Report of the user testing of draft:

Standards of proficiency for specialist community public health nursing,

Standards of proficiency for community nursing specialist practice qualifications and

Standards for post-registration education programmes for SCPHN and SPQ programmes

Nursing and Midwifery Council

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APPENDICES:

1. Introduction and context

1.1 The NMC is the professional regulator of almost 745,000 nurses, midwives, and nursing associates. Its vision is safe, effective, and kind nursing and midwifery care for everyone.

1.2 The NMC's core role is to regulate. It does this by promoting high professional standards for nurses and midwives across the UK, and nursing associates in England. It maintains the register of professionals eligible to practise and it investigates concerns about nurses, midwives, and nursing associates – something that affects less than one percent of professionals each year.

The Education programme

1.3 The standards the NMC sets include standards for education and training. They shape the content and design of programmes that support the student journey and identify proficiencies for each profession.

1.4 Since 2016, the NMC has been reviewing its education and proficiency standards and quality assurance processes. It has delivered an ambitious programme of change to the pre-registration education standards for nurses, midwives and nursing associates, setting out the appropriate knowledge, skills, and professional attributes to deliver safe and effective care in an increasingly complex environment. It is now reviewing the post-registration standards.

Community and public health nursing

1.5 Learning does not stop the day that nurses, midwives, and nursing associates join the NMC register. As professionals, they commit to lifelong learning and development. Many nurses and midwives undertake further education and specialist training to increase their knowledge throughout their careers.

1.6 Currently for some nurses and midwives, this might mean gaining an additional regulated qualification to become a specialist community public health nurse (SCPHN), to work as a health visitor, school nurse, occupational health nurse, family health nurse or public health nurse.

1.7 If someone successfully completes a SCPHN programme, they can join the SCPHN part of the register in addition to the part of the register which indicates their initial registration as a nurse and/or a midwife. This also enables them to use the protected title 'Specialist Community Public Health Nurse'.

1.8 Registered nurses may also gain NMC-approved community specialist practice qualifications (SPQs). These qualifications can be noted, or 'annotated', next to their name as it already appears on the register. Unlike SCPHN qualifications, community SPQ qualifications are not associated with a protected title.

1.9 For each SCPHN and community SPQ qualification, the NMC specifies the standards of proficiency which state the knowledge and skills that a registrant must have to gain one of these post-registration qualifications. They are known as the Standards of proficiency for specialist community public health nurses (SCPHN) and the Standards for specialist education and practice (SPQ). The standards set out both the proficiencies (the skills and knowledge a professional with SCPHN or SPQ needs), and the standards for education and training (how a university will train and educate students on a SCPHN or SPQ programme).

1.10 Since 2019 however, as part of the education programme of change, NMC introduced new standards for education and training which include Part 1: Standards framework for nursing and midwifery education and Part 2 Standards for student supervision and assessment. These are applicable to all NMC approved programmes and must be read together along with a Part 3 which is the programme specific set of education standards. In the current post-registration review, these are known as the draft Standards for post-registration education programmes (for both SCPHN and SPQ programmes).

The scope of this report

1.11 The review of post-registration standards includes the draft new versions of:

- Standards of proficiency for specialist community public health nursing (SCPHN);
- Standards of proficiency for community nursing specialist practice qualifications (SPQ); and
- Standards for post-registration education programmes for SCPHN and SPQ programmes.

1.12 The NMC commissioned Blake Stevenson Ltd to conduct user testing of these three sets of draft standards. For the testing of the draft SCPHN proficiencies, the focus was on the health visiting, occupational health nursing and school nursing and for the testing of the proficiencies for SPQ the study focussed on community children's nursing, community learning disabilities nursing, community mental health nursing, district nursing and general practice nursing.

Table 1:1 SCPHN and SPQ titles and abbreviations

SCPHN		SPQ	
Title	Abbreviation in this report	Title	Abbreviation in this report
Health Visitor	HV	Community Children's Nurse	CCN
Occupational Health Nurse	OHN	Community Learning Disabilities Nurse	CLDN
School Nurse	SN	Community Mental Health Nurse	CMHN
*Family Health Nurse**	*Not covered in this report*	District Nurse	DN
*Public Health Nurse**		General Practice Nurse	GPN

*not within the scope of the proposed new draft SCPHN standards

1.13 The work conducted by Blake Stevenson for this study builds on the team's experience of conducting usability testing of both the revised nursing standards and the revised midwifery

standards. The methodology developed for those studies provided a basis for the testing of the standards in the study reported here.

1.14 This user testing was a qualitative study and the sample size, detailed in the appendices, was not intended to be statistically significant but rather to gather the different views and perspectives from a representative but small sample.

1.15 It is important to note that this usability testing study was carried out at the same time as a wider public consultation on the draft standards. This wider study, conducted by a different research supplier, sought views on the proposals from wider audiences on whether the content and nature of the draft standards would reflect support and care required in rapidly changing and challenging environments.

Methodology

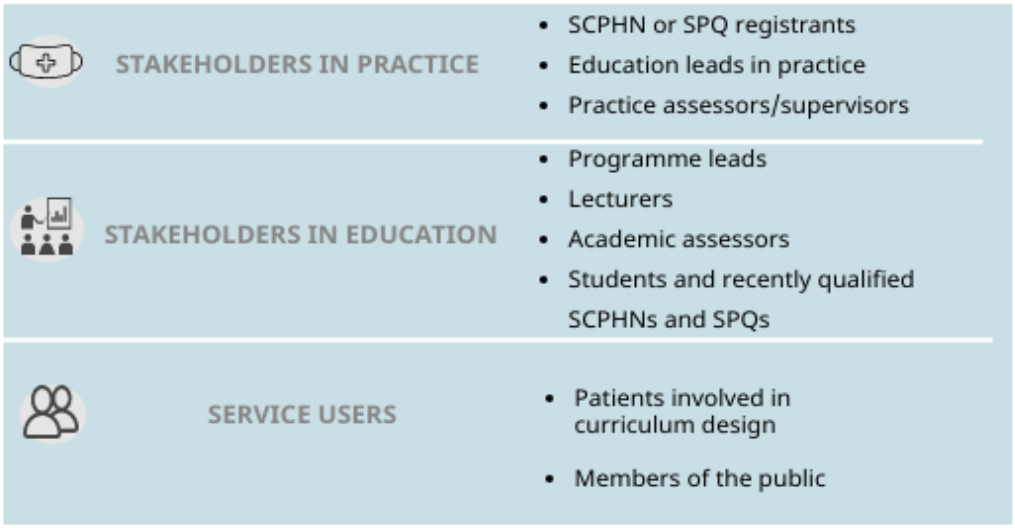
Aim

1.16 Overall, this work aimed to:

- test usability in terms of developing new curricula in line with programme standards;
- test that the post–registration proficiencies (both SCPHN and SPQ) are outcomes focused, and measurable and assessable;
- test the language, ease of interpretation, navigation and accessibility of the proficiencies and standards;
- explore the potential for unintended consequences in the practical implementation of the post–registration proficiencies, and explore with participants potential solutions; and
- explore whether there are any areas in terms of usability in the proposed proficiencies and standards that create unlawful barriers for groups that share protected characteristics.

1.17 The user testing explored the usability of the draft standards as perceived by the different groups who might use or be affected by them.

Diagram 1.1 Groups involved in user testing



1.18 This scope of the concept of 'usability' was based on a framework first defined by the Blake Stevenson team for the testing of the draft version of *Future nurse: Standards of proficiency for registered nurses* and the associated programme standards in 2017 and continued into the user testing of the draft version of *Future midwife: Standards of proficiency for midwives* and the associated programme standards. The elements of the framework were reviewed to ensure their applicability to the draft standards which form the focus of this project. The key elements of usability applied in the testing of these post-registration standards are summarised in the diagram below.

Diagram 1.2 Usability themes

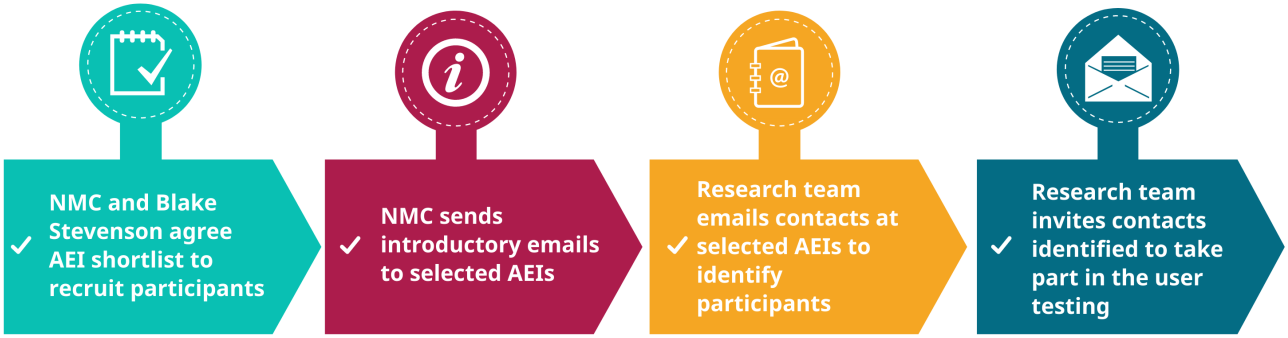
Approach

1.19 This was a qualitative study using semi-structured questions based on the usability factors outlined above. It involved one-to-one interviews conducted by telephone or web-based video depending on the individual participant's preference.

Sampling process

1.20 The diagram below illustrates the approach taken to the recruitment of participants for the usability testing.

Diagram1.3: recruitment approach



1.21 Previous usability testing studies had demonstrated the effectiveness of inviting approved education institutions (AEIs) to participate in the study and asking key contacts within the participating institutions to support the recruitment process. These key contacts provided the necessary route for recruiting current students on post-registration programmes, recently qualified SCPHNs/SPQs, lecturers, programme leads, academic assessors and some members of the public involved in curriculum design. They were also the source of access to practice assessors, practice supervisors and education leads in practice.

1.22 The AEIs were selected in liasion with the NMC to reflect the geographical variations in post-registration education and the differences in the SCPHN and SPQ programmes on offer across the four nations of the UK. This was taken into account to create a representative sample.

