satisfaction.” (2008a, p12)

Under this aim are eight expected outcomes, which are described in full in appendix 1.

This document builds on the expected outcomes from *Designed to Realise Our Potential* and sets out the principles for a post registration career framework for nurses² working in Wales.

² Refers to individuals registered on the Nursing and Specialist Community Public Health Nursing parts of the NMC professional register. Midwifery careers are being considered under the UK Midwifery 20:20 project.

This framework does not cover health and social care workers who work alongside registered nurses. While the guidance has been primarily designed for nurses working within the NHS, it is hoped that the principles set out in the document will prove useful to nurses and their employers working outside of the NHS.

CONTEXT

The career framework for nurses is based on a number of assumptions, which are summarised below.

Patient/Client Care

The development of a modern nursing workforce and the processes needed to ensure career development and competency within roles must be undertaken primarily to improve service delivery to patients/clients and their families. Shaping future nursing careers therefore, goes hand in hand with service modernisation and the drive to provide high standards of compassionate nursing care. The principles outlined in the *Fundamentals of Care* (WAG 2003) must be evident in the clinical practice of all nurses irrespective of their level of practice

Change is a fact of life

The nursing profession is continually evolving as it responds to the changing needs of the population it serves; advances in treatments and technology; changes in other professional roles and service delivery arrangements; and rapid advances in the fields of genetics and genomics which are predicted to lead to significant advances in treatments.

In Wales, for example, there are changing socio-economic pressures; clear evidence that the population is ageing, with many older patients presenting with chronic/long term conditions and multiple health needs; obesity is increasing; and medical advances are leading to an increase in children and young people with complex needs (Welsh Assembly Government 2008b). Major re-structuring of the NHS is underway in Wales, which will inevitably lead to changes in service delivery models. Public expectations are greater and people are more informed than ever before. The nursing workforce must therefore maintain a degree of flexibility, engaging fully with appropriate and ongoing development opportunities.

Individual Responsibilities

Every registered nurse must comply with the requirements of the Nursing and Midwifery Council (NMC) *Code of Conduct, Performance and Ethics* (2008a). The Code requires that nurses must strive to update their knowledge and skills throughout their working lives and take part in learning and practice activities that maintain and develop their competence and performance.

In order to maintain registration, nurses must also comply with the NMC PREP (Post-Registration Education and Practice) standards (2008b) that stipulates that nurses work for a minimum of 450 hours in a nursing capacity and undertake 35 hours (5 days) of continuous professional development activity in the 3 years prior

to renewal of registration. Future developments in revalidation for all health professionals will also have implications for individual nurses.

Every registered nurse is therefore responsible for their personal development within their nursing career, whether they intend staying within a given role, change direction or plan to progress to higher graded positions.

Organisational Responsibilities

Organisations have responsibilities to ensure their staff work in safe, appropriate environments and to ensure all grades of staff are given the opportunity and support to develop expertise within their specific roles. The *Healthcare Standards for Wales* (2005b) sets out the responsibilities of NHS employer organisations. Standard 22 states:

“Healthcare organisations ensure that staff:

- a) are appropriately recruited, trained and qualified for the work they undertake;*
- b) participate in induction and mandatory training programmes; and*
- c) participate in continuing professional and occupational development.*

For NHS employers there is a requirement to ensure workers have annual performance reviews and have personal development plans in place that form part of this review process. In respect of nurses, registrants are responsible for meeting the PREP standards for re-registration, however, it is expected that employers will support them in meeting their CPD needs.

Robust workforce planning aligned to service needs is essential to ensure there are sufficient appropriately trained individuals in the future. Employers should not rely on external recruitment but should have in place systems to identify and develop individuals who have the potential and desire to seek career advancement within the organisation.

Annual Appraisal and Development of Personal Development Plans

With the introduction of the Agenda for Change Agreement (2004a) and the NHS Knowledge and Skills Framework (KSF) (2004b) development tool there is now a requirement for individuals in the NHS to receive annual development reviews. The purpose of the development review is to look at:-

- The duties and responsibilities of the individual’s post and current agreed objectives.
- The application of knowledge and skills in the workplace.
- The consequent development needs of the individual.

Reviewers need to have regular informal discussions with the individual throughout the year, providing constructive feedback on their work and related development. All

staff must have personal development plans in place that act as a foundation for these reviews. Development plans must relate to service need as well as the individual's aspirations for career development. The career framework for nurses builds on this arrangement.

Recognition and Transferability

Greater staff mobility within the UK and beyond is now commonplace. While the NMC is able to facilitate mobility through professional registration or recording of specific qualifications, eg prescribing, a key principle of this and the other emerging post registration career framework for nurses is the recognition of role and/or training and transferability to other settings without unduly hindering the individuals or organisations.

Equality and Diversity

The current nursing workforce encompasses a diverse range of individuals. For example, changes in initial nurse preparation from vocational to higher education based and varied access to continuing professional development means individual practitioners may have a range of academic achievement. Migration and greater employment opportunities has led to greater cultural and ethnic diversity in the UK. Since the advent of the Disability Discrimination Act (1995) more attention is paid to enable disabled workers to enter nursing or continue in employment. In Wales, the Welsh Language Act adds the additional dimension of promoting and protecting the Welsh Language. It is recognised that there is an increasing demand by Welsh speaking patients/clients to be cared for by Welsh speaking nurses.

Consequently this nursing career framework recognises the diversity within a modern health workforce and the requirement that there must be equal opportunity for all. This means it is unacceptable to make assumptions based solely on a person's age, disability, gender, race, religion and belief, or sexual orientation in respect of accessing opportunities for career development or progression. The NHS Centre for Equality and Human Rights can provide further information and support, see website for further details: <http://www.wales.nhs.uk/sites3/home.cfm?OrgID=256>.

Conclusion

This section highlights the dynamic and complex nature of the health and social care context in Wales. It also identifies some of the existing arrangements and responsibilities of individuals and organisations. The career framework for nurses in Wales builds on current structures rather than seeks to replace them and complements work by agencies involved in the modernising work.

CHAPTER TWO – THE FRAMEWORK

ALIGNING THE FRAMEWORK

A nursing career should be seen as a continuum from the point of entering pre-registration education to the point the individual ceases being registered with the Nursing and Midwifery Council (NMC). Post registration nursing careers therefore builds from the initial preparation that leads to registration and should not be seen in isolation from it. As part of Modernising Nursing Careers, the NMC is changing the structure and competencies of pre-registration nurse education, which will come into being from 2011/12. One major change already announced is the move to all graduate preparation for initial nurse registration³, meaning that in the longer term nursing will become an all graduate profession. Post registration career developments taking place across the UK will be used to support and develop the nursing workforce during this transition. It remains a priority in the pre-registration revision work that initial preparation fully prepares nurses to work across healthcare settings, especially community and primary care based settings.

The Post Registration Career Framework for Nurses in Wales has been developed alongside a number of existing national frameworks, in particular, the *NHS Knowledge and Skills Framework (KSF)* (2004b), the *Skills for Health Careers Framework for Health* (2005) and associated *National Occupational Standards* and the post 16 education framework described by the *Credit and Qualification Framework for Wales (CQFW)*. These national frameworks were developed for different purposes and geared for either the health workforce or wider population (in respect of the CQFW), rather than be specifically designed to reflect the career needs of nurses. However, the common theme for all is that they help address issues around the level and type of knowledge and skills needed to practise as a nurse.

Wales is unique in the UK in that it has already determined the role and function of non medical consultants (nurses, midwives and specific allied health professionals) working in the NHS in Wales. These national standards will continue unaltered within this career framework. (For further information on the standards see Healthcare Inspectorate Wales website: <http://www.hiw.org.uk/page.cfm?orgid=477 &pid=29384>.)

In addition to the national career frameworks described above, Welsh policies sometimes include specific service frameworks, which have an impact on role development. For example, the Welsh Chronic Conditions Model is an integrated health and social care service model, which identifies four levels of care so that support and services can be targeted appropriately. This service model influences the types of roles nurses undertake in respect of each of the care levels (see: *Designed to Improve Health and the Management of Chronic Conditions in Wales* 2007).

³ Graduate initial preparation for nurses was set as policy for Wales in 1999 and was fully realised in 2004.

Significant initiatives arise from time to time, such as the '1000 Lives Campaign' (WAG 2008e), which aims to reduce risks to patient safety by implementing life-saving interventions, require specific response by the nursing workforce. This example includes developing interventions to ensure better management of medicines, reducing healthcare associated infections and surgical complications and improving general medical and surgical care.

Another important area of work in Wales is *Free to Lead: Free to Care* (2008c). This report takes forward the recommendations from the Ministerial Task and Finish Group, which considered the 'empowerment' of ward sisters/charge nurses with the authority, knowledge and skills to improve the environment of care and patient experience. The recommendations focus on the expansion of the role of hospital ward sisters/charge nurses by giving them more authority to raise standards of care, eg improve ward cleanliness. It identifies the initial management preparation and on going development needed for this role. The key elements from this work are incorporated into this career framework.

