The future is bright?

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I have recently had cause to ponder on the appeal of a career in Infection Prevention and Control. Following the departure for pastures new of my team's Senior Infection Control Nurse we advertised and received no applications or enquiries. I canvassed my IPS colleagues for opinions as to why this could be. (Our hospital is set in beautiful Southwest Scotland.) Colleagues expressed the view that the impending Scottish referendum cast uncertainty over the position for people living south of the border. So post-referendum I re-advertised, spreading the word widely, including social media. Again, not one single enquiry. This experience does not seem to be uncommon in Scotland but I wonder if this is a UK-wide problem and a symptom of something much more concerning?

My private and public musings and conversations with colleagues have led me to the following possible hypotheses:

- **Perception and function:** Infection prevention control is now seen as primarily having an audit and enforcement role rather than that of an expert practitioner. Additionally, as infection control is seen as 'everybody's business', there may also be a tendency to think that 'anybody can do it' with no understanding of the complexities of IPC especially in time of outbreak and service pressures.
- **Education commitment:** To progress, an IPCN has to make a large personal education commitment with postgraduate certificate as a minimum requirement and a senior post requiring study to Masters level, which, even if paid for, will usually be completed in addition to a working week not as part of it. Comparable grades in non-specialist roles are not expected to do the same. Undertaking a Masters can significantly compete with family commitments which are often cited as a reason for non-application.
- **Increasing pressure with decreased professional value:** External scrutiny has resulted in increases in pressures with a corresponding decrease in value in the role.

- **Entry point:** Whereas 10 years ago a post as a specialist nurse was seen as desirable, attracting nurses with a number of years' experience, because the career pathway starts much earlier these same experienced nurses are not now applying. Experienced general nurses will have to drop both status and salary for several years before there is the opportunity for pay and status parity.
- **Financial loss:** For less experienced nurses many cite loss of earnings as the reason for non-application. IPCNs do not earn a shift allowance; and this is not compensated for by a corresponding increase in banding.

NB. These last two bullets provide a 'double whammy' for IPCN recruitment – there is a financial disincentive for both experienced and less-experienced nurses. So is this a real issue affecting succession planning and the future of IPC UK-wide or is it just one area of Scotland? In order to promote IPC as a career pathway the IPS Scottish Branch circulated the OneIPS Video 'YouTube' clip to all institutes of higher education in Scotland but until these students qualify what do we do to bridge the recruitment gap?

Do we have an image problem, or has there been a system design which will eventually, like the dinosaurs, lead to extinction? If this situation is real then we need to identify which, if any, of the possible hypotheses above need addressed and how.

Solutions are needed and discussion on this topic is invited.

YouTube link:

<https://www.youtube.com/watch?v=qh5Pjf9n3us>

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