Table 1.2: AEIs involved in the user testing

AEI	SCPHN			SPQ				
	HV	OHN	SN	CCN	CLDN	CMHN	DN	GPN
Bournemouth University	✓		✓					
Buckinghamshire New University	✓		✓	✓			✓	
City University, London	✓		✓				✓	
Glyndwr University	✓		✓	✓			✓	

AEI	SCPHN			SPQ				
	HV	OHN	SN	CCN	CLDN	CMHN	DN	GPN
Keele University	✓		✓				✓	
Leeds Beckett University	✓	✓	✓				✓	
Queen Margaret University	✓		✓				✓	
Robert Gordon University	✓		✓				✓	
University of Chester	✓	✓	✓	✓	✓	✓	✓	✓
University of Greenwich	✓		✓				✓	
University of Hertfordshire	✓		✓	✓			✓	✓
University of Northumbria	✓		✓				✓	
University of South Wales	✓	✓	✓	✓	✓		✓	✓
University of Ulster	✓		✓	✓	✓	✓		✓
University of the West of England	✓	✓	✓				✓	
Number approved to deliver each programme	**15**	**4**	**15**	**6**	**3**	**2**	**13**	**4**

1.23 In common with the previous user testing consultations, SCPHN and SPQ professionals were recruited via the NMC register. In order to ensure the widest representation possible, those who expressed an interest were required to complete and return an initial questionnaire. This was designed to ensure that the sample achieved an appropriate balance across a range of factors including geography, gender, age, qualification, length of service and sector. For this study, the response from registrants was not as high as anticipated from previous experience. As a result, several recruitment emails were required to complete and achieve the sample size and make-up for this testing.

1.24 Members of the public were recruited via AEIs and through third sector organisations. The NMC helped to engage organisations through an introductory email. The Blake Stevenson team then liaised with the named contact to disseminate information about the user testing amongst the organisations' members and service users.

1.25 Some participants received an incentive to encourage their participation:

- students had the choice of a £20 voucher, a £20 donation to a charity of their choice or one of three stationery packs;
- members of the public had the choice of a £50 voucher or the combination of a £30 voucher and a choice of one of three stationery packs; and
- registrants and recently qualified SCPHNs/SPQs had the choice of one of four stationery packs.

1.26 The stationery packs were supplied by Busy B and the vouchers were for Amazon.

1.27 Once recruited and when interviews were confirmed, relevant draft documents and discussion themes were sent to the participants, and they were asked to read all the information in advance of their interview. All correspondence from the Blake Stevenson team was translated into Welsh for communications with participants in Wales.

Achievement of the sample

1.28 A total of 151 participants contributed to the usability testing of these standards. The breakdown of this sample by type of participant is summarised in Table 1.3. A more detailed profile of the participants is included in the appendices.

Table 1.3: Number and type of user involved in the testing

User type	Number
Programme leads	13
Lecturers	11
Academic assessors	4
Quality leads	7
SCPHN and SPQ students and recently qualified	30
SCPHN and SPQ professionals	50
Education leads in practice	3
Practice assessors/supervisors	6
Service users	27
TOTAL	151

1.29 The recruitment and engagement of registrants and members of the public was more challenging than for previous usability testing. Despite targeted recruitment, for one specialist practice qualification – community learning disabilities nurse (CLDN) – no registrants with that SPQ came forward. These registrants are a smaller proportion of the SPQ nurses and although registrants were not interviewed, the views of post-registration CLDN students were captured. Whilst these individuals are in a learning role, they are also practising as community learning disabilities nurses and brought that experience and insight to the testing.

Research findings: structure and content

1.30 In the remainder of the report, using the key themes within the usability framework, we present the participants' comments about the following draft documents:

- Standards of proficiency for specialist community public health nursing;
- Standards of proficiency for community nursing specialist practice qualifications; and
- Standards for post-registration education programmes for SCPHN and SPQ programmes.

1.31 Throughout the report when the term majority is used this indicates that more than half the interviewees shared that view. When the term minority is used less than half those interviewed held this view. If the term 'few' is used this refers to two or three responses.

1.32 Where relevant, we identify different views by user type and each chapter ends with a brief summary of the key issues.

2. Research findings – draft Standards of proficiency for specialist community public health nursing (SCPHN)

Introduction

2.1 The draft Standards of proficiency for specialist community public health nursing (throughout this chapter referred to as proficiencies) specify the knowledge, skills and behaviours expected of registered nurses and midwives who go on to take on roles within the fields of health visitor (HV), occupational health nurse (OHN) and school nurse (SN) practice. These draft standards of proficiency are organised into six 'spheres of influence'. Every sphere of influence includes core standards that apply to all fields of SCPHN practice, with four spheres of influence also including specific standards that apply to each of the three fields.

2.2 Members of the public, registrants qualified as HV, OHN or SN, SCPHN post-registration students, university staff teaching SCPHN programmes, practice assessors/supervisors, and education leads in those fields were asked to provide their views on the draft SCPHN proficiencies. In this chapter we consider their responses to the usability of these draft proficiencies, reporting by the themes described earlier in diagram 1.2:

- comprehensible and communicable;
- comprehensive;
- applicable in all contexts;
- proportionate;
- accessible and inclusive; and
- assessable and supportive of consistency.

Comprehensible and communicable

2.3 The participants of this user testing were asked how well they understood the SCPHN proficiencies and if they could be easily explained to others. The majority of users of all types welcomed the general structure and overall content of the draft SCPHN proficiencies and considered them to have captured the essence and importance of the HV, OHN and SN roles as highly skilled practitioners.

2.4 A few members of the public commented that the introduction made it clear what the SCPHN proficiencies aimed to achieve which was helpful in setting the scene and understanding the content of the document. They also saw the glossary as a useful aid to understanding:

"I found that throughout, any jargon used was explained clearly. The glossary is really useful. From my point of view, I always look to see if anyone reading this kind of document can understand things easily." (Member of the public)

2.5 The majority of participants liked the spheres of influence and found the numbering of the core and specific standards of proficiency logical and easy to navigate and felt that the content reflected what was happening in practice. One participant suggested that a visual summary of each sphere by specific field at the beginning of each section would help reinforce the text.

2.6 The group of users who expressed most reservations about the language of the SCPHN proficiencies were those participants working in universities and delivering the post–registration education programmes. Although the majority felt that the language was easy to interpret and communicate, a few were unsure about the use of 'spheres of influence' within the SCPHN proficiencies:

"I'm not sure about the language. Spheres of influence is quite vague…. personally, I don't know why they've moved away from domains. And there are places where I don't know what the terminology means." (Lecturer)

"I'm so embedded in domains rather than spheres…Spheres of influence don't reflect what people do. For example, is autonomy a sphere of influence or a way of practising?" (Programme lead)

2.7 One participant felt that the language of the SCPHN proficiencies needed to be more specific to support effective learning and assessment:

"I've identified lots of examples of where the standards appear academic and advanced, but they lack this when you look in depth. I don't think the standards are distinct enough." (Lecturer)

2.8 There was also some concern from a few participants in this group about how easy it would be to help others understand what was required by the SCPHN proficiencies:

"I know I will spend a lot of time helping others to understand the terms. I don't know why we have to make that different." (Lecturer)

2.9 These views, however, were not widely reflected in the comments of practitioners. One participant involved in the assessment of practice for health visiting and school nursing noted:

"The language is fine – but that may be because I've been in public health nursing for a long time. It uses public health words and articulates the way a public health nurse should be looking at things." (Practice supervisor)

2.10 The majority of SN registrants and students expressed the view that the spheres of influence for their specific field captured the extent of the role of school nursing well. They recognised that although the specifics of the role were limited by the commissioning service, they felt that the aspiration for SN remit and responsibilities was clear. Registrants and student HVs also felt that the detail in the six spheres reflect, what the role of a health visitor is today. They felt that the SCPHN proficiencies encompass the complexity of the role, but in a way that it is easy to read and understandable. Notably those with an OH background found the

SCPHN proficiencies and the specific OHN standards particularly clear and felt they were far more applicable and usable than the current SCPHN proficiencies:

"These standards are much clearer than the previous – it will help people understand what Occupational Health is. They will allow us to help others understand what we do." (OHN)

2.11 Those involved in the assessment of practice, in particular for OH, reflected the view that the proficiencies would help them to communicate much more clearly to students what is required in practice:

"I think it will be easier to explain these standards than it has been in the past. Before students struggled to find evidence they need – now much clearer." (Practice assessor)

"I think it will be far easier than before. I have a member of staff who will be starting in September. I can sit down with her and help her understand what is actually required in practice." (Education lead in practice)

2.12 This view was echoed by a recently qualified SCPHN, who said:

"*Speaking as a recent graduate, I would have got more out of my programme if we'd had these outcomes. I would have known exactly what I needed to achieve. It's so clear – I would have been able to keep referring back to this. The previous ones were more of a tick box – but these are really meaningful. You can see exactly what they need you to do.*" (HV)

2.13 A few participants suggested some reordering to improve the ease of reading the document. One programme lead commented that:

"The layout is not logical, it does not follow the natural progression (i.e., should be HV, SN, OHN, as follows a person growing up), I found that I was wanting to compare HV and SN roles and was interrupted by the OHN." (SN)

2.14 There were words and references that users felt should be clarified further. This would make the SCPHN proficiencies easier to understand. Examples included:

- Sphere A
    - A:1 reference to entrepreneurship – a few users struggled with what this would mean for the SCPHN practitioner
    - A:3 devolved legislatures should be added to the glossary;
- Sphere D: word genomics; HV 6 epigenetics; SN 8 emotional literacy – suggestions that these should be added to the glossary; and
- Sphere E: 3 reference to financial acumen and HV point 4 reference to data informatics – users did not know what this would look like for a practitioner.

2.15 Overall, however, there was a positive response to how comprehensible and communicable the draft SCPHN proficiencies were.

Comprehensive

2.16 The participants were asked to reflect on the extent to which the proficiencies covered the knowledge, skills and attributes required by SCPHN practitioners in their intended field of public health nursing. They were also asked to consider the extent to which the proficiencies might be seen as 'future proofed', enabling practitioners to prepare for new and emerging public health requirements. Participants involved in the development and delivery of education programmes were also asked to consider if and how the draft proficiencies might support the development of new or more flexible curricula. Key findings from the different user groups are summarised below.