The Post Registration Career Framework for Nurses in Wales is designed to be flexible and adaptable to changes in models of service delivery, while maintaining internal consistency and applicability across the sector.

2. PRINCIPLES UNDERPINNING THE FRAMEWORK

This section sets out a number of core principles that underpin the career framework.

2.1 Dimensions of Nursing Practice

Nurses fulfil a range of roles in a multitude of contexts. Although there is wide diversity it remains possible to identify key areas of commonality, which occur to a greater or lesser extent depending on the role. For example, it can be argued that all nursing roles have an element of education, whether this is to support a junior member of staff through a mentorship arrangement, teach a client about an aspect of their care or be employed as an educator in clinical practice or education institution. These common dimensions or 'pillars' of nursing practice can be used as an outline structure around which to build a career framework.

When Wales introduced standards for nurse and midwife consultant posts in 2000 it was recognised that these strategic roles needed to have evidence of five dimensions of practice:

- I. Expert advanced practice.
- II. Leadership and consultancy.
- III. Education, training and development.
- IV. Research and evaluation.
- V. Strategic service development.

These standards have since been updated (2007) and now apply to other non-medical consultant posts. Consultant posts are typically at level 8 of the Skills for Health *Career Framework for Health*.

If we compare these five areas of professional practice to those identified in Scotland's work to develop an *Advanced Practice Toolkit* (2008), there is a high degree of congruity. For nursing roles at an advanced level of practice, which is normally seen as level 7 in the Skills for Health *Career Framework for Health*, Scotland identifies four interrelated spheres of practice, namely: facilitated learning, research, advanced clinical/professional practice, and leadership/management. The main difference between the two sets of standards is the consultant standards identify a specific area related to strategic service development. Given the accepted strategic nature of the consultant role this distinction seems appropriate. Although the non medical consultant standards do not explicitly refer to management, a description of this aspect of the role is embedded in the supporting text.

These two developments describe upper levels of practice within a nursing career framework, so it is logical to assume that the levels below them also have the same dimensions of practice. Therefore, the following four dimensions of professional nursing practice have been adopted on which the post registration career framework for nurses in Wales will be described:

- I. Clinical/Professional Practice.
- II. Leadership and Management.
- III. Facilitated Learning and Development.
- IV. Research.

Due to the variety of roles undertaken by nurses, it is recognised that the four dimensions will not necessarily have equal weighting in every position but their prominence will be dependent on the given role. For example, a typical Ward Sister/Charge Nurse level 7 role will have greater emphasis on management, clinical leadership, clinical practice and facilitating the development of the team than involvement in research. This is not to say that there is no research dimension to the role, as individuals will still be using evidence in their practice and have involvement in audit or other evaluative activities but this would form a smaller proportion of their overall role.

For nursing roles at levels 8 and 9 the dimension on 'Leadership and Management' will encompass 'strategic service development' and for Board level management roles it will also include 'corporate skills/responsibilities'.

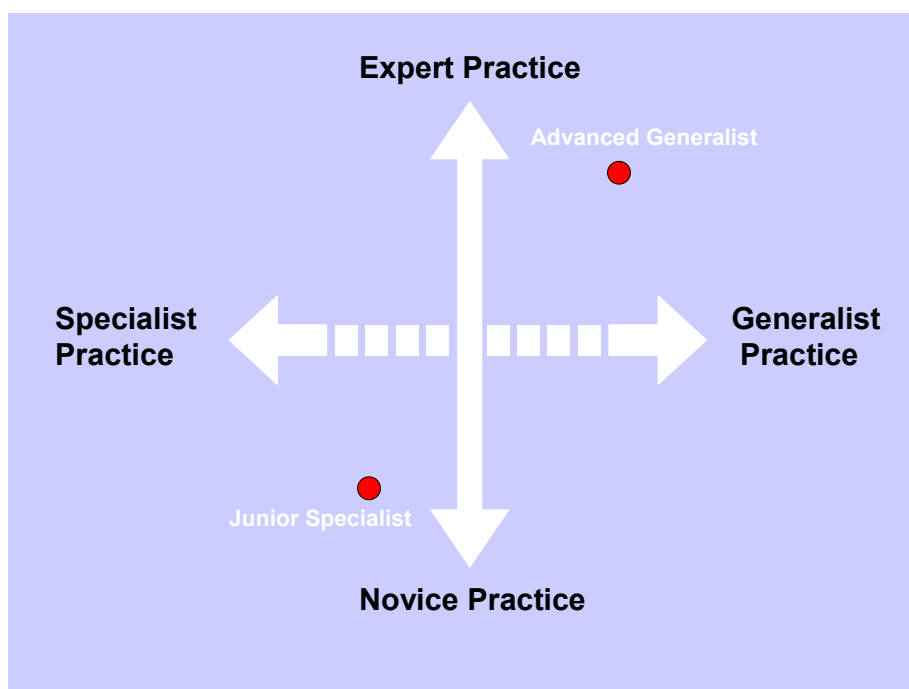
One outcome from the adoption of this structure for the post registration framework is that education and training at all levels will need to include preparation under the four dimensions. This means, for example, that at every level a nurse must receive preparation in management commensurate with the level and role they are in. Consideration will also need to be given to their developmental needs and career aspirations.

2.2 Specialist and Generalist Practice

Due to the changes in service delivery models in recent years, nurses and other health professionals are increasingly taking on more specialised and advanced practice roles. There is now general agreement that specialist practice and advanced levels of practice should be seen as separate things. It is generally accepted that specialist practice describes the focus of an individual's sphere of practice be it client group, skills set or organisational context. Advanced practice describes an agreed level of practice denoting expertise and possession of advanced knowledge and skills not exclusively in the clinical domain but also encompassing individuals working in research, education and managerial/senior leadership roles.

Figure 1 is taken from Scotland's *Advanced Practice Toolkit*. It represents two separate continuums – novice to expert practice, where expert is synonymous with advanced level of practice, and generalist to specialist practice. The figure picks out two example roles: the first denoting an advanced generalist nurse, the second denoting a junior specialist nurse. In the latter case, this illustrates that staff moving into specialist roles may need to develop their expertise before becoming an advanced level practitioner within that speciality.

Figure 1: Relationship between specialist and advanced practice



One consequence of separating the concept of specialist from advanced is that it allows for recognition of nurses working in more general roles up to advanced level. It could be argued that the significant increase in the number and range of specialist nurses in the last twenty years has undermined the position of nurses working in a more generalist capacity. This clear separation of level of practice from the focus and context of practice goes some way to address this perceived imbalance.

The overabundance of advanced/specialist job titles in nursing and to a lesser degree in other professionals groups has been a longstanding cause of concern among practitioners, planners, the regulators and the public. Diverse titles are unlikely to support public understandings of the level of care they can rightly expect from such staff. Therefore, within this framework there is specific guidance to employers about the use of titles and the expectations in terms of development and competency for specific types of roles, eg clinical nurse specialist, advanced level practitioner.

CHAPTER THREE – REQUIREMENTS OF THE FRAMEWORK

INTRODUCTION

The Post Registration Career Framework for Nurses in Wales relates to and expands on Skills for Health’s *Careers Framework for Health*, specifically levels 5, 6, 7, 8 and 9. (Appendix 2 illustrates the nine levels of the Skills for Health framework.) The terminology used in the *Careers Framework for Health* will be used in this document to aid clarity. Note however, that level 6 will not be referred to as specialist practice as has already been discussed on pages 8 and 9, it is the Welsh Assembly Government’s view that specialisation should not be attached to just one level. There are likely to be nurses who have a specialist focus to their work at all levels just as there are those who have a broader context for their sphere of work at all levels. Level 9 is referred to ‘Very Senior Staff’ rather than ‘More Senior Staff’ in this framework.

