Letters

Is clinical practice really a backward step from management?

Eileen Padmore

The introduction to the proposed Career Framework for the DSN (Journal of Diabetes Nursing 3(5): 136-8) contains a statement which I feel I must challenge. The example given of movement between the proposed career levels is that '...a DSN may decide to move back to a more clinical role rather than continue in a managerial role'.

Some of us would see the movement from management to a more clinical role as forward progression, especially in the context of diabetes nursing. Admittedly, since the implementation of the Salmon Reports (DHSS, 1996) we have undergone three decades of being brainwashed into thinking that management activity is to be rated higher than clinical skills. If we do hold this view then we would be wise to think again, particularly in today's political and professional climate.

The most recent health service circular (HSC 1999/217) to health service executives on the establishment of consultant nurse posts envisages 50% of the time being spent in clinical care. As well as expert practice, another key responsibility will be that of leadership with the proviso that 'wider general or corporate management responsibilities would detract from this'. The UKCC Higher Level of Practice pilot standard (July 1999) suggests that nurses working at higher level might have management included in the role but 'the main focus, purpose and impact of their work are patients, clients and communities'. I would put in a plea for us to change our mind sets and stop seeing management as positioned at the upper end of the hierarchy.

This Government seems to be promoting clinical nursing, not only through the consultant nurse initiative, but also through schemes like NHS Direct and the drop-in centres. There are, of course, implicit reasons for this which relate to economic factors and the problems of recruitment and retention. But even though the motivation may be mixed, it is still an initiative that I feel is helpful to both nurses and patients. I have long believed that the only way we will ever get it right in diabetes is to centre on the needs of patients and communities, which is exactly what the Government consultant nurse initiative, the RCN expert practitioner pilot scheme, and the UKCC Higher Level of Practice project are suggesting that we do. Unless we retain a significant amount of clinical care I think the perspective is likely to become blurred or we may just get it wrong.

Hang in there DSNs! Don't be wooed into management lightly or seduced into medical activity discarded by the doctors. Let's identify and demonstrate the many expert clinical skills that we alone in the multidisciplinary team have to offer.

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Clinical practice is the starting point

Debbie Hicks

In reply to the above response made by Eileen Padmore in relation to the article Career Framework for the DSN (*Journal of Diabetes Nursing* 3(5): 136-8), I would like to say that the statement '…a DSN may decide to move back to a more clinical role rather than continue in a managerial role' was in no way intended to suggest that clinical activity was less important than management activity.

Although the use of the word 'back' may suggest regression to some, isn't that where we all start from — in clinical practice that is? Therefore, going back to a more clinically based role should not immediately suggest a negative move.

I agree with Eileen that any nurse managing in a formal sense should always have the patient as the main focus, and maintain clinical credibility by clinical practice. I believe that some DSNs around the country, who are in a dual role including managing the team and/or the diabetes centre, are in a unique position in that they not only have access to patient views, but can also take those views into consideration when planning future services.

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