In general:

2.17 A general view emerged from practitioners that the core standards within the SCPHN proficiencies clearly captured what sits at the heart of specialist community public health nursing practice whilst the specific standards highlight the distinction between the fields. Overall, the SCPHN proficiencies were seen to provide the language to speak about the things that SCPHNs have being doing and to portray what has been happening within practice:

"*I find it refreshing to find things, like widening health inequalities, being noticed in the standards.*" (HV)

2.18 The majority of participants did not identify any omissions in terms of what the proficiencies covered for their specific field. However, there was a request from participants in practice in all three fields for more detail about the clinical skills required for their roles and a few delivering education programmes felt the same:

"It is ... difficult to identify what the knowledge base is and what the skills base is. For example, what's the difference between a SCPHN and a social worker? We need more explicit reference to clinical skills. There are some of these proficiencies that are very general." (Lecturer)

Field-specific findings

2.19 When looking at the specifics for each field, the HV registrants and students liked the contemporary references to issues like spiritual practices, ante-natal practice but they also gave examples of areas that they felt could be strengthened. There were suggestions for more reference to safeguarding, more on infant nutrition, advocacy, empathy, trauma-based care, and strength-based practice.

2.20 OHN students and registrants generally felt that the field-specific standards covered everything needed for OHNs. However, it was suggested that within the proficiencies there should be some acknowledgement that the extent of their responsibilities and practice was defined by the workplace and employer. A few OHNs were uncomfortable with the word 'person-centred' practice because the nature of the job was to act for the employer and the employee to decide what was best for both. In general, however, the OHN participants liked

references in the proficiencies to joined-up communities, health for all, and the extended influence of OHN beyond the workplace, for example influencing food choices, alcohol consumption etc. These participants felt that more emphasis could be placed on the breadth of who they might support, from16-year olds until retirement age, and therefore the range of issues they might deal with (e.g., from adolescent mental health issues to dementia in the workplace).

2.21 The majority of SN practitioners acknowledged that their field-specific standards presented an ideal version of a school nurse but that the extent of their role was determined by public health or commissioned services, along with related management and resource decisions. The participants in this group particularly liked the inclusion of the importance of transitions, references to the impact of socio-economic disadvantage and digital poverty and the knowledge of biopsychosocial development of children and young people. The additions that SNs wanted to see were more references to obesity, community assets and use of resources available to young people and their communities.

The inclusion of the V300 qualification

2.22 The issue most often cited in discussions of comprehensiveness was the requirement for SCPHN students to complete the V300 prescribing qualification.

2.23 The majority of those within the HV field welcomed its inclusion, expressing the view that it matched the current and future needs of their service. Participants who had the V100 highlighted that it was too limiting for their wider autonomous role and the V300 would elevate their position. They acknowledged that there would be a lot of short-term thinking around this change particularly those that did not see prescribing as part of their role, but they felt the SCPHN proficiencies needed that ambition to address future needs.

2.24 However, the majority of OHN participants felt that their education programme did not need a prescribing module and that it was more realistic for others, e.g., a GP signing a patient group directive for mass inoculations or pharmacists prescribing for minor illnesses, to fulfil this function. The SNs that commented on the integrated prescribing qualification recognised that the V300 would allow more autonomy, but that their responsibilities within their field-specific practice would need to change so that prescribing became part of their remit:

"*All we can prescribe is Hedrin and you need to jump through hoops to do that.*" (SN)

2.25 Participants working on education programmes identified changes that would be needed with the inclusion of the V300. These centred on the amount of time needed to cover the V300 within the structure of the SCPHN education programme, and the need to find appropriate staff to assess it in practice.

Preparing for the future

2.26 Participants were asked if they thought the draft proficiencies would prepare SCPHNs for future public health practice challenges such as another pandemic-level event or a public

health crisis. Those who were able to comment felt that the draft proficiencies ensured that the SCPHN practitioners would be able to look at emerging situations and consider public health policy and the evidence so that they could adapt to a changing landscape. They felt that the skills and attributes described in the document would result in a very well-prepared workforce that could evolve with different health crises and reflected the agility that was needed to address the challenges presented during the pandemic.

2.27 These participants also liked the reference to embedding the use of technology into practice, (a few practitioners wanted to see even more reference to technology and use of digital resources) because it reflected what had happened during the pandemic. They felt that approaches like web-based appointments and fewer physical clinics would continue and a SCPHN needed to be comfortable with using technology.

2.28 In terms of changes, a few users suggested that the SCPHN proficiencies could be strengthened by including the skills needed to be able to adapt to times of crisis and more reference to resilience and self-care of the workforce.

2.29 A few other participants highlighted that the experience of the pandemic could be used to shape and inform learning, and that the SCPHN proficiencies might be strengthened to support this:

"There's lots of terminology in the SCPHN standards about partnership with people – but not enough about partnership with other agencies. In Sphere E, point 9: I suggest 'awareness of assessment and management of major incidents and outbreaks." (Practice assessor)

"When we talk about epigenetics, we could also talk about microbiome as well and how we develop immunity. Think about the pandemic, think about epigenetic changes over time; if we did more about the microbiome as well that would enhance the programme. Learn about how immunity works but through food and environment. Pandemic is a moment in time." (Educator)

Developing more flexible curricula

2.30 Participants involved in the development and delivery of SCPHN programmes were asked if the SCPHN proficiencies would enable their institution to deliver detailed, flexible, and innovative curricula and programme learning outcomes. The majority of those questioned identified opportunities within the proficiencies. They liked the breadth to enable them to flex their programme to meet new needs or new agendas and felt that being outcome-focussed helped them to shift to what they wanted the student to be, rather than being specific about the processes they needed to follow:

"*What we are doing at the moment is fitting the current agenda to standards that aren't fit for that purpose.*" (Lecturer)

2.31 These participants also felt that the SCPHN proficiencies gave a clear direction to curriculum development because they described what had to be achieved. They felt that this outcome-based approach had more explicit links to practice and would be easier to apply. These

participants, delivering the education programmes, highlighted that the core and specific standards gave them more freedom to be creative about the delivery of the programmes:

"*The standards give us much more flexibility to do combined specialism courses [of elements of their HV and SN programme]. We work with very varying service provision and what is very helpful is that the proficiencies that are common make it easier to devise programmes that are reflective of needs.*" (Programme lead)

"I think they are quite exciting – I can think of interesting ways to deliver some of this content." (Programme lead)

2.32 However, a minority of programme leads and lecturers viewed some of the standards as too demanding to be accomplished within the structure of the education programme. This was particularly the case for some elements of *Sphere F: Leading and collaborating: From investment to action and dissemination.* Participants expressed the view that many of the elements within the sphere did not reflect skills and abilities that the SCPHN student could expect to have developed by the end of their education programme. These included elements like:

- (F3) influencing policy development and strategic planning;
- (F4) recommending improvements including changes to commissioning; and
- (F5) evaluating service requirements and triangulating outcome measurements.

2.33 It was suggested that knowledge of these areas might be acquired but the ability to carry out these tasks could only be achieved by the end of their preceptorship at the earliest:

"It's too comprehensive – it will be miraculous if we can produce students that can do all of this." (Programme lead)

Applicable in all contexts

2.34 The draft SCPHN proficiencies are designed to apply to all SCPHN practitioners, regardless of their specialism, their practice setting and the part of the UK in which they practice. Participants were asked to consider how applicable the proficiencies are to these different settings and working locations.

2.35 The majority of the participants felt that the core and field-specific SCPHN standards could be applied to the field of practice regardless of the setting or location where someone worked or studied. There was acknowledgment that there would always be differentiation across geographical areas where some NHS Trusts or Health Boards did not require certain skills, but they felt that the practitioners still needed that knowledge and ability even if the opportunities to apply them may not initially be there. However, a minority expressed concern that the SCPHN proficiencies, at present, were too ambitious for the types of services currently being provided in some areas:

"I'm not sure that practice is ready for these standards. I don't know if this is the same across different areas of the UK. But we are driven by what the service wants. So, there may be a

mismatch between the ambitions of the standards and what the nurses are actually allowed to do in practice." (Programme lead)

2.36 Other participants, however, were more optimistic that the outcome-focused proficiencies would influence commissioners and help shape future SCPHN practice.

2.37 There were specific examples of language that was not used across all four nations. For example, *commissioning*, whilst an accepted term applied to the way services are delivered in England, was not relevant to other nations such as Scotland. Furthermore, participants in Scotland highlighted that, unlike other areas of the UK, the refocused school nurse role provided less universal provision and was a referral only service. These participants felt that this difference should be acknowledged in the SCPHN proficiencies.

Proportionate

2.38 The SCPHN proficiencies are intended to provide a clear progression pathway for registered nurses and midwives. As a result, they are designed to provide an achievable yet progressive step up from the standards expected of pre-registration students. Participants were asked to consider if the SCPHN proficiencies demonstrated a clear and proportionate progression from pre-registration requirements.

2.39 The majority of participants familiar with pre-registration standards considered the SCPHN proficiencies as a definite 'step up'. They were felt to provide a clear natural progression, with the language of the proficiencies building on the learning within pre-registration and moving along a continuum to becoming a specialist. Many participants felt that the spheres elevated the learning, enabling practitioners to work at a higher level across many elements from leadership and critical thinking to autonomous practice.

2.40 A few registrants felt that there should be more detail about how the SCPHN proficiencies linked to Future nurse[1] and Future midwife[2] standards of proficiency so that SCPHN students know what they need to be able to do before they begin the programme. For example, if someone from an adult nursing background was entering the HV programme, it was seen as important that they had a good foundation of children's nursing before they could progress to studying to become a health visitor.

2.41 A few of the experienced SCPHNs expressed the view that the draft proficiencies complemented the skills and expertise that they brought from their previous nursing or midwifery roles, allowing them to move along their pathway and learn different things, rather than simply build on what they already know.

[1] https://www.nmc.org.uk/globalassets/sitedocuments/standards-of-proficiency/nurses/future-nurse-proficiencies.pdf

[2] https://www.nmc.org.uk/globalassets/sitedocuments/standards/standards-of-proficiency-for-midwives.pdf

Inclusive and accessible

2.42 Participants were asked to consider the extent to which the SCPHN proficiencies:

- promote inclusive practice by SCPHN practitioners; and
- are inclusive of and accessible to all those who are or wish to become SCPHN practitioners.