Level 9 – Very Senior Staff
Level 8 – Consultants/Senior Staff
Level 7 – Advanced Practitioners
Level 6 – Senior Practitioners
Level 5 – Practitioners

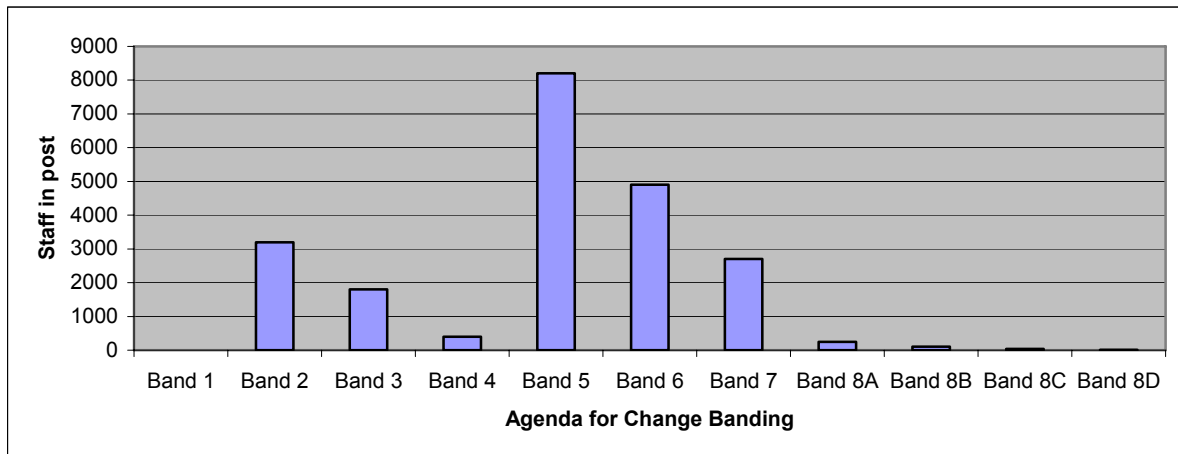
It is recognised that this approach will not easily incorporate nurses employed in the education sector or in management roles as they are not categorised on the Skills for Health careers framework. Reference to academic and managerial roles will be included in the sections below where approximations to level can be inferred.

CAREER GUIDANCE

To progress in a career, whether this is to expand knowledge and expertise in a given area of practice, change direction to have a fresh challenge or seek promotion, the individual nurse needs to have access to informed career advice. Finding an appropriate person to provide advice is often challenging and the quality of advice given depends on the knowledge and understanding of that individual. It would be fair to say that the provision of career advice and guidance to qualified nurses is an area that needs significant development across the UK.

The workforce data from Wales in May 2008 indicates that the majority of nurses are employed in posts pay banded (Agenda for Change banding) at 5 and 6 (Bands 1-4 being unregistered support worker roles) (see figure 2 below). This suggests that for many nurses career development frequently means lateral development within a level rather than vertical progression to higher level posts.

Figure 2: NHS Nursing Posts in Wales 2008 – Agenda for Change (Pay) Banding



(Caution should be taken with the data in figure 2 as it relates only to clinical nursing roles in the NHS and has not captured those nurses working in senior management positions.)

Nurses need access to informed career advice and guidance, particularly at key points in their careers. A career ‘review’ should be taken at regular intervals to allow the individual nurse to take stock of their careers and identify future career aspirations. The first review should occur in the consolidation period post initial qualification, following Return to Practice programmes or following adaptation or induction programmes for nurses migrating to the UK (EU and overseas trained nurses). Career reviews should be linked with annual appraisal and the individual’s personal development reviews. Specific career advice should be available to individuals who have expressed a desire for a significant role change, eg the staff nurse who has ambition to become a ward sister/charge nurse.

The discussion should consider longer-term career aspirations and provide sufficient information for individuals to make informed career choice. The goal is to ensure that individuals are the ‘right fit’ for the roles they undertake or plan to take in future as this improves performance, staff satisfaction and aids staff retention. It may help avoid the negative consequences of a ‘poor fit’ in terms of stress, poor performance and work related illness.

The REACH⁴ programme is an example of an employer-based process to assist staff in identifying development needs and then providing work based support. This type of programme can be used to support individuals in their career choices and development.

⁴ REACH is a Clinical Career Framework developed by the Royal Group of Hospitals Belfast, in partnership with the RCN, and has been piloted in the Carmarthenshire.

ACTION	BY WHOM	BY WHEN
<p>1a. Employers have in place a means to provide up to date career advice, guidance and information.</p> <p>1b. Career reviews should occur:</p> <ul style="list-style-type: none"> • During the consolidation period for newly qualified nurses, those returning to practice, or following migration to the UK (EU and overseas trained). • At appropriate points identified during the individual's personal development reviews or triggered by career development opportunities. 	<p>Service Employers HEIs</p> <p>Supported by NHS Wales Careers NHS Jobs Career Advisory Services Professional Associations</p>	2011/2012
<p>2. Employers prepare and support staff with line management responsibilities for annual performance review and personal development plan development to undertake career reviews.</p>	Service Employers HEIs	Ongoing
<p>3. Staff who act as preceptors and mentors have access to career information to appropriately advise their preceptees/mentees.</p>	Service Employers HEIs	Ongoing

MODERNISATION AND SUCCESSION PLANNING

Modernising and developing an organisation's workforce depends on robust workforce planning processes linked to education and training provision and the on-going development of their existing workforce. Employers should address the short and long-term need for successors by investing in the development of its staff to ensure that it has a ready stream of capable individuals. Succession planning and succession management are crucial processes and should be an integral part of an organisation's HR strategy.

In addition to ensuring successors, the succession planning process also allows organisations to survey its 'talent pool'. Information to identify potential within staff can come from many sources, such as feedback from developmental programmes/activities and through awards that recognise staff ability. This information can be used to support development and resourcing strategies. Organisations should take advantage of technological advancements such as the Electronic Staff Record and Electronic KSF Tool to assist them in their responsibilities.

The Welsh Assembly Government report *Nurture Ability and Develop Future Nurse Leaders* (2008d) commissioned as part of the Modernising Nursing Careers UK programme recommended that organisations should take an active approach to identifying and supporting the staff with the potential for senior and very senior roles. Organisations need to identify and invest in succession development for future Nurse Directors and Consultant Nurses.

While the policy direction and leadership for the modernisation of the health workforce will remain with Welsh Assembly Government, employer organisations must continue to focus their attention on the development of its staff in order to provide high quality and safe patient/client care as service delivery systems evolves. Service and education employer organisations should continue to work together to ensure the future development of educators and trainers able to work across the two sectors.

Developing the evidence base on which nursing and nursing care is based needs to be fully recognised as a priority development area. HEIs and Service Employers need to work in partnership to establish lead roles for research capacity building activities in Wales. It may be useful to service provider organisations to review the work already underway in order to identify training and support needs and prioritise future activities within and across specialities. The guidance for Consultant Nurses, described on pages 26–28, sets on one model for consideration – that consultant posts be used as a hub around which to develop clinical research teams.

ACTION	BY WHOM	BY WHEN
<p>4a. Employers have in place processes to identify and develop individuals with the potential for career advancement or development, eg senior management, teaching and academic roles, consultant role.</p> <p>4b. Individuals are supported to build their expertise in leadership, management and clinical/educational/research practice as appropriate to the role to which they aspire.</p>	<p>Service Employers HEIs</p>	<p>2011/12</p>
<p>5a. Employers identify and secure funding and other resources for continuing professional development in order to achieve a modern effective workforce.</p> <p>5b. Nurses are supported to undertake appropriate continuing professional development activities, including activities to meet PREP/revalidation requirements.</p>	<p>Service Employers HEIs</p> <p>Supported by Welsh Assembly Government</p>	<p>Ongoing</p>

In acknowledging the development continuum from pre-registration into the post registration period, employers must accept that nurses will need to have opportunities to continue to develop a broader understanding of their professional role and the patient/client experience. Exposure to experiences outside of their contractual role will also allow the nurses to identify potential future career opportunities.

During the consolidation period new registrants should be given the opportunity to have 'taster' experiences in a variety of setting: teaching, research, community and in-patient settings. 'Taster' schemes can include formalised rotation programmes but as this may not fit all employment situations there should be variety, flexibility and a degree of choice for the registrant. Multidisciplinary and interagency working should be a feature of the experiences.

One approach may be to organise the 'taster' experiences around patient pathways to afford a greater understanding by the registrant of the patient journey in a given specialty. For example, a nurse employed in endocrine medicine may have 'taster' experiences in diabetic outpatient clinics, in-patient surgical and medical wards that deal with the acute consequences of diabetes, with hospital specialist diabetic nurses, community nursing team who care for diabetic clients in their own home. Where opportunity exists the registrant may link with research in diabetic care or support the delivery of education programmes in the clinical setting. These experiences could be organised in blocks or flexibly on a part time day release basis to fit in with service demands. Emphasis is on development of competency and understanding rather than time spent in a given area.

Other development opportunities geared to service development or the abilities and aspirations of the individual should be explored. For example, some individuals may wish to develop a clinical academic career profile. In this case they may prefer to continue with academic study and take up one of the research fellowships designed to increase research capacity in Wales. The individual will still need experience in practice for consolidation but this will be in alongside and in support of their academic responsibilities. Others registrants may be employed to work on specific development projects. These posts could support new policies or be used to support services where there are some recruitment difficulties.

Experiences during the consolidation period should be overseen centrally by the employer. Supervision and preceptorship arrangements must be put in place when the individual moves out of their normal employment role. Evaluation of arrangements should be done annually.

