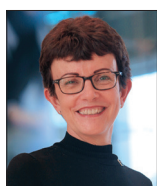


# Updating clinical skills — 10 years on



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For this editorial, I was asked to consider what has changed over the past 10 years since I published a review on the challenges associated with teaching clinical skills to improve wound management. My initial thoughts were that nothing much had changed but after a period of reflection and discussion with colleagues, it would seem that a great deal has changed.

One of the biggest issues is the ageing demographic of nurses in general and tissue viability nurses (TVNs) in particular. It is no surprise that in a nurse-led speciality that emerged in the UK in the 1980s, a large number of expert practitioners who have defined wound care practice, research and education over the past 30 years are getting close to retirement. The chronic shortage of nurses is well known to anyone trying to deliver clinical services but the facts are shocking: since 2009, there has been a 37% decline in community nurses (NHS Digital, 2019a) in the NHS; 80% of nursing shortages are filled by temporary staff (NHS Improvement, 2019); and to make matters worse, a third of nurses in the UK are aged between 45 and 54, with 13.6% over 55 and eligible to retire (NHS Digital, 2019b). This represents a serious skill deficient that is already having a direct impact on the quality of tissue viability services and staff morale. Overworked clinicians are finding it increasingly difficult to invest time passing their expertise onto others and valuable skills and services are in danger of being lost forever.

The Interim NHS People Plan, launched in June 2019 recognises the once in a generation workforce challenge the health service is currently facing and aims to recruit extra staff, improve staff retention and transform ways of working to make the NHS a better place to work (NHS England, 2019). This may offer a glimmer of hope and what is notable is that for the first time, a policy identifies a long-term strategy across the entire NHS workforce and confirms immediate actions that will boost NHS education and training budgets, and develop senior leadership roles to equip NHS staff to meet the challenges of 21st century healthcare. There is already a specific commitment to increase the number of undergraduates studying nursing,

expand the number of nursing associates and create a career route for them from healthcare support work to registered nursing, as well as recruit more qualified nurses from overseas (NHS England, 2019). This represents a real opportunity for the wound-care community to rise to the challenge of developing a workforce that is better equipped to deliver integrated care systems that can improve patient care.

### Advanced clinical practice

A welcome recommendation in the People Plan is to maximise the full potential of experienced clinicians and enable them to maximise their professional competencies, to work at the 'top of their licence' to make full use of expertise to support the development of new service models and quality improvements in care, which should help improve job satisfaction and staff retention.

We already are seeing the transformation of the workforce with examples of new types of roles and different ways of working in wound care. One such innovative approach developed by the University College London Hospitals (UCLH) tissue viability team was to create a series of 'bite-sized' sessions focusing on pressure ulcer prevention identified during root cause analysis in the clinical areas. This reactive approach was well received by clinicians as it prioritised local practical issues requiring attention and was directly relevant (MacDonald, 2017). Other examples include the development of novel treatment techniques, such as adapting a compression strapping technique to improve the effectiveness of compression therapy in hard-to-heal leg ulcers (Hopkins, 2011) and the increase in nurses performing minor surgical procedures, such as skin lesion removal (Kings Fund, 2014).

Another initiative poised to make a big difference is the National Wound Care Strategy Programme (NWCSP) launched a year ago, which is already spearheading improvements in wound care by developing priority care pathways, improving availability of wound care products, devising national data sets and reviewing provision of wound care education (Adderley, 2018). As part of this work, the NWCSP are currently scoping the provision of

wound care-related education across England to support continuing professional education and development of advanced practice roles so that specialist practitioners can innovate and reshape tissue viability services. One of the impressive things about the NWCSP is that it is based on the premise of a Stakeholder Council, which gives a voice to anyone with an interest in wound management from a professional, industry or lay person perspective and allows everyone to be able to contribute to the national wound care strategy.

Back in 2008, we could not have envisaged the impact that the internet would have on improving accessibility of wound related information. Keeping up-to-date with current research, policy, guidelines and evidence-based practice has never been easier as long as practitioners have kept abreast of their information retrieval skills and have the skills and confidence to critically appraise the literature. The ability to differentiate between 'fake news' and evidence-based practice is now an essential clinical skill and should form the basis of any post registration programme for advanced practice. The scoping of educational provision by the NWCSP is a welcome development as it will define educational standards to ensure a diversity of provision to extend the skills across all levels of the workforce.

Over the past decade, the financial climate in the public sector and NHS has had a detrimental effect on professional development opportunities of nurses but the combination of national strategies described here are finally starting to have an effect. As admissions tutor to a large postgraduate portfolio of specialist wound care and dermatology courses, I have recently noticed increased availability of funding for specialist practitioners to acquire and develop new clinical and leadership skills in line with these new policy directives, which is a sign that things are moving in the right direction.

The Interim NHS People Plan is bold and ambitious, and aims to grow the nursing workforce by over 40,000 by 2024. These new recruits will have to learn about best wound care practice, which will take place in the clinical areas utilising the expertise of TVNs who need to exploit the opportunities offered by NHS reforms, health technology and innovation to create new integrated care systems. The clinical experience, expertise and enthusiasm of TVNs means that they are well qualified to do so. **WINT**

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