2.43 The majority of participants from across all groups expressed the view that the proficiencies promote inclusive practice. They highlighted the use of inclusive language, with repeated references to health inequalities and cultural competence explicit within the SCPHN proficiencies. This participant's comment reflects the views of many others:

"*I think they go a long way to helping [inclusivity]. They raise a number of issues and students will be more conscious of how important they are. I think the generations coming after us are more cognisant of differences and how to reduce them – and these standards help with this. The whole document is very inclusive."* (Registrant)

2.44 They felt that the language and references were a positive development in these proficiencies and all users, including members of the public, recognised and welcomed the visibility of such an inclusive approach to fulfilling the SCPHN role. Some of the areas that were highlighted in this respect included the consideration of spiritual health, the acknowledgement of the Welsh language in the proficiencies and the sensitivity involved in the balancing of cultural respect and safety.

2.45 One OHN participant highlighted how they had already used the SCPHN proficiencies to promote more inclusive behaviour in the workplace:

"We quoted these new draft standards (Sphere C) in meetings about adjusting practice to accommodate employees with long COVID and it was good that there is powerful language around health inequalities. We have changed phased return practice from 4 weeks to 12 weeks based on the COVID recovery time and the draft standards helped us to do so." (OHN)

2.46 A minority of users involved in delivering the education programmes viewed potential barriers within the SCPHN proficiencies for some groups of prospective students. There was some anxiety about the academic level that would be expected of the SCPHN student, particularly for those who were returning to practice who, it was felt, might struggle to meet a Level 7[3] access requirement. These users felt this could have implications for their institution's ability to widen access to the programme but that this was a matter for the AEIs to address. Other concerns about the accessibility of the programme related to the inclusion of the V300 qualification, which have been discussed elsewhere in the report.

[3] On the Qualification and Credit Framework (QCF) for England, Wales and Northern Ireland and is the equivalent to level 11 on the Scottish Credit and Qualification Framework (SCQF)

Assessable and supportive of consistency

2.47 Participants were asked to consider if the SCPHN proficiencies would enable students to gather appropriate, assessable evidence, and if they supported consistency in learning and assessment.

2.48 The participants who addressed this question were either members of education teams within universities or involved in the assessment of practice. The majority of these participants did not foresee any potential difficulties for students gathering evidence to show that they had met the requirements for their intended field of practice.

2.49 A few programme leads and lecturers commented that the number of standards might concern students at first, but they felt that the standards themselves would be easy to evidence. They had already given thought to how they could support students and assessors by developing a user guide giving examples of appropriate evidence. Other participants felt that, because the outcomes are clear and the layout within the spheres is logical, the documentation used to capture evidence would be straightforward:

"In terms within the qualification, I don't think it will be difficult. There are a lot more standards here. But students are used to gathering evidence and there are ways to read across from current programmes. And there is a wide range of approaches we can use – so it should be ok." (Programme lead)

"I think assessment will be quite easy – the standards are really clear and as head of service I can make things happen. I don't know about other specialisms but for me as a practice assessor it will be straightforward. It will help me plan the practice placement." (Lecturer)

2.50 However, a number of themes were identified that related to the challenges to assessment and consistency of that assessment. These included:

- *Range of experience of practice available to students*: Participants expressed concern that the proficiencies required experience of practice which some students might not be able to access. One example given was that of *Sphere D: HV9: supporting parents, families and children who've had a life changing or limiting diagnosis*. One participant noted that they did not know how this could achieved if it, or others like it, were not experienced. Several other participants were also unsure how elements of Sphere E, such as demonstrating financial acumen and application of data informatics, could be evidenced.
- *Specificity of the level of proficiency required:* One participant felt that more information was needed to clarify what is meant by proficiency in a particular area, and without this it is difficult to ensure consistency in assessment:

  "*If it is a standard of proficiency, we should know exactly what level people need to work at in order to be proficient."* (Lecturer)
- *Availability of assessors:* One participant with a practice assessment role noted that pressures within the service created a risk to their department's ability to conduct assessment in line with requirements. In particular, the need to find assessors who are

working at an appropriate level within the service created difficulties for their ability to ensure that students on placements are supported and assessed appropriately:

"The nurses [who are SCPHN students] are already on the NMC register and they need to move forward. My pre-reg and post-reg assessors are different groups (Band 6 and Band 7). Unfortunately, we don't have the number of assessors we need at Band 7 to make sure that there is appropriate assessment." (Programme lead)

- *Lack of specification of learning time:* Participants also commented on the potential impact of the removal of specified learning hours and the balance of theory and practice on the consistency of learning and assessment:

  "I believe there should be a minimum time frame to meet the standards. I think that this course should be at least 15 months – 12 months plus 3 months either in practice or in research. Sphere B and Sphere F can only be possible if you have learned all the rest... What you are going to get otherwise is short courses that short cut the standards." (Lecturer)

Summary of key issues

2.51 Overall, the participants responding to this part of the study felt that the draft SCPHN proficiencies were written in useable outcome-focused language that captured the expertise within the specialist public health nurse role and that portrayed SCPHNs as highly skilled practitioners. The majority of participants felt that the spheres of influence were broken down well to clarify each role and, even though educators and some in practice might not be ready for or see the relevance of an integrated prescribing qualification, many felt it was a natural evolution for the future role. This reflected the main tensions identified in the usability of the proficiencies: balancing the need to support the future development of SCPHNs with current constraints.

3 Research findings – draft Standards of proficiency for community nursing specialist practice qualifications (SPQ)

Introduction

3.1 The draft Standards of proficiency for community nursing specialist practice qualifications (in the rest of this chapter referred to as proficiencies) set out the knowledge, skills and behaviours that are needed to work in specialist roles across the existing five fields of community nursing practice. A sixth SPQ is included in the draft proficiencies which recognises the work in new and emerging community nursing roles. The proficiencies for SPQ are grouped into seven platforms, each of which reflects and builds on the platforms of the *Future nurse: Standards of proficiency for registered nurses*[4].

3.2 Members of the public, nurses[5] with SPQs in community children's nursing (CCN), community mental health nursing (CMHN), district nursing (DN) and general practice nursing (GPN), post-registration students completing SPQs in CCN community learning disabilities nursing (CLDN), DN, and GPN, university staff teaching SPQ programmes and practice supervisors/assessors, and education leads in those fields of practice, were asked to provide their views on the draft proficiencies for SPQs.

3.3 In this chapter we consider their responses to the usability of the proficiencies for SPQ reporting by each theme:

- comprehensible and communicable;
- comprehensive;
- applicable in all contexts;
- proportionate;
- accessible and inclusive; and
- assessable and supportive of consistency.

Comprehensible and communicable

3.4 The comments from all participant types across all fields were very positive about the layout of the draft proficiencies. The participants liked the fact that the seven platforms mirrored the organisation of the pre-registration nursing standards and felt the preamble before each section gave a good orientation for what they were about to read and that it flowed well. The

[4] https://www.nmc.org.uk/globalassets/sitedocuments/standards-of-proficiency/nurses/future-nurse-proficiencies.pdf

[5] There were no interviews with Community Learning Disabilities Nurses (CLDN)

structure was easy to follow with clear sections and then points under each platform. The language, for those in practice or education, was understandable and familiar.

3.5 There were repeated requests for specific words to be included in the glossary – including genomics, cogent, epigenetics and diagnostic overshadowing – as well as a few users asking for health equity and health equality to feature so that people know the difference between them.

3.6 The group of participants who did struggle to comprehend some of the content were members of the public. A few explained that they had to re-read sections, but they felt that the layout and glossary helped with their understanding. However, their view was that you needed to have some background knowledge to fully appreciate the significance of what was within the proficiencies for SPQs, and they could not think of anything that would make them easier because they felt that they were not the main audience. These members of the public felt that the language was appropriate for the intended target reader.

3.7 That said, a few participants in education and practice identified areas that they felt needed more consideration to improve clarity and ease of reading. These were:

- Platform 3: 3.10 and 3.11 assessing needs and planning care – was this clinical assessment and diagnosis, could these two points be captured in a different way?
- Platform 5: 5.2 and 5.8 were similar and could be in the platform about accountability. 5.13 and 5.14 could be merged.

3.8 For the minority of participants who stated that they would have difficulties explaining the proficiencies for SPQs to others, the key issue was that they wanted field-specific standards. Those in practice and education felt that the platforms were clearly linked to field-specific practice. Even those that did not ask for field-specific standards, suggested that a simple description of each role, i.e., what a CCN or a GPN did, would further help to explain to others the purpose of the proficiencies for SPQs.

Comprehensive

3.9 Users considered the extent to which the proficiencies for SPQs covered the knowledge, skills and attributes needed for SPQ nurses to practice safely and effectively in their intended field of community nursing practice. There was recognition that these proficiencies captured how specialist practice has developed and all participants in practice could relate the proficiencies to their own field of practice. Those that had been involved in the consultation events that informed the draft proficiencies for SPQ, praised the content and felt that it reflected the pre-consultation engagement.

In general

3.10 The majority of user testing participants across all groups recognised that the draft proficiencies for SPQ were ambitious but covered the learning outcomes for a SPQ nurse. Further, those in practice and education providers saw that they reflected the higher level of

skills and knowledge needed for specialist practice and were pleased to see references like person-centred care, concordance, quality of care, and system leadership included. From this group, the additional information that they felt would make the draft proficiencies more comprehensive was further reference to complex care, long-term conditions, and case-load management.

3.11 A minority of respondents did not agree that the draft proficiencies were comprehensive. They felt this for one of two reasons. First – and these were broadly the views of those delivering education programmes – they felt there was too much in the draft proficiencies for SPQs and that the volume of content might not be achievable. Second, mainly expressed by contributors from education and practice, was the recurring issue of the absence of field-specific standards – that the draft proficiencies for SPQs in fact lacked detail.

Specialism specific findings

3.12 The majority of CCN registrants and students felt that overall, the draft proficiencies for SPQs covered their role, as one CCN said:

"These standards are very wide ranging – they are more forward thinking and are all about 'what we do." (CCN)

3.13 However, all CCNs registrants and students wanted additional detail so that it was more reflective of the complexity of community children's nursing, The detail that they wanted was, importantly, to see reference to children in the text (they acknowledged that children are listed in the definition of people), they also wanted more mention of families and caregivers which would help to make the draft proficiencies feel less tailored to adult practice. To further improve the relevance of the proficiencies to CCNs, they also suggested more detail was needed on:

- safeguarding, to reflect the very different approaches around consent and competency for children;
- palliative care, e.g., to include parallel planning and the different outcomes depending on how long a child might survive;
- transitions to adult services; and
- co-ordination of care to reflect liaison and key working with multiple agencies.