A formal career review must be undertaken during the consolidation period. (See previous section on career guidance.)

ACTION	BY WHOM	BY WHEN
7a. All newly qualified nurse registrants have a formalised period of consolidation (typically 12 months) following initial registration, supported by appropriate preceptorship.	Service Employers	2011/12
7b. Employers provide a variety of structured development opportunities for new registrants, including the use of ‘taster’ schemes, which cross service and education sectors.	Service Employers HEIs	2011/12
7c. Employer induction programmes and mandatory training requirements are provided during the consolidation period.	Service Employers	2011/12
7d. Consolidation period arrangements are evaluated and reviewed annually.	Service Employers	2012/13
8. Consolidation support is considered for individual nurses returning to practise after a significant career break or who trained outside the UK.	Service Employers	2011/12
9a. Preceptors are prepared and supported.	Service Employers	Ongoing
9b. Preceptorship duties are recognised as part of the individual’s work not as an addition to it.		

LEVEL 5 - Practitioner

Career development within a role rather than career progression to higher levels is the norm for many practitioners. Typically staff will spend much of their careers working in level 5 and 6 positions and the emphasis should be on enabling the individual to develop expertise within the role they are performing.

The NMC requires that all nurses commit to and undertake continuing professional development (CPD) activities. CPD needs to reflect the following four dimensions of the career framework: Clinical/Professional Practice; Leadership and Management; Facilitated Learning and Development; and Research. For NHS employees CPD requirement should be determined through the Annual Performance Review and Personal Development Plan processes and be related to the KSF. Mandatory training requirements must be met.

Following the NMC’s 2008 announcement to change the standards for initial nurse preparation to degree level, the stage has been set at a UK level for nursing to become an all graduate profession in future. Although Wales moved incrementally to

training all nurses at honours degree level by 2004, the move to an all graduate nursing workforce will take many years to achieve as many nurses have entered the workforce through non-degree level training. Opportunity and support should be made available for those level 5 nurses who wish to 'top-up' to degree level. The choice of modules should be linked to service needs and individual career aspiration. Career advice should be provided to assist the individual with the choice.

It should be noted at this point that there is no mandatory requirement for nurses to achieve a degree, however, career advancement into some roles is likely to be affected if the individual chooses not to 'top-up' to a degree.

Graduate level nurses should be offered the opportunity to continue their academic studies at post graduate level, if they so wish. Decision to undertake further study should be discussed as part of the annual performance review processes where career guidance should be made available.

Similarly nurses with aspiration to become a registered Specialist Community Public Health Nurse should discuss this move as part of the annual performance review processes where career guidance should be made available; a full career review is advisable.

As part of the 'Facilitated Learning and Development' dimension at this level, nurses (post consolidation period) working in the NHS must receive training to become a clinical mentor. Following their initial mentorship training, nurses should be further supported to become a 'sign-off' mentor, in compliance with the NMC standards. The current arrangements to have an all Wales mentorship training programme should continue. This arrangement ensures a standardised approach to mentor preparation. Nurses should also be supported to develop teaching skills and provide input to the education programmes, which is clinically relevant and up to date.

In respect of the 'Research' dimension, where opportunity presents itself, nurses should be involved in activities such as evaluation of practice, clinical audit (with feedback to clinical teams), and participation in programmes of research. Research capacity building activities within service provider organisations need to be driven by designated research leads and where appropriate be linked to research activities in HEIs, research speciality thematic networks and, where appropriate, the Wales School of Primary Care Research.

In respect of the 'Leadership and Management' dimension, nurses must receive training in management and clinical leadership commensurate with the role they are undertaking. Positive experiences from existing clinical leadership programmes, such as the one offered by RCN, should be built on.

ACTION	BY WHOM	BY WHEN
<p>10. Employer organisations facilitate education, training and other development activities to enable individual practitioners to develop expertise within their role, including meeting their PREP/revalidation requirements.</p> <ul style="list-style-type: none"> - mandatory training requirements are met; and - opportunities to work across sectors, and multi-professional and interagency working are considered. 	Service Employers HEIs	Ongoing
<p>11. Non-graduate nurses have the opportunity to undertake further study to ‘top-up’ to degree level, if they so wish, linked to their personal development plan.</p>	Service Employers HEIs	Ongoing
<p>12. Graduate nurses have the opportunity to undertake further study at postgraduate level study, if they so wish, linked to their personal development plan.</p>	Service Employers HEIs	Ongoing
<p>13. Nurses wishing to become a registered Specialist Community Public Health Nurse receive career guidance and support to undertake training where appropriate.</p>	Service Employers HEIs	Ongoing
<p>14a. Nurses (post consolidation period) working in the NHS receive training to become a clinical mentor.</p>	Service Employers HEIs	Ongoing
<p>14b. Following initial mentorship training, nurses receive support to become a ‘sign-off’ mentor, in compliance with the NMC standards.</p>	Service Employers HEIs	Ongoing
<p>15. Nurses receive training in:</p> <ul style="list-style-type: none"> - management - clinical leadership <p>commensurate with the role they are undertaking.</p>	Service Employers Supported by HEIs RCN	2012/13
<p>16. Where the opportunities exist within organisations, individual nurses are supported to become involved in research or practice development activities.</p>	Service Employers	Ongoing

LEVEL 6 - Senior Practitioner

Professional development activities need to reflect the four dimensions: Facilitated Learning and Development, Research, Leadership and Management, and Clinical/Professional Practice. For NHS employees CPD requirement should be determined through the Annual Performance Review and Personal Development Plan processes and be related to the KSF. Mandatory training requirements must be met.

For many nurses posts taken up at this level reflect a divergence in career pathway, which can be within clinical practice, education or research. Some practitioners will choose to specialise in a clinical area, whereas others will maintain a wider 'general' focus in a given speciality. Both routes are of equal value. For those who opt for a 'generalist' role it is important that they maintain a range of skills and do not become stripped of some functions through over reliance on 'specialists'.

Individuals taking up specific clinical nurse specialist/nurse practitioner posts must have successfully completed, as a minimum, degree level education in an appropriate subject so that they can demonstrate a level of knowledge in that focussed practice area. They must also have developed their skills and competencies and be able to demonstrate a level of clinical expertise in the chosen specialist area. It is recognised that this requirement will take a number of years to achieve due to the current makeup of the nursing workforce. Transitional arrangements need to be put in place by employers, with emphasis on supporting current post holders who do not possess a degree. Accreditation of prior experiential and other formal learning should be considered in order to recognise expertise in existing staff.

All nurses at level 6 should be offered support and opportunity to undertake further development to enable them to achieve an appropriate degree level award, if they so wish. Staff who have achieved a degree should be supported to continue their studies at post graduate level, if they so wish, linked to their personal development plan.

All nurses must receive support to continue developing skills in management and clinical leadership, commensurate with the role they are undertaking.

Nurses who aspire to be ward sister/charge nurses/ward managers (typically level 7 posts) must undertake the All Wales Nurse Development programme⁵ as part of their ongoing continuing professional development. Determination of whether the individual should take up this programme will be identified through their individual development plan under the Knowledge and Skills Framework. This programme will address human resource and managerial skills in the ward or in managing the work of community teams. It will include preparation on maintaining standards in areas such as cleanliness and nutrition/hydration in in-patient care settings. For further

⁵ This programme is being developed for nurses in Wales and will be available in 2009. It arises from the recommendations made as part of the Ministerial Task & Finish Group report on Empowering Ward Sisters/Charge Nurses and is being implemented under *Free to Lead: Free to Care* (Welsh Assembly Government 2008).

information on the *Free to Lead: Free to Care* see website: <http://wales.gov.uk/topics/health/professionals/chief/groups/free/?lang=en>

Nurses at level 6 working in the NHS should have received training as a mentor and 'sign-off' mentor when working in Level 5 post/s. Anyone who has not completed the All Wales preparation as a mentor must be supported to complete the programme and subsequently to meet the requirements of a 'sign-off mentor'. Mentors/sign-off mentors must receive professional development in order to keep up to date. Individuals registered as Specialist Community Public Health Nurses, who have expressed a desire and there is a service need, should be supported to become Practice Teachers.

The Welsh Assembly Government supports the Practice Educator/Facilitator roles introduced as part of the All Wales Fitness to Practice Initiative. The role involves the support of clinical mentors and pre-registration nursing students on clinical placement; it may also include teaching and other education activities. Employer organisations, in liaison with their partner HEI/s, must provide ongoing development support for individuals, linked to their specific career aspirations, so that they are able to progress to other roles, eg into education, research or clinical practice roles. Without this support there is a danger that staff will lack appropriate skills or may become deskilled and have limited options for career progression.

Employer organisations (Service Providers and HEI) should consider introducing a 'revolving door' model, which enables staff to move between service and education/research settings. Employers must agree objectives and an appraisal process, which must be consistent irrespective of who employs the individual. Supervision and support mechanisms must be put in place for all staff working outside their normal work environment. For example, a nurse employed in a surgical ward may undertake a placement in a School/Faculty to assist in the delivery of a surgical care module in the pre-registration programme – this could be part time or full time for a semester. Conversely a nurse lecturer may spend a semester working in a Surgical Directorate providing professional development activities or support clinically based research activities. They may also choose to refresh their own clinical practice. By maintaining employment with one employer, these rotational experiences should not affect the person's salary or pension. Provided there is reciprocity, employer organisations should not lose out by the experience.

As with nurses in level 5 posts, where opportunities exist within organisations, individual nurses should be supported to become involved in research activities or practice development initiatives. This can include such things as evaluation of practice, clinical audit, undertake systematic reviews within their speciality and participation in programmes of research. Research capacity building activities within service provider organisations should be supported by designated research leads and where appropriate be linked to research activities in Higher Education Institutions, research speciality thematic networks and, where appropriate, the Wales School of Primary Care Research.

ACTION	BY WHOM	BY WHEN
<p>17. Employer organisations facilitate education, training and other development activities to enable individual practitioners to further develop expertise within their role, including meeting their PREP/revalidation requirements.</p> <ul style="list-style-type: none"> - mandatory training requirements are met; and - opportunities to work across sectors, and multi-professional and interagency working are considered. 	Service Employers HEIs	Ongoing
<p>18a. Clinical Nurse Specialist (CNS) and Nurse Practitioner (NP) post holders hold an appropriate degree, as a minimum, and can demonstrate knowledge and clinical expertise in that focussed practice area.</p> <p>18b. Service employers have in place transition arrangements to support current CNS/NP post holders who do not possess an appropriate degree. AP(E)L arrangements are considered.</p>	Service Employers	Review in 2016
<p>19. Non-graduate nurses have the opportunity to undertake further study to 'top-up' to degree level, if they so wish, linked to their personal development plan.</p>	Service Employers Supported by HEIs	Review in 2016
<p>20. Graduate nurses have the opportunity to undertake further study at postgraduate level study, if they so wish, linked to their personal development plan.</p>	Service Employers	Ongoing
<p>21. Nurses wishing to become a registered Specialist Community Public Health Nurse receive career guidance and support to undertake training where appropriate; a career review is recommended.</p>	Service Employers	Ongoing
<p>22. Nurses receive training in:</p> <ul style="list-style-type: none"> - management; and - clinical leadership. <p>commensurate with the role they are undertaking.</p>	Service Employers Supported by HEIs RCN	2012/13

<p>23. Nurses who aspire to be ward sister/charge nurses/ward managers (typically level 7 posts) undertake the All Wales Nurse Development programme as part of their ongoing continuing professional development. A career review is recommended.</p>	<p>Service Employers Supported by HEIs</p>	<p>From 2010/2011</p>
<p>24a. Any nurse who has not completed the All Wales preparation as a mentor is supported to complete the programme and subsequently to meet the requirements of a 'sign-off mentor'.</p> <p>24b. Mentors/sign-off mentors receive professional development in order to keep up to date.</p> <p>24c. Specialist Community Public Health Nurses, who have expressed a desire and there is a service need, are supported to become Practice Teachers.</p>	<p>Service Employers</p> <p>Service Employers</p> <p>Service Employers</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>
<p>25. Employer organisations (Service Providers and HEI) consider introducing a 'revolving door' model, which enables staff to move between service and education/research settings.</p>	<p>Service Employers HEI</p>	<p>2011/12</p>
<p>26. Where the opportunities exist within organisations, individual nurses are supported to become involved in research or practice development activities.</p>	<p>Service Employers HEI</p>	<p>Ongoing</p>

LEVEL 7 - Advanced Practice

The divergence of career paths seen at level 6 is likely to continue at level 7, with staff fulfilling a variety of roles in clinical practice, eg specialist and generalist advanced practitioner roles; management, eg ward sister/charge nurse or nurse manager roles; education and practice development roles; and research roles. There is an expectation that all nurses at this level will be graduates and in future all will have successfully completed post graduate level CPD appropriate for the demands of the post they fill (post graduate certificate, diploma or full master's award).

Professional development activities need to reflect the four dimensions of the framework: Facilitated Learning and Development, Research, Leadership and Management, and Clinical/Professional Practice. For NHS employees CPD requirement should be determined through the Annual Performance Review and Personal Development Plan processes and be related to the KSF. Mandatory training requirements must be met.

Welsh Assembly Government accepts, in principle, the work completed by the Scottish Executive described in the *Advanced Practice Toolkit* (2008), completed as part of the Modernising Nursing Careers UK programme of work. A consistent UK approach to advanced practice is important as it will support staff mobility and transferability across borders.

The regulation of health professionals in the UK has been under review for a number of years, with a range of recommendations identified in the White Paper *Trust, assurance and safety: the regulation of health professionals in 21st Century* (2007). This work was still underway at the time of drafting this framework. Therefore, as this situation evolves, Welsh Assembly Government will consider the implications arising from any regulatory changes emerging from the work.

There is an expectation that in future staff in advanced practice roles (specialist and generalist) will be graduates and will have completed further study at master's level, eg MSc Advanced Clinical Practice. Whilst the specific skills and knowledge base for Advanced Nursing Practice are influenced by the context in which individuals practice, these should be underpinned by autonomous practice, critical thinking, high levels of decision making & problem solving, with a focus on values-based care and practice improvement. It is recognised that there needs to be a lead-in period for this requirement and employers must develop transition arrangements and put in place succession development for its workforce.

As with staff working in level 6 roles, arrangements to allow movement between service and education/research should be put in place. Clinical academic posts should be established, with appropriate supporting structures and links with higher education and research networks. Lecturing staff employed in academic posts should receive support to develop expertise in teaching and develop a research portfolio, which includes receiving coaching and supervision from more experienced researchers.

Implementation of the recommendations from the *Free to Lead: Free to Care* (2008) programme requires that all existing ward sister/charge nurses/ward managers should complete the approved All Wales Nurse Development programme and/or have their prior educational learning and/or experience accredited. All newly appointed ward sister/charge nurses must commence on an approved All Wales Nurse Development programme as a compulsory component of their induction and/or have their prior educational learning and/or experience accredited.

ACTION	BY WHOM	BY WHEN
<p>27. Employer organisations facilitate education, training and other development activities to enable individual practitioners to further develop expertise within their role, including meeting their PREP/revalidation requirements.</p> <ul style="list-style-type: none"> - mandatory training requirements are met; and - opportunities to work across sectors, and multi-professional and interagency working are considered. 	Service Employers HEIs	Ongoing
<p>28a. Employer organisations ensure that job descriptions for new level 7 Advanced Nurse Practitioner (ANP) posts reflect the description and role competencies of advanced practice.</p> <p>28b. ANP post holders hold an appropriate master’s level award and can demonstrate advanced levels of knowledge and skills commensurate with the role, and high levels of decision making, problem solving and critical thinking.</p> <p>28c. Service employers have in place transition arrangements to support current ANP post holders who do not possess an appropriate master’s degree. AP(E)L arrangements are considered.</p>	<p>Employer organisations</p> <p>Employer organisations</p> <p>Employer organisations</p>	<p>From 2010</p> <p>Review in 2016</p> <p>From 2010</p>
<p>29. Non-graduate nurses have the opportunity to undertake further study to ‘top-up’ to degree level linked to their personal development plan.</p>	Service Employers	Ongoing Review in 2016
<p>30. Graduate nurses have the opportunity to undertake further study at postgraduate level linked to their personal development plan.</p>	Service Employers	Ongoing Review in 2016
<p>31a. Employer organisations (Service Providers and HEI) working in partnership establish appropriate clinical academic career posts to enable staff to pursue a clinical academic career.</p>	Employer organisations	Ongoing Review in 2013

ACTION	BY WHOM	BY WHEN
31b. Lecturing staff employed in academic posts should receive support to develop expertise in teaching and develop a research portfolio, which includes receiving coaching and supervision from more experienced researchers.	HEIs	Ongoing
32a. All existing ward sister/charge nurses/ward managers complete the approved All Wales Nurse Development programme and/or have their prior educational learning and/or experience accredited.	Service Employers	2010
32b. Newly appointed ward sister/charge nurses/ward managers commence on the approved All Wales Nurse Development programme as a compulsory component of their induction and/or have their prior educational learning and/or experience accredited.	Service Employers	2010
33. All nurses must receive support to continue developing skills in management and leadership, commensurate with the role they are undertaking.	Employer organisations Supported by RCN Other programme providers	2012/13

LEVEL 8 – Consultant/Senior Staff

Professional development activities need to reflect the four dimensions of the framework: Facilitated Learning and Development, Research, Leadership and Management, and Clinical/Professional Practice. For nursing roles at this level the dimension on 'Leadership and Management' will encompass 'strategic service development' and for Board level management roles it will also include 'corporate skills/responsibilities'. For NHS employees CPD requirement should be determined through the Annual Performance Review and Personal Development Plan processes and be related to the KSF. Mandatory training requirements must be met. There is an expectation that in future all staff at level 8 hold an appropriate master's level award.