3.14 A small number[6] of CLDN post-registration students were involved in the user testing, and they felt that the proficiencies covered everything they did as nurses and identified how they provided care by working alongside other professions, being autonomous and using personal judgement to make decisions. They felt that the proficiencies were comprehensive, particularly platforms 1-4 but considered the proficiencies within the final three platforms as

[6] Details of the numbers of participants by field of practice is in appendices 3 and 4

more applicable to a Band 7 post. These CLDN students explained that opportunities to practise at those levels, and deliver those outcomes, would be more achievable in a promoted post.

3.15 The CMHN registrants, again small in number, considered that the proficiencies for SPQs reflected much of what was required in their autonomous role. They particularly liked Platform 4 (4.3) and the reference to reduced concordance and working in partnership with people to influence and negotiate revisions to treatment and care, and 4.5 with the therapeutic interventions and social prescribing. They made a request for the inclusion of positive risk management at 3.17 when assessing and managing risk.

3.16 For those in the field of district nursing, the majority felt that the proficiencies for SPQs gave a good account of the role of DN. They considered that the proficiencies were very relevant, reflected the increasingly complex nature of community care and the heightened expectations of their role. A minority felt they were too generic, and again these users wanted field-specific standards for the DN role.

3.17 Those working as or studying to be GPNs felt that, in general, the proficiencies were relevant and appropriate for their field-specific practice. They highlighted the limited opportunities to carry out elements within platforms 5 and 6 as the extent of their practice would be defined by the needs and preferences of the GPs. They felt that the unique aspect of working in an independent business driven by the GP contract needed to be reflected to provide a better understanding of what influenced service delivery and, ultimately, the scope of their field-specific practice in any GP practice.

The inclusion of the V300 qualification

3.18 Echoing some of the discussions about the V300 within the draft SCPHN proficiencies, there were concerns from those providing the education programmes about the inclusion of the integrated prescribing qualification in terms of the volume of work to undertake alongside the ambitious programme that would be needed to deliver the draft proficiencies for SPQ. They also anticipated challenges with the logistics of securing those in practice with the prescribing experience to support the learners on placement across all fields of practice.

3.19 Practitioners also queried the inclusion of the V300, but for different reasons. Several of the CCNs and CCN students liked the V300 and said that, even if they could not regularly prescribe, due to employer permissions, it meant that they had a good knowledge of medications and were therefore better equipped to suggest changes to prescriptions, question doses and recognise side effects in those they cared for.

3.20 All the CLDN students questioned the need for a prescribing qualification and could not envisage a future scenario where that would be used. The CMHNs felt it was good to aspire to be a prescriber, although not something they were able to do currently, again due to employer permissions and restrictions. In contrast, the GPNs welcomed the addition of the prescribing qualification and felt it would elevate the role and add value within the GP practice.

3.21 The majority of the DN registrants and students also liked the V300 as part of any new SPQ. They felt it was a good fit with the end-to-end service aspirations for nursing and the ability to go through a care pathway with a patient from beginning to end. Prescribing was therefore felt to be an important part of that, as captured in this comment from a DN:

"Having the diagnostic capabilities combined with scope to prescribe means we can support patients throughout and not pass care to others." (DN)

3.22 A few DNs also recognised that newly qualified nurses were coming out prescribing ready, so it was important to build on this with the V300.

Preparing for the future

3.23 The majority of users from all fields of practice and education felt that the draft proficiencies prepared SPQ nurses for future practice and challenges. They also acknowledged that as SPQ nurses working in the community they were accustomed to being prepared for the unexpected, with the experience of the pandemic strengthening that ability and resilience. They felt that the proficiencies reflected both what was needed now and in the future. They viewed the draft proficiencies as reinforcing the skills and attributes required to apply wider thinking and be more creative and flexible about how they delivered patient-centred care and to respond to unplanned change.

3.24 Although the draft proficiencies for SPQs proposed an additional SPQ to recognise the work in new community roles, no participants raised this in any detail and only a few programme leads asked how this sixth SPQ might work.

Delivering flexible curricula

3.25 The programme leads, lecturers and academic assessors were asked if the proficiencies for SPQs enabled their institution to deliver detailed, flexible, and innovative curricula and programme learning outcomes. There was an even split between those that wanted the field-specific standards to provide definition to the content of education programmes and those that felt there was enough information given to shape curricula without being prescriptive and provided scope for creativity with the use of simulation. The first group questioned how they would deliver SPQ programmes without field-specific guidance while in contrast the latter group saw the potential for creativity and flexible interpretation.

3.26 The users who saw the potential for creativity considered the outcome-focused approach as relevant and appropriate for designing and delivering ambitious programmes for community nursing practice.

3.27 As already discussed, education providers were concerned about the inclusion of the V300.These participants felt that the volume of content for the academic and work-based learning within the SPQ could restrain their ability to offer a creative learning programme.

Applicable to all contexts

3.28 There was no consensus on whether the draft proficiencies could apply to all SPQ nurses, regardless of their specialism. These responses echoed those around the extent to which they covered the required knowledge, skills and attributes with opinion split between those who wanted field-specific standards and those who saw the benefits of a broader approach. Those who preferred field-specific standards did not view the draft proficiencies as applicable regardless of the field of practice but, in contrast, the majority who liked the content and structure of the draft proficiencies agreed that they could be applied to all fields. This latter group felt comfortable in adapting, interpreting, and translating guidance into curriculum content and programme learning outcomes as required.

3.29 None of the user-testing participants identified any elements within the draft proficiencies for SPQs that would not be applicable or appropriate to the part of the UK in which they worked or studied. Neither did they see anything that caused conflict with a policy position in a particular nation.

Proportionate

3.30 The majority of users from practice and within education clearly saw that the level and requirements in the draft proficiencies surpassed those of the Future Nurse proficiencies[7]. This was easier to identify because the platforms aligned with those in the pre-registration standards, and they built on and progressed the basic nursing care. A DN highlighted this when she explained:

"*I look after pre- and post-registration students, so it makes total sense to me. It's very obvious that it moves on from pre-reg. Pitched at the right level.*" (DN)

3.31 These users said that the stretch and challenge with the draft proficiencies was much clearer, and they captured the complexities of areas like management and leadership, higher clinical competence, critical thinking, reflective practice and broader knowledge and expertise.

3.32 The minority that did not feel that the draft proficiencies demonstrated a clear and proportionate progression from pre-registration requirements wanted to see more detail about the clinical skills and the level of competence that was needed for the different fields of community nursing so that there was a clear difference in requirements at pre-registration level.

[7] https://www.nmc.org.uk/globalassets/sitedocuments/standards-of-proficiency/nurses/future-nurse-proficiencies.pdf

Inclusive and accessible

3.33 The language and content of these proficiencies for SPQs were praised for their inclusivity and, aside from the request to refer to children in the text, there were no suggestions about how they could be more inclusive.

3.34 The accessibility of the programme was raised as a concern by those that felt that at post-graduate level there was the potential to lose experienced nurses who might not meet the universities' entry requirements for a level 7[8] education programme. A few also felt that potential post-registration students could be deterred by the workload of an SPQ programme with an integrated prescribing qualification. However, other programme leads could see ways to widen access and address potential barriers to participation through being more flexible and innovative in the way they delivered the curricula.

Assessable and supportive of consistency

3.35 For those that opposed the layout and wanted to see specific standards under each field of community nursing, they felt that without that detail it would be difficult for students to demonstrate how they had achieved the proficiencies for SPQs, and for academic and practice colleagues to carry out their role as assessors.

3.36 In contrast, those who were comfortable with the content and layout of the proficiencies for SPQ felt that providing evidence would be straightforward because they were less prescriptive and so it allowed them to be creative and innovative as to how they met them and assessed them. These programme leads and lecturers saw their role as bridging any gap between the post-registration students' understanding of how to evidence the proficiencies and guiding them to the appropriate evidence for the different areas. One programme lead felt that simulation would help:

"*We have got a simulation area and I struggled to look at how to use the current standards. However, we now see how we can use it to assess. We have more scope for assessment with these new standards.*" (Programme lead)

3.37 There were specific comments about how elements within Platform 7 could be experienced and then assessed, for example 7.3 synthesising trends to forecast their impact and influence on community nursing and 7.7 influence the development and implementation of health and social care strategies at a local, regional, and national level.

3.38 In terms of consistency, the design and content of the draft proficiencies for SPQs to create that clear link to the pre-registration standards meant that the majority of users considered these proficiencies for SPQs as supportive of consistency and a natural and coherent progression across the pre- and post-registration programmes. They also commented that

[8] On the Qualification and Credit Framework (QCF) for England, Wales and Northern Ireland and is the equivalent to level 11 on the Scottish Credit and Qualification Framework (SCQF)

the detail and recurring themes across the platforms would help to ensure consistency across community nursing regardless of role, setting or geographical location which was a positive step for the profession. The minority that did not see this consistency wanted the field-specific standards to provide that additional detail so that the progression from pre-registration was more evident.

Summary

3.39 Overall, the majority of people in practice consulted about the draft proficiencies for SPQs met the proposed changes with enthusiasm. All could see the potential in the proficiencies for addressing modern day relevant practice and recognised the contemporary yet future-proofed nature of the language and content. However, a section of respondents, from both practice and education, wanted the SPQ roles defined in a similar manner to those in the draft SCPHN proficiencies, with specific standards and expectations for each community nursing field. This was seen as a way of maintaining the distinct identities of different roles. This has perhaps in turn precluded individuals from embracing the broader intentions of the draft proficiencies for SPQs.

3.40 There was no consensus about the V300 prescribing module. The DNs and GPNs, in particular, were encouraged by the inclusion of the V300, but others questioned the need for such a qualification.

4. Research findings – draft Standards for post-registration education programmes for SCPHN and SPQ programmes

Introduction

4.1 The NMC Standards for education and training ('Realising professionalism') are set out in three parts. Part 1, the Standards framework for nursing and midwifery education applies to all approved education institutions (AEIs) and their practice learning partners that deliver NMC approved programmes. Part 2 covers the Standards for student supervision and assessment and Part 3 addresses the programme standards specific to each approved programme.

4.2 This user testing focused on Part 3, -the draft Standards for post-registration education programmes, which set out the standards for post-registration programmes leading to the SCPHN and SPQ qualifications (referred to as the draft programme standards in this chapter).

4.3 In line with previously published programme standards, the draft programme standards are structured in a way that follows the student journey and are grouped under the headings of selection, admission and progression, curriculum, practice learning, supervision and assessment, and qualification to be awarded.

4.4 The research tested the usability of the draft programme standards with all types of users – programme leads, lecturers, academic assessors, quality leads, education leads in practice, practice assessors and supervisors, the public, and with SCPHN and SPQ students and registrants. The programme leads, lecturers and quality leads provided the most detailed views of these standards.

4.5 In this chapter we consider users' responses to the usability of the draft programme standards, reporting by each theme:

- comprehensible and communicable;
- comprehensive;
- applicable in all contexts;
- proportionate;
- accessible and inclusive; and
- assessable and supportive of consistency.

Comprehensible and communicable

4.6 The majority of participants, across all user types, considered the draft document to be easy to read, with a logical structure and language that was understandable. They liked the hyperlinks to other useful documentation and to the glossary:

"A good attempt to distil quite complex information, set out in a clear way and signposted to the additional information." (Programme lead)

4.7 The education providers, also involved in designing and delivering pre-registration programmes, said that the document had a familiar format and was consistent with other programme standards:

"*I think they are pretty straightforward. A bit scary in that they are quite open – but I welcome the capacity to work with service providers to devise programmes that meet their needs as well as NMC outcomes.*" (Programme lead)

4.8 The members of the public felt the document was clear and did not use jargon, so that anyone could understand them. They felt that the headings signposted the reader and were organised in a logical and chronological way.

4.9 However, there were particular details that programme leads wanted to see within the draft standards that would provide clarity for the design and delivery of the programme. In the main these were in relation to programme length and the balance between theory and practice. These and other clarifications are described in more detail in the next section.

4.10 In addition, a few in practice felt that it was not easy to understand their role within the draft programme standards:

"*They look at the academic provider rather than the practice educator – how do we work together to reflect the fact that there is practice here?*" (Practice assessor)

4.11 Other suggested changes were to the glossary with the request that – preceptorship, practice setting, practice assessor, practice supervisor – should be added and this would aid understanding within the document.

4.12 Although there was a call for more clarity on the above areas, the majority of users felt that the programme standards would be easy to explain to others, particularly those within the profession.

Comprehensive

4.13 Programme leads, lecturers, quality leads, academic and practice assessors and education leads in practice considered the extent to which the standards covered what was needed to deliver post-registration education and would, at the point of registration, result in practitioners capable of providing safe and effective care in their respective qualification and field of practice.

4.14 A series of additions, described at 4.20, were suggested to make the draft programme standards more comprehensive. The key changes, identified by the majority of educators, focused on programme length, the balance of programme content, and the integrated prescribing qualification.

4.15 The absence of detail about the length of the SCPHN and SPQ programmes and the split between theory and practice was raised by all the programme leads. They considered that

not specifying programme length was a weakness in the standards and, at the very least, they wanted a minimum requirement for the programme length. They also felt that, in a competitive marketplace, to leave the programme standards so open would mean some AEIs delivering shorter programmes would attract commissioners drawn to quicker and cheaper programmes. They felt that this would create instability in the system and so guidance on the length of the programme was essential to ensure that all AEIs delivered programmes where safety and quality were maintained.

4.16 A few programme leads in English AEIs talked about the apprenticeship programme. They felt that this programme would impact on the shape of future SCPHN and SPQ programmes and, as the apprenticeships would be employer-led, it was likely to prompt a shift to a shorter academic element with more time committed to practice. Therefore, these programme leads thought it was important and opportune to put minimum requirements on the academic aspect of the SCPHN and SPQ programmes to protect them from future erosion.

4.17 In contrast, others liked the flexibility and opportunities to deliver the post-registration programmes in different ways. Although a minority, these educators who liked the flexibility acknowledged the programme standards were not as prescriptive as the current ones, but they thought that the expectations were clear. These educators felt that they were now enabled to be creative and had more scope to talk to their partners in practice about what and how the SPQ or SCPHN programmes could be delivered. They also felt that including simulation gave them more possibilities to address shortfalls in workplace experience and they could look at new processes that would accommodate broader learning opportunities.

4.18 Other changes identified that would improve how comprehensive the standards were included more information about progression in section 1 rather than a focus on selection and admission and more prominence given to student support.

4.19 Although the programme standards should be read alongside *Part 1 Standards framework* and *Part 2 Standards for student supervision and assessment*, this was not well understood by all users. A few lecturers asked for the supervision arrangements and responsibilities to be more explicit and for more clarity about the learning environment:

"*The learner is at the centre of the process – which is good, however, there is not so much about the support for the learning environment.*" (Lecturer)

4.20 There were specific comments about elements within the five aspects of the programme standards that individuals felt needed more detail to make them more comprehensive. These were:

- 1.2 confirm on entry…has the academic capability to study – further guidance on what would be expected;
- 1.5 consider recognition of prior learning – what about overseas students?

- The wording of 1.6 that says 'where programmes integrate an NMC-approved prescribing qualification' – this could be interpreted as a choice;
- 2.6 set out the general and professional content necessary…– this would benefit from more detail and expansion for the draft proficiencies for SPQs where there are no field-specific standards;
- 3.1 liked the encouragement of self-funding but wanted more guidance as to how these students would gain the necessary practice experience;
- 3.3 provision of practice learning opportunities – wanted it to specify that this should be across a variety of settings so that post-registration students have a broader learning experience than their own SPQ field;
- 4.1 ensure student support, supervision, learning…– emphasise the difference between 4.2 and clarify that this relates to academic supervision, etc;
- 4.6 ensure practice supervisors have undertaken a period of preceptorship – more specifics, how long, how recent?
- 5.1 ensure that the minimum academic level…is at post-graduate level;
- 5.2.1 and 5.2.2 the NMC must be notified of their award within five years – query about the five-year period, seemed at odds with three-year revalidation and likely skills lapse, questioned the registration of the prescribing element normally within a year of qualification; and
- 5.3 states that the SCPHN and SPQ programmes 'includes an integrated prescribing qualification' – more clarity as to whether this could be the V300 or the V100.

The inclusion of the V300 qualification

4.21 The integrated prescribing qualification drew comments from all programme leads and the majority of lecturers. Again, there was division in users' views, although they all recognised that integrating the V300 would significantly increase the amount of academic and practice learning in an already full programme. For the universities working with NHS Trusts and Health Boards that did not permit prescribing amongst their current SCPHN or SPQ workforce, they felt that the V300 was unnecessary and, if it was integrated, their programmes would not reflect local need or priorities. They also saw the logistical challenge of supporting students in practice with a shortage of appropriately qualified staff to supervise them:

"*There is a problem with the V300. We only have two V300 people on my staff and so we don't have the infrastructure to deliver in practice. I'm not against it but we don't have the scaffolding to ensure we can do this.*" (Programme lead)

4.22 For those that saw the V300 qualification as a natural part of the progression of the post-registration standards, and who were increasingly seeing more V300 practitioners coming through to their SCPHN and SPQ programmes, they felt the change was necessary and

important for the future direction of the SCPHN and SPQ roles. They recognised that the practitioners needed to be in a workplace where they could use their prescribing competence which could be a challenge with some employers but, for these users, the inclusion of the V300 was future proofing the SCPHN and SPQ qualifications.

Delivering flexible curricula

4.23 For a few users, specifying the need for field-specific content gave more weight with their deans and senior leaders to ensure that the resources were available for specialists to teach on their field-specific programmes. Others felt that it would also help improve the links between AEIs and practice.

4.24 A minority of programme leads and lecturers felt that the standards made shared learning more viable across programmes delivered by their institution and they liked the flexibility that not specifying percentage of field specialism and programme length gave them.

4.25 However, the majority were concerned about the consistency across AEIs without some parameters about programme length and balance of theory and practice and as mentioned in the earlier chapters, they felt strongly that these elements of the SCPHN and SPQ programmes needed to be specified.

Applicable to all contexts

4.26 The majority of user testing participants, who felt able to give a view as to whether the standards were applicable to all contexts, considered that that the programme standards spanned the SCPHN and SPQ qualifications and were achievable and applicable to SCPHN and SPQ programmes, regardless of where in the UK they were delivered. The only challenge related to the integrated prescribing qualification was the design and delivery of the V300 within their programmes and, as already described, whether the qualification was relevant or appropriate in the parts of the UK or the Trusts or Health Boards where their post-registration students studied and worked.

Proportionate

4.27 When asked to consider how the level and requirements of the post-registration standards aligned with the pre-registration programme, the AEI users felt that the programme standards surpassed it and were appropriately ambitious and challenging for those moving to a post-graduate level.

4.28 When considering how the programme standards built on the learning from the pre-registration programme, several users pointed out that this was the case but only if you move from a related field, e.g., midwife or children's nursing to health visitor. It was not necessarily a natural or easy progression if, for example, you trained as an adult nurse and moved into health visiting because some of the basic experience and skills could be missing.

Accessible and inclusive

4.29 Overall, users felt the draft programme standards supported the aim of accessibility, equality, and inclusion. However, in terms of widening access, there was a concern that the academic expectations at post-graduate level could be a barrier to those experienced nurses/midwives who have been out of education for some time. To counter this, appropriate pathways within AEIs needed to be in place so that these registrants could still enter the programmes.

4.30 There was recognition that diversity amongst post-registration students was only possible if it happened and increased at pre-registration stage so that that the workforce continues to reflect society and communities as they progress in their careers.

4.31 A few users felt that the commitment to inclusion could be stronger, the reference "*adopt an inclusive approach to recruitment and selection*" should be extended so that it is not just referred to here but reflected in the curriculum (one lecturer gave the example that all the mannequins they use are white) and placement learning throughout the document.

4.32 OHN users highlighted that the draft standards had the potential to promote greater inclusivity and accessibility to SCPHN programmes as a result of the inclusion of self-funded or self-employed applicants. This was viewed as important to allow increased access to the programme for more registered nurses and midwives.

Assessable and supportive of consistency

4.33 Aside from those who sought clarity on specific points there were few concerns about evidencing the standards. The majority had the required systems in place for the quality assurance of their pre-registration programmes and they felt that these draft programme standards flowed on from that and so would align well with the quality assurance process[9]. The one concern raised was evidencing the skills of the practice assessment staff. The programme leads and lecturers misinterpreted the information within the programme standards and thought that the assessors needed to be from the same field as the SCPHN or SPQ student. *Part 2: Standards for student supervision and assessment*[10], which should be read alongside the draft programme standards, clarifies this point.

Summary

4.34 Overall, the users felt that the programme standards were well written, aspirational, and in keeping with the ambitious nature of the education programme and the future needs of the profession. Although there were elements that needed clarification, the concerns centred

[9] https://www.nmc.org.uk/education/quality-assurance-of-education/how-we-approve-education-programmes/

[10] https://www.nmc.org.uk/globalassets/sitedocuments/standards-of-proficiency/standards-for-student-supervision-and-assessment/student-supervision-assessment.pdf

around the SCPHN and SPQ programme length and balance of content and the readiness and ability of the current landscape to meet the challenge of the programme requirements, in particular the prescribing qualification.

5. Conclusions of the user testing

5.1 The feedback around the usability of the draft standards of proficiencies for SCPHN and SPQ and draft programme standards for their equivalent education programmes has seen some clear areas of consensus and others that have polarised opinion.

5.2 What is evident from our findings is that people recognised the need for the post-registration standards to be updated and welcomed these new drafts. They were encouraged by the contemporary language used, the commitment to using clear and accessible navigation and structure and the use of a glossary to define terms not commonly used.

5.3 There was also broad agreement that the proficiencies reflected the experience of autonomous practitioners and, for the SCPHN fields, communicated clearly what each field was about and what was required to fulfil it. There was general consensus of an ambitious and clear demarcation between pre- and post-registration standards.

5.4 In contrast, the use of common language around SPQ community nursing and the integration of a prescribing qualification has divided opinion. There were mixed feelings around the broad approach to the draft proficiencies for SPQs, with a belief that professional identities would be eroded without field-specific standards. Others noted there needed to be, at a minimum, a description of the different specialist community nursing fields included under the SPQ umbrella.

5.5 The inclusion of the integrated prescribing qualification dominated many discussions to the detriment of a full consideration of the draft standards of proficiencies and programme standards. While those working in fields such as district nursing and general practice nursing could see the merit in a prescribing qualification, and how it would be part of end-to-end care in future community nursing practice, in other fields like community learning disability nursing users could not see the value of prescribing and felt it detracted from their core responsibilities within their field-specific practice.

5.6 Perspectives here were influenced by role and experience. Our observation from undertaking this user testing was that, similar to previous testing, some users were focused on what has traditionally happened in the profession rather than looking at the future needs. However, there was a marked difference amongst those in practice and the students who appeared to be more receptive to how these SCPHN and SPQ proficiencies applied or could apply to their field-specific practice. From their contributions to questions like preparing for future practice challenges, their experience of those in practice seems to have been influenced by the exceptional circumstances of the last 18 months and this, possibly, provided more clarity as to what was needed in the future and left students and practitioners better equipped for embracing change.

Table 5.1: Summary of key findings by usability theme

Usability theme	SCPHN	SPQ	Programme standards
Comprehensible and communicable	– Users liked structure and overall content. – Users thought the standards captured essence and importance of their field-specific practice. – Users liked spheres of influence and found the structure logical.	– Users liked that the seven platforms mirrored organisation of pre-registration nursing standards. – Users found the structure easy to follow, liked the clear sections. – Users found language understandable and familiar. – Some felt it was too generic and needed field-specific standards – or at the least a description of each community nursing field.	– Majority thought it had a logical structure, was easy to read and used understandable language. – Users said they would find it easy to explain to others. – Majority wanted clear guidance on programme length and balance between theory and practice.
Comprehensive	– General view was that core standards capture the essence of specialist community public health nursing and specific standards highlight distinctions between fields. – No real omissions identified in core standards. – HV wanted more on safeguarding. – OHN unsure about using the term 'person centred practice'. – SN felt it was an 'ideal world' picture of their practice which was defined by needs of area. – V300 welcomed by HV but not seen as necessary by OHNs. SNs saw it would increase autonomy but responsibilities within their practice would need to change to maximise prescribing opportunities.	– The majority of users felt that the proficiencies were comprehensive. – Those that did not, felt they either had too much detail and would be difficult to deliver or alternatively lacked field-specific detail and were too generic. – There were concerns from those providing the education programmes about the inclusion of the V300 in terms of the volume of work needed to deliver it alongside an already ambitious programme for SPQ. They also anticipated challenges with the logistics of securing those in practice with the prescribing experience to support the learners on placement.	– The majority wanted a specified minimum length of an education programme. – Requests for guidance on the balance required between practice and theory. – There were concerns about the V300 in terms of: employer restrictions that prevented current SCPHN or SPQ workforce from prescribing; the logistical challenge of incorporating the prescribing qualification into an already crowded curriculum; and the ability to support students on placement.

Usability theme	SCPHN	SPQ	Programme standards
Applicable to all contexts	– The majority felt the proficiencies applied regardless of location, while acknowledging that there would be differences in local need. – A minority felt that the proficiencies went too far and represented a mismatch between ambition and 'what was needed on the ground'.	– There was no consensus over whether proficiencies for SPQs could apply regardless of specialism, with requests for field-specific standards, viewing them as essential to the identity and delivery of a specialism, and others embracing the flexibility of a more generic approach.	– The majority felt that standards spanned both SCPHN and SPQ and were achievable and applicable regardless of location. – A minority felt that inclusion of the V300 was not appropriate for the needs of the Trusts or Boards in their areas.
Proportionate	– The majority considered these proficiencies as a 'step-up' from pre-registration standards. – Users noted that the spheres allowed practitioners to work at a higher level.	– Users easily identified that the proficiencies surpassed those of Future Nurse as the platforms were aligned. – Users wanted to see more detail around clinical skills required and competencies in different fields of community nursing.	– The majority viewed the standards as surpassing and appropriately ambitious for a post-graduate level. – Minority noted that the learning described only built on pre-registration in related fields (not if you were moving from one field to another).
Accessible and inclusive	– The majority of participants expressed the view that the proficiencies promoted inclusive practice and they highlighted the use of inclusive language. – A minority expressed concern that the academic standards required would render the proficiencies inaccessible for returners who were clinically proficient but not experienced in academia. (Although noted that this was for the AEIs to address).	– The language and content of these draft proficiencies were praised for their inclusivity and, aside from the request to refer to children in the text, there were no suggestions about how these proficiencies could be more inclusive.	– Overall, users felt the draft standards supported the aim of accessibility, equality, and inclusion. However, in terms of widening access, there was a concern that their own academic expectations at post-graduate level could be a barrier to those experienced registrants who have been out of education for some time.

Usability theme	SCPHN	SPQ	Programme standards
Assessable and supportive of consistency	– Users felt proficiencies would be easy to evidence. – Users commented that not all areas of experience could be covered before qualification, making them harder to evidence.	– Opinion was divided: for those who thought a common approach to proficiencies worked well, this was echoed in the assessment, seen as flexible and easy to apply. Those that felt there should be field-specific standards thought this should also be the case to assess against.	– There were no real concerns about the assessability of the programmes.

APPENDIX 1: LIST OF ALL EDUCATION INSTITUTIONS APPROVED TO DELIVER NMC POST-REGISTRATION SCPHN AND SPQ QUALIFICATIONS

AEI	SCPHN			SPQ				
	HV	OHN	SN	CCN	CLDN	CMHN	DN	GPN
Anglia Ruskin University	✓		✓				✓	
Birmingham City University	✓		✓				✓	
Bournemouth University	✓		✓					
Brunel University London	✓	✓	✓					
Buckinghamshire New University	✓		✓	✓			✓	
Canterbury Christ Church University	✓		✓					
City University, London	✓		✓				✓	
De Montfort University	✓		✓				✓	
Glasgow Caledonian University	✓						✓	
Glyndwr University	✓		✓	✓			✓	
Keele University	✓		✓				✓	
King's College London	✓		✓				✓	
Leeds Beckett University	✓	✓	✓				✓	
Liverpool John Moores University	✓		✓	✓			✓	
London South Bank University	✓	✓	✓				✓	
Manchester Metropolitan University	✓		✓				✓	✓
Oxford Brookes University	✓		✓	✓			✓	
Queen Margaret University	✓		✓				✓	
Robert Gordon University	✓		✓				✓	
Sheffield Hallam University	✓		✓				✓	
Staffordshire University							✓	
Swansea University	✓		✓				✓	
Teesside University	✓	✓	✓				✓	
University Campus Suffolk	✓		✓				✓	
University of Bedfordshire	✓		✓				✓	
University of Bolton	✓						✓	
University of Brighton	✓		✓				✓	✓
University of Cardiff	✓						✓	✓
University of Central Lancashire	✓		✓	✓			✓	✓
University of Chester	✓	✓	✓	✓	✓	✓	✓	✓
University of Cumbria	✓	✓	✓		✓		✓	✓
University of Derby	✓	✓	✓				✓	✓
University of Gloucestershire							✓	
University of Greenwich	✓		✓				✓	

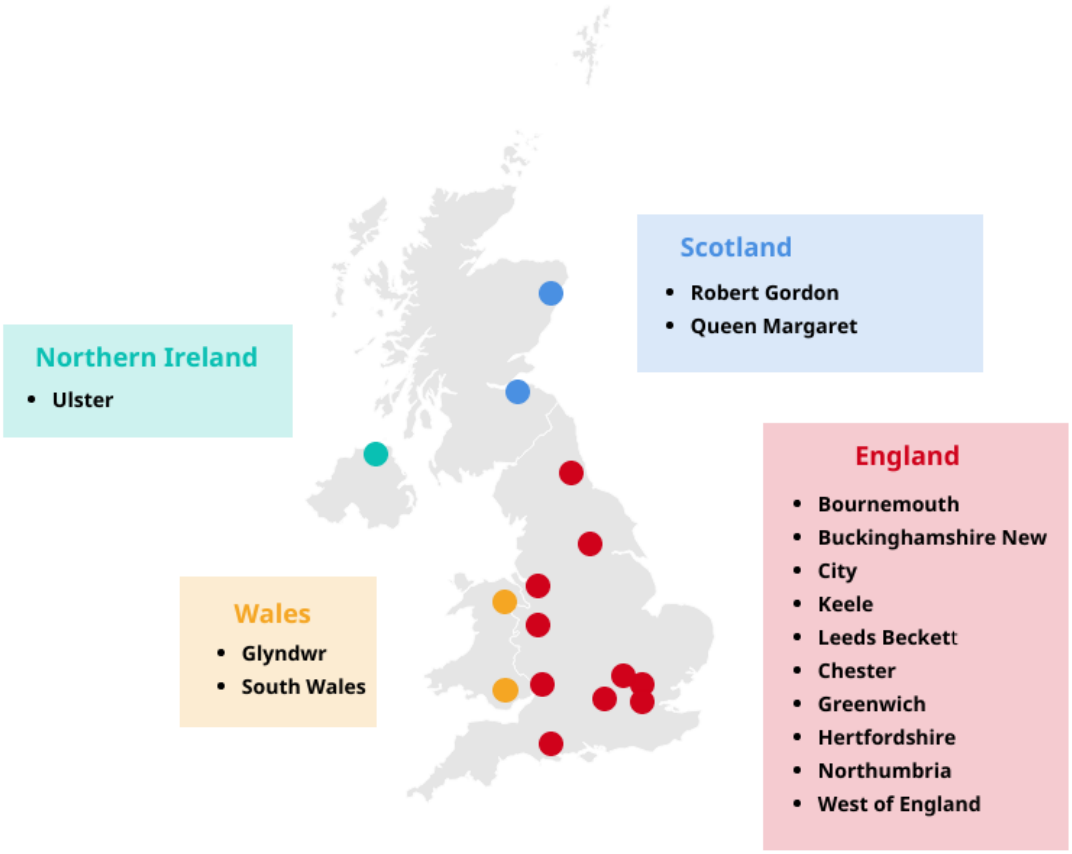
AEI	SCPHN			SPQ				
	HV	OHN	SN	CCN	CLDN	CMHN	DN	GPN
University of Hertfordshire	✓		✓	✓			✓	✓
University of Huddersfield	✓		✓				✓	
University of Hull	✓		✓				✓	
University of Northampton	✓		✓					
University of Northumbria	✓		✓				✓	
University of Plymouth							✓	
University of Southampton	✓		✓	✓			✓	
University of South Wales	✓	✓	✓	✓	✓		✓	✓
University of Stirling	✓							
University of Suffolk	✓		✓				✓	
University of Surrey	✓		✓	✓			✓	✓
University of Ulster	✓		✓	✓	✓	✓		✓
University of the West of England	✓	✓	✓				✓	
University of the West of Scotland	✓	✓	✓				✓	
University of Wolverhampton	✓		✓				✓	✓

Based on NMC approvals as of September 2020

APPENDIX 2: LOCATION OF PARTICIPATING APPROVED EDUCATION INSTITUTIONS (AEI)

A selection of 15 AEIs across the UK helped us to recruit programme leads, lecturers, academic assessors, quality leads, students, and service users. Figure A2.1 sets out these AEIs' locations.

Figure A2.1: Location of participating AEIs



The profile of students and recently qualified SCPHNs/SPQs who took part in interviews is provided in Appendix 3, Appendix 4 contains a profile of registrants, and details of service users are in Appendix 5.

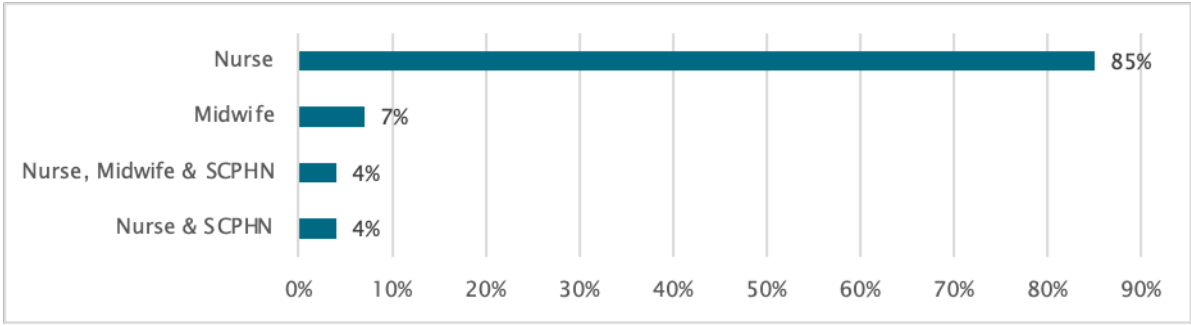
APPENDIX 3: PROFILE OF USERS – STUDENTS AND RECENTLY QUALIFIED SCPHNS/SPQS

Thirty nurses and midwives who were studying towards a SCPHN or SPQ qualification, or had recently qualified, took part in a one-to-one telephone interview. Twenty-seven of these students/recently qualified completed a profile form, and this profile information is detailed below in terms of their registration status, field of study, sector, location, age, gender, ethnicity, and disability. Three interviewees did not complete a profile form.

Registration status

Interviewees were asked to specify their status on the NMC register. The majority of the 27 interviewees who completed a profile form were registered as nurses (23, 85%). Two (7%) were midwives, one was registered as a nurse, midwife and SCPHN (4%) and another one as a nurse and SCPHN (4%).

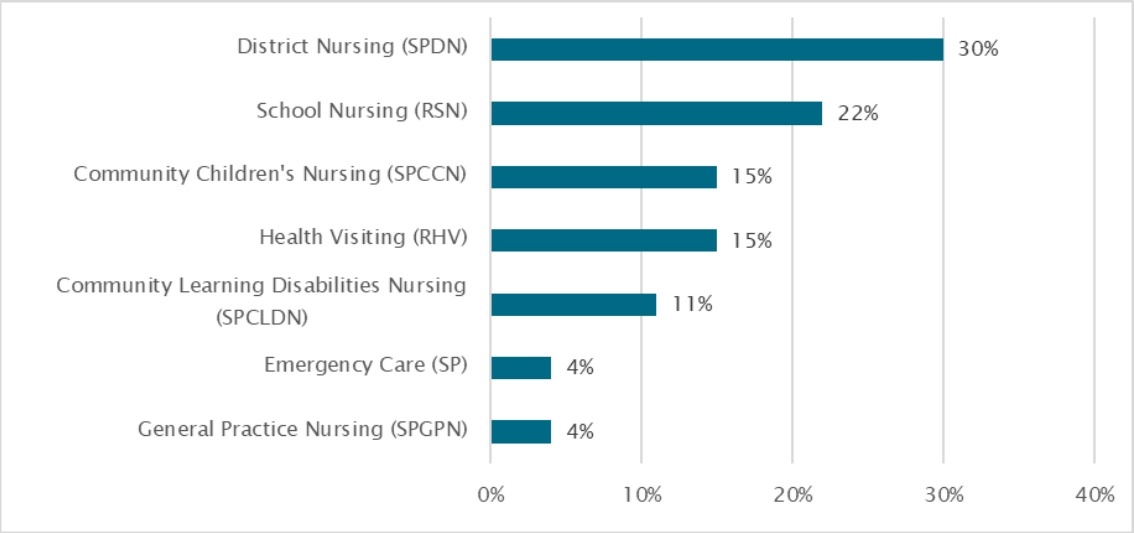
Figure A3.1: Registration status (n=27)



Field of study

Interviewees were also asked about their field of post-registration study. The largest proportion of the 27 who completed a profile form were working towards or had recently completed an SPQ in District Nursing (8, 30%), followed by School Nursing SCPHN (6, 22%), Community Children's Nursing SPQ (4, 15%) and Health Visiting SCPHN (4, 15%). Three (11%) were studying for an SPQ in Community Learning Disabilities, one (4%) a non-NMC approved specialist post-registration qualification in Emergency Care and one (4%) an NMC SPQ in General Practice Nursing.

Figure A3.2: Field of study (n=27)



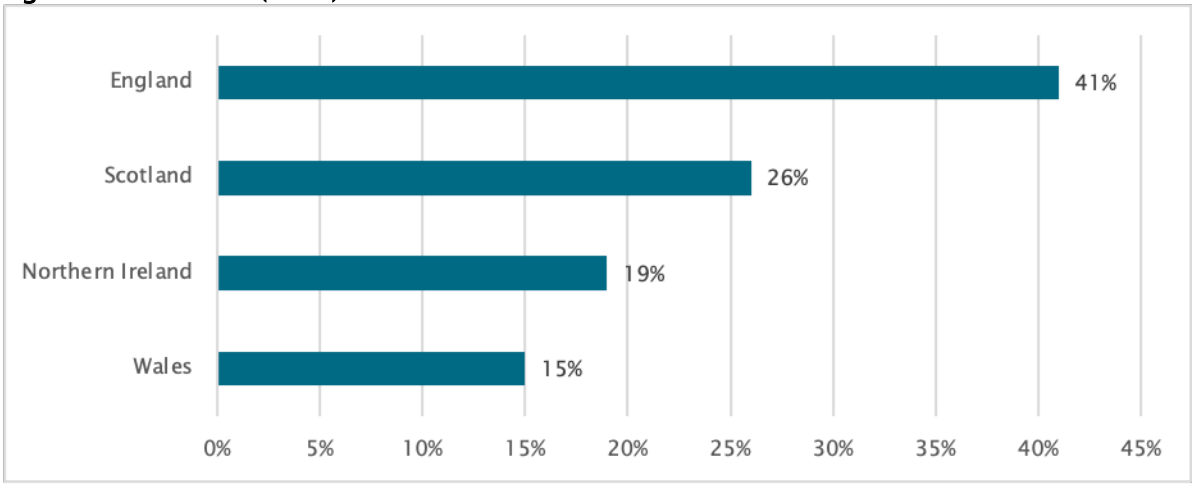
Sector

All (27, 100%) reported that they work in the NHS or public sector, and one (4%) said they also work in the independent/private sector.

Location

Of the interviewees who completed a profile form, 11 (41%). lived in England, seven (26%) lived in Scotland, five (19%) in Northern Ireland and four (15%) in Wales.