Consultant Nurses

The Welsh Assembly Government introduced Consultant Nurse and Midwife roles in 2000. To ensure a consistent approach to the establishment of consultant posts, a scrutiny process, centrally controlled was introduced. This process is currently managed by Healthcare Inspectorate Wales (HIW) and covers a number of other

non medical professional groups. The guidance published on the HIW website (<http://www.hiw.org.uk/page.cfm?orgid=477&pid=29384>) (updated in 2007) states that:

“The Consultant Practitioner is an expert in clinical practice, bringing innovation and influence to clinical leadership as well as strategic direction in a particular field for the benefit of patients/clients. A Consultant Practitioner will exercise the highest degree of personal professional autonomy and decision making and will work beyond the level of practice of Clinical Specialists and others with extended or enhanced roles.

The Consultant Practitioner will play a pivotal role in the integration of research evidence into clinical practice. Exceptional skills and advanced levels of clinical judgement, knowledge and experience will underpin their expertise and ability to promote delivery of the clinical governance agenda. They will do so by enhancing quality in all areas of assessment, diagnosis, management and evaluation, delivering improved outcomes for patients/clients and extending the parameters of their field of practice.

Consultant Practitioners will work strategically across a range of models of service delivery and are expected to influence policy and decision making where the impact is on patient/client outcomes.

While Consultant Practitioners are autonomous professionals, they must work within ethical, legal and professional frameworks and remain liable for their actions and omissions as registered practitioners. It is vital that the boundaries of responsibility, autonomy, authority and accountability of the post are clearly defined in any submission for approval.” (2007 page 4)

Welsh Assembly Government in setting out this guidance seeks to ensure that anyone with a title of Nurse Consultant meets a specific set of criteria. The guidance states that:

“The title ‘Consultant Practitioner’ must not be conferred on individuals simply in recognition of innovative or excellent practice. The title can only be used in conjunction with approved posts.

All Consultant Practitioner posts must be approved by the Scrutiny Panel prior to advertisement and appointment to the post. Submissions for approval should be made within twelve months of anticipated appointment. If an appointment is not made within two years following approval of a Consultant Practitioner post, the post must be re submitted to the Scrutiny Panel for re-assessment and approval to ensure the post remains current to service needs.” (2007 page 3)

Minimum essential criteria for a Nurse Consultant appointment include the following:

- Registered practitioner, with active registration with the Nursing and Midwifery Council.

- Recent post registration experience in a position of responsibility in the area of practice defined for the post.
- Evidence of professional excellence.
- A record of scholarship and continuing professional development with a minimum of a master's degree. This should be in a subject area relevant to the sphere of practice of the Consultant post.
- Evidence of leadership and innovation.
- Experience of teaching, assessing and developing professional staff and/or students in academic and clinical settings.
- Evidence of a sound understanding and application of research to practice with a track record of practice development based on evidence.

The role of Nurse Consultant is challenging, particularly in meeting all of the expectations set out in the five areas of practice:

- I. Expert advanced practice.
- II. Leadership and consultancy.
- III. Education, training and development.
- IV. Research and evaluation.
- V. Strategic service development.

Employer organisations must consider the support infrastructure around existing and proposed new consultant posts and in particular consider how the posts could be used to build research capacity in service provider organisations. It is important that extended programmes of research in clinical practice are established rather than one off projects. Consultant nurses, through their links with HEI and high level strategic role within service provider organisations are well placed to facilitate expansion of programmes of research.

ACTION	BY WHOM	BY WHEN
34. All Wales standards and scrutiny arrangements for non medical consultants are maintained.	Service Employers HEIs Supported by HIW	Ongoing
35. Employer organisations (Service Providers and HEIs) working in partnership explore how to use consultant posts as a 'hub' around which to establish other clinical academic roles, such as clinical chairs/senior academic researcher roles.	Employer organisations Supported by WORD	2011/2012

Senior Nurses

In addition to consultant nurses, there are nurses who work in level 8 roles (or its equivalent) in a variety of settings. The majority of posts in clinical practice are, however, likely to have a significant management element to their role.

ACTION	BY WHOM	BY WHEN
<p>36. Employer organisations facilitate education, training and other development activities to enable individual practitioners to further develop expertise within their role, including meeting their PREP/revalidation requirements.</p> <ul style="list-style-type: none"> - mandatory training requirements are met; and - opportunities to work across sectors, and multi-professional and interagency working are considered. 	Employer organisations	Ongoing
<p>37. Non graduate and graduate nurses already working in level 8 (or equivalent) senior nurse posts are support to undertake further study at master's degree level linked to their personal development plan.</p>	Employer organisations	Ongoing Review in 2016
<p>38. All nurses must receive support to continue developing skills in management and leadership, commensurate with the role they are undertaking.</p>	Employer organisations	2011/2012

Academic Roles

As with staff working in level 6 and 7 roles, arrangements to allow movement between service and education should be put in place. Academic nursing staff must hold a master's level award and should receive support, where appropriate, to undertake doctoral level study.

To support expansion of clinical research capacity in Wales, clinical academic posts, eg clinical chairs, senior clinical researchers must be developed.

ACTION	BY WHOM	BY WHEN
<p>39. Employer organisation consider establishing a 'revolving door' concept enabling nurses to move between education and service.</p>	Employer organisations	2011/12

ACTION	BY WHOM	BY WHEN
40. Employer organisations develop clinical academic posts to undertake and facilitate the expansion of clinically based programmes of research, linked to the research activities within HEIs.	Employer organisations	Ongoing Review in 2013
41. Senior Lecturing/Research staff employed in academic posts receive support to develop expertise in teaching and develop a research portfolio, which includes receiving coaching and supervision from more experienced researchers.	HEIs Supported by WORD	Ongoing

LEVEL 9 (and above) – Very Senior Staff (or equivalent)

Staff working at this level and above will typically be very senior staff who provide strategic leadership and management within their organisations, for example, roles will include Dean/Head of a School in a HEI, Nurse Director in a health service provider organisation, Professor or Clinical Chair, Policy Adviser in government.

Professional development activities need to reflect the four dimensions of the framework: Facilitated Learning and Development, Research, Leadership and Management, and Clinical/Professional Practice. For nursing roles at this level the dimension on 'Leadership and Management' will encompass 'strategic service development' and for Board level management roles it will also include 'corporate skills/responsibilities'. For NHS employees CPD requirement should be determined through the Annual Performance Review and Personal Development Plan processes. Mandatory training requirements must be met. It is expected that all staff will hold at least a master's level qualification and for some posts, eg Dean/Head of School, individuals are likely to hold a doctorate level award (eg PhD, Professional Doctorate).

Wales has determined specific criteria for Nurse Directors working at Board level. It is well recognised that Nurse Directors play a vital role in providing dynamic leadership to the nursing workforce within service provider organisations ensuring the delivery of high quality care, but they also play an important role in ensuring the 'business of caring' is fully addressed by the Board. The King's Fund report (2009) *From Ward to Board*, which was undertaken for the Burdett Fund for Nursing, identifies key factors that will assist Boards engage effectively in clinical quality. For example:

- Having the right building blocks in place - the right information presented to the Board; recognition of the importance of relationships combined with robust governance arrangements; and strong clinical leadership and clinician engagement.
- Embedding assurance of clinical quality across the organisation.
- Making it explicit that clinical quality is an issue for the whole board.

- Demonstrating the learning environment by valuing and acting on feedback on the patient experience, including complaints and incidents.

The key elements from this work were incorporated into the job descriptions and behavioural competencies for the new Nurse Director posts established in 2009 as part of the NHS Wales reforms. (Annex 3 includes the behavioural competencies established for Wales.)

All Nurse Directors working at Board level in Wales are required to hold a master's level degree, be experienced senior nurses or midwives and possess the following knowledge base:

- Extensive knowledge of the professional nursing agenda across primary, community and secondary care.
- Extensive knowledge of clinical and corporate governance and the application across the health service.
- Extensive knowledge of the complex system in which the NHS operates and the impact of statutory and non-statutory public and private sector activities upon health and health care.
- Extensive knowledge of the relationships between workforce planning, workforce development and education.
- In depth understanding of the challenges facing the health service in Wales in the 21st Century.
- In depth knowledge of factors which influence the health related behaviours of individuals and populations.

ACTION	BY WHOM	BY WHEN
42a. Employer organisations provide ongoing support to individuals in very senior nursing roles to ensure they maintain their competence and expertise.	Employer organisations	Ongoing
42b. All nurses receive support to continue developing skills in management and leadership, commensurate with the role they are undertaking.		2011/12
42c. Support is given to those individuals wishing to undertake doctoral level study.		Ongoing
43. NHS Nurse Directors comply with the specific criteria determined for Board level posts in Wales.	Service Employers	From 2009
44. Senior academic staff are afforded the opportunities to expand their research portfolio, including collaborative research activities.	Employer organisations Supported by WORD	Ongoing

CONCLUSION

The guidance set out in this document builds on existing good practice and mandatory requirements already established in Wales. Welsh Assembly Government recognises that making any change to the way nursing roles are organised will be challenging to employers and practitioners alike and will take time to be achieved. However, given the speed of change within the health and health education sectors, coupled with revisions in the regulation of the profession, the issues around modernising the post registration element of a nursing career must be addressed.

This career framework is part of a wider Modernising Nursing Careers UK initiative and implementation in the coming years will be influenced in part by factors outside of Wales, eg changes in UK professional regulation; structures adopted in other UK countries. This means that the framework has been designed to be flexible and applicable across the sectors nurses work in. It is for this reason that the guidance has not focussed on the specific needs within areas/fields of practice or relate to sub parts of the professional register.

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Excerpt from 'Designed to Realise Our Potential' (WAG 2008)

AIM 4 - Develop existing and new career paths

To develop existing and new roles and flexible career pathways for nurses, midwives and specialist community public health nurses that provide a matrix of opportunities to cross boundaries and participate in clinical practice, education, research, management and/or policy development to enhance care delivery and job satisfaction.

Outcomes:

- i. There will be opportunities for experienced nurses, midwives and specialist community public health nurses to retain responsibility for delivering 'hands on' care to patients/clients. This may be through expansion of posts at consultant level but will be particularly evident through revised job descriptions of both new and established posts that define direct input into and responsibility for, care-giving activities.
- ii. Innovative partnerships between education, service and research will be based on patient/client needs and evidence will demonstrate the contribution of such initiatives to enhancing healthcare outcomes.
- iii. Innovative partnerships across acute and community services will be based on patient/client needs and evidence will demonstrate the contribution of these partnerships to enhancing healthcare outcomes.
- iv. New roles will be created, based on care pathways or patient/client 'journeys'. Transferable skills will be essential to appointment to these roles and post holders may work across professional boundaries and across all care settings. Evidence will show how these new roles enhance healthcare outcomes for patients/clients and job satisfaction for staff.
- v. Posts that promote developments in practice will be used as a key means of ensuring innovations in practice and implementation of evidence based care.
- vi. There will be expansion of programmes and initiatives that enhance research capacity building in nursing, midwifery and specialist community public health nursing, with a demonstrable increase in research output.
- vii. Secondment and shadowing opportunities will become the norm with seamless movement across all sectors and spheres of practice, be that clinical practice, research, education, management and/or policy development. Secondments to posts in other professional fields where transferable skills can be used will be available. Human resources policies and mechanisms for secondment should facilitate opportunities

for exchange and development of skills. Secondment and shadowing opportunities will focus on enhancing the quality of care delivered.

- viii. There will be an increase in initiatives to develop the teaching workforce in clinical practice with student evaluations and evaluations from clinical practice, demonstrating the value of these initiatives.

Careers Framework for Health (Skills for Health) (See Skills for Health website for more details: <http://www.skillsforhealth.org.uk/page/career-frameworks>.)

KEY ELEMENTS OF THE CAREER FRAMEWORK

9	<p>More Senior Staff - Level 9 Staff with the ultimate responsibility for clinical caseload decision making and full on-call accountability.</p>
8	<p>Consultant Practitioners- Level 8 Staff working at a very high level of clinical expertise and/or have responsibility for planning of services.</p>
7	<p>Advanced Practitioners - Level 7 Experienced clinical professionals who have developed their skills and theoretical knowledge to a very high standard. They are empowered to make high-level clinical decisions and will often have their own caseload. Non-clinical staff at Level 7 will typically be managing a number of service areas.</p>
6	<p>Senior Practitioners/Specialist Practitioners - Level 6 Staff who would have a higher degree of autonomy and responsibility than 'Practitioners' in the clinical environment, or who would be managing one or more service areas in the non-clinical environment.</p>
5	<p>Practitioners - Level 5 Most frequently registered practitioners in their first and second post-registration/ professional qualification jobs.</p>
4	<p>Assistant Practitioners/Associate Practitioners - Level 4 Probably studying for foundation degree, BTEC higher or HND. Some of their remit will involve them in delivering protocol-based clinical care that had previously been in the remit of registered professionals, under the direction and supervision of a state registered practitioner.</p>
3	<p>Senior Healthcare Assistants/Technicians - Level 3 Have a higher level of responsibility than support worker, probably studying for, or have attained NVQ level 3, or Assessment of Prior Experiential Learning (APEL).</p>
2	<p>Support Workers - Level 2 Frequently with the job title of 'Healthcare Assistant' or 'Healthcare Technician' - probably studying for or has attained NVQ Level 2.</p>
1	<p>Initial Entry Level Jobs - Level 1 Such as 'Domestics' or 'Cadets' requiring very little formal education or previous knowledge, skills or experience in delivering, or supporting the delivery of healthcare.</p>

1. What is the Career Framework and what are the aims

The Career Framework for Health (Skills for Health 2005) provides a guide for NHS and partner organisations in implementing the flexible career. It enables an individual member with transferable, competence based skills to progress in a direction that meets workforce, service and individual needs. It balances national consistency with maximum flexibility for local health organisations.

The Career Framework is also an enabling tool which provides a common language and currency to support career development. It provides a method whereby the level of practice for particular jobs can be identified using a level descriptor tool. There are a number of functions ascribed to the Career Framework which are key in supporting the modernisation of the healthcare workforce. These include:

- Enabling skills escalation based on competence.
- Aiding the development of new roles that meet patient needs.
- Enabling individual career planning.
- Acting as a tool for recruitment and retention.
- Increasing transferability.
- Flexibility for staff and those commissioning services and education.

2. What are National Workforce Competences (NWC)/National Occupational Standards (NOS)

The purpose for using a competence based approach is to provide a clear objective description of what an employee needs to do to perform their job successfully. The model of competence used by Skills for Health in National Workforce Competences/National Occupational Standards is one where employment requirements are based on specified standards of performance i.e. outputs. The focus in a competence based model such as that used by Skills for Health and the other Sector Skills Councils model is on the application of skills, knowledge and understanding, not the acquisition of them.

National workforce competences describe what individuals need to do and know to be able to carry out work activity. They provide descriptors of performance criteria to be met and the knowledge and understanding that are required to undertake work activities successfully.

Each individual competence covers:

- The work activities which need to be carried out to achieve a particular purpose.
- The quality standards to which these activities need to be performed.
- The knowledge and skills people need to carry out these activities.

Put together, the NWC/NOS meet the key aim of health care services i.e. to promote, maintain and improve health, with each competence focussing on an

individual function needed to deliver that key aim. This functional focus centres on the needs of the patients and their carers and means that each competence provides an objective description of what needs to happen, rather than focussing on where it is being done or by whom.

3. How does the Career Framework link with Agenda for Change?

There is no automatic read across between the Career Framework and Agenda for Change as they are two independent and fundamentally different structures. Agenda for Change is a new pay system which incorporates three facets; Job Evaluation, Knowledge and Skills Framework and Terms and Conditions. Agenda for Change only applies to certain groups of staff within the NHS. It describes how staff will work and how much they will be paid. The Career Framework covers all health staff irrespective of which sector they work in and is an enabling tool which provides a common language and currency to support career development. The Career Framework defines the level of the post and the competences held by the post holder. This allows the identification of transferable roles and thereby maximises workforce flexibility and clinical governance.

4. How does the Career Framework link with the Knowledge and Skills Framework (KSF)?

The KSF is a broad generic framework which covers the functions that need to be carried out by most NHS staff. It links directly to the more detailed NWC/NOS developed by Skills for Health. Each of the NWC/NOS shows an indicative link to the relevant KSF dimension and these links are established on the basis of the most likely relationship according to the content of the competence. This is without specific regard to any role in which that competence might appear – hence the link is indicative only.

NHS Wales Director of Nursing – Behavioural Competence Structure (2009)

Drawn from NHS Wales Leadership Qualities Framework, NHS Wales Chief Executive Behavioural Competency Structure and other strategic documents.

Setting Direction	
<p>Seizing the future</p> <p>Thinks and acts for the future.</p>	<ul style="list-style-type: none"> • Acts now to articulate, shape and implement a compelling, shared vision that takes current service developments into a coherent future strategy. • Acts quickly and decisively in a crisis or other time-sensitive situation and builds new programmes and capabilities rapidly. • Introduces flexible, innovative approaches to achieve service improvements and promotes organisational ability to cope with change and shape the future. • Demonstrates how nursing will contribute to the future.
<p>Intellectual flexibility</p> <p>Handles information and clarifies complexity.</p>	<ul style="list-style-type: none"> • Synthesises, reframes and prioritises complex demands, consequences and critical points from a mass of disparate and conflicting data. • Demonstrates ability to move between significant detail on the ground and the strategic big picture, modifying plans and actions to take account of new and diverse views, information and standpoints. • Interprets complex professional nursing strategic agenda into action on the ground.
<p>Broad scanning</p> <p>Gathers information from a wide range of sources.</p>	<ul style="list-style-type: none"> • Checks what is happening on the ground, asking patients/service users, their carers and staff about their experience of services and is visible and accessible at all levels – “walking the talk”. Actively seeks out diverse viewpoints, promoting inclusivity. • Purposely uses wider networks to keep abreast of developments in nursing, health, social care, housing, education and employment, building relationships with partners and clinical and academic colleagues.
<p>Political Astuteness</p> <p>Understands the politics/power bases.</p>	<ul style="list-style-type: none"> • Builds consensus alliances through purposeful engagement with key networks of interest groups and influencers to shape and deliver change. • Demonstrates understanding of complex stakeholder networks and ensures actions take account of political sensitivities in building agreements. • Balances political, professional, technical, financial and cultural considerations to achieve change.

<p>Drive for results</p> <p>Sustains a focus on improving performance to meet challenging goals.</p>	<ul style="list-style-type: none"> • Focuses and clarifies objectives and boundaries and is goal focused, resisting any pressure to be deflected from achieving quantifiable service improvements. • Takes calculated risks within effective governance, to achieve longer-term service improvements creating enduring benefits of improved healthcare for patients/service users and carers. • Manages the delivery of agreements between commissioners and providers ensuring the agreed commitments and levels of performance are met. • Ensures high standards of nursing care, using nursing metrics to demonstrate quality outcomes for patients/service users and their carers. • Builds on productivity in nursing through business and entrepreneurial skills.
<p>Financial Leadership</p> <p>Ensures sustainable financial viability and most effective use of resources to achieve strategic aims.</p>	<ul style="list-style-type: none"> • Leads the management of financial flows in nursing throughout the organisation to deliver its short and long term objectives. • Focuses use of resources on achieving the future vision of the organisation, diverting resources from current programmes where necessary to invest in development and change. • Demonstrates financial literacy and quantitative problem-solving skills, providing high quality advice to Board. • Contributes to the delivery of agreed recovery plan and contributes to resolving deficits across the health community. • Ensures a high standard of financial management and control, with financial systems/procedures promoting the efficient and economical conduct of business, safeguarding financial proprietary, governance and regularity throughout nursing within the organisation. • Demonstrates literacy in nursing resource management to both optimise efficiency, and deliver a high quality nursing service.
<p>Delivering the Service</p>	
<p>Leading change through people</p> <p>Makes change inclusive mobilising people's energy and commitment.</p>	<ul style="list-style-type: none"> • Engages others as partners in developing a shared vision within the organisation and across the local health and social care and academic community to achieve buy-in and commitment. • Aligns efforts and shares leadership and power with clinicians to achieve integrated service improvements, winning and retaining the respect of clinicians. • Builds organisational frameworks for continuously improving quality and safeguarding high standards of care supporting others who lead implementation.

	<ul style="list-style-type: none"> • Builds effective management teams and team spirit, removing obstacles to effective working. Holds team members to account through stretching performance and rewards systems.
<p>Holding to account</p> <p>Promotes a high performance culture.</p>	<ul style="list-style-type: none"> • Accepts personal responsibility for the nursing workforce, holding others directly accountable for delivering what has been agreed, both within and outside of the organisation as this relates to nursing and the organisation's objectives. • Intervenes swiftly and consistently to address poor performance or inappropriate behaviour where this is impacting on patient/service user safety and effective service delivery. Challenges and confronts conflict affecting service standards or safety, brokering agreement. • Embeds the duty of providing high quality patient/service user care throughout the organisation, ensuring that the Board is provided with regular reports on quality and safety and that appropriate action is taken on all aspects of nursing to the Board. Provides an authentic professional view of nursing to the Board. • Ensures statutory and regulatory aspects of nursing are delivered.
<p>Empowering others</p> <p>Fosters independence.</p>	<ul style="list-style-type: none"> • Delegates effectively, securing resources for delegates as required and providing space for others to be creative. • Takes risks with others coaching the developments of their own capabilities using failure as an opportunity to learn. • Explains clearly and concisely the reasons for plans and actions to affected people, stakeholders and partners and listens and acts on responses. • Leads the investment in talent management, ensuring that appropriate development processes are in place for the nursing workforce (including succession management). Coaches and mentors others to help them maximise their contribution. • Nurtures nurses' ability to lead and develops fast track schemes for nurse leaders.
<p>Effective and strategic influencing</p> <p>Uses range of influencing strategies.</p>	<ul style="list-style-type: none"> • Uses a range of effective influencing strategies that will bring about desired outcomes and long term change in health services, building and using extended networks of influence. • Gains commitment and credibility from the local community through responsive involvement of local people, staff and other agencies in shaping local health priorities and strategy. • Champions the organisation in external forums e.g. local authorities, Government bodies and national organisations and represents both the organisation and the Nursing profession at local, national and international level.

<p>Collaborative working</p> <p>Engages constructively with internal and external stakeholders.</p>	<ul style="list-style-type: none"> • Creates the conditions to promote sustainable partnerships and works closely with health, social care and academic partners on all important investment decisions to ensure joined up action which creates enduring benefits for stakeholders. • Leads the shared duty to engage the public and other bodies in planning and monitoring services and is informed on the current and changing priorities of partners, modifying own plans in order to seek “win-win” outcomes. • Demonstrates effective management of relationship with Chief Executive Officer, Chair and Board members, jointly creating cohesive strategies for delivering world class health and nursing care.
<p>Personal Qualities</p>	
<p>Self belief</p> <p>Inner confidence to succeed.</p>	<ul style="list-style-type: none"> • Takes on stretching challenges that some peers may back away from. • Constructively challenges others, regardless of position or status. • Willing to take tough decisions and is openly optimistic about achievement of goals. • Stand up for what they believe in, speaking up – integrity and motivation and have a can do sense of confidence. • Makes the care of people their first concern, treating them as individuals and respecting their dignity.
<p>Self awareness</p> <p>Understands own emotions, strengths and limitations.</p>	<ul style="list-style-type: none"> • Understands the nature and cause of own emotional reactions to particular situations and takes account of the likely implications and impact of own behaviour. • Role models effective behaviours and shows understanding of own strengths and limitations in providing leadership that makes a difference to patients/service users, carers and staff.
<p>Self management</p> <p>Manages own emotions and demonstrates resilience.</p>	<ul style="list-style-type: none"> • Manages responses and reactions consistently when under pressure remaining calm in a crisis and without transferring unnecessary stress on others. • Takes conscious steps to manage own emotions and absorbs and deals constructively with criticism and performance feedback. • Models a healthy approach to work/life balance, having a wide range of interests outside of work.

<p>Personal integrity</p> <p>Commitment to openness, honesty, inclusiveness and high standards.</p>	<ul style="list-style-type: none"> • Stands up for that which is consistent with stated NHS values and delivers on own commitments even when this is difficult and there may be personal cost. • Acts as a consistent role model for engaging staff, patients/service users and other stakeholders at all times, taking a fair and inclusive approach to decision making within a framework of integrated NHS governance. • Open, and honest, acts with integrity and uphold the reputation of the nursing profession. Requires and expects others to be open and honest in their communication. • Inspires trust from those whose health and well-being for whom responsible. • Works with others to protect and promote the health and wellbeing of patients/service users, their families and carers, and the wider community. • Provides a high standard of practice and care at all times. • Respects people’s confidentiality.
<p>Professional Integrity</p> <p>Commitment to the nursing profession and to the code: standards of conduct, performance and ethics for nurses.</p>	<ul style="list-style-type: none"> • Models a professional approach to nursing; is registered and maintains practical competency and credibility. • Accountable for actions and omissions in personal nursing practice and is always able to justify own decisions. • Always acts lawfully, whether those laws relate to own professional practice or personal life. • Maintains clear professional boundaries with those in their care or anyone close to them.
<p>Drive for improvement</p>	<ul style="list-style-type: none"> • Wants to make a real difference to people’s health and well-being by delivering a high quality service and by developing improvements to service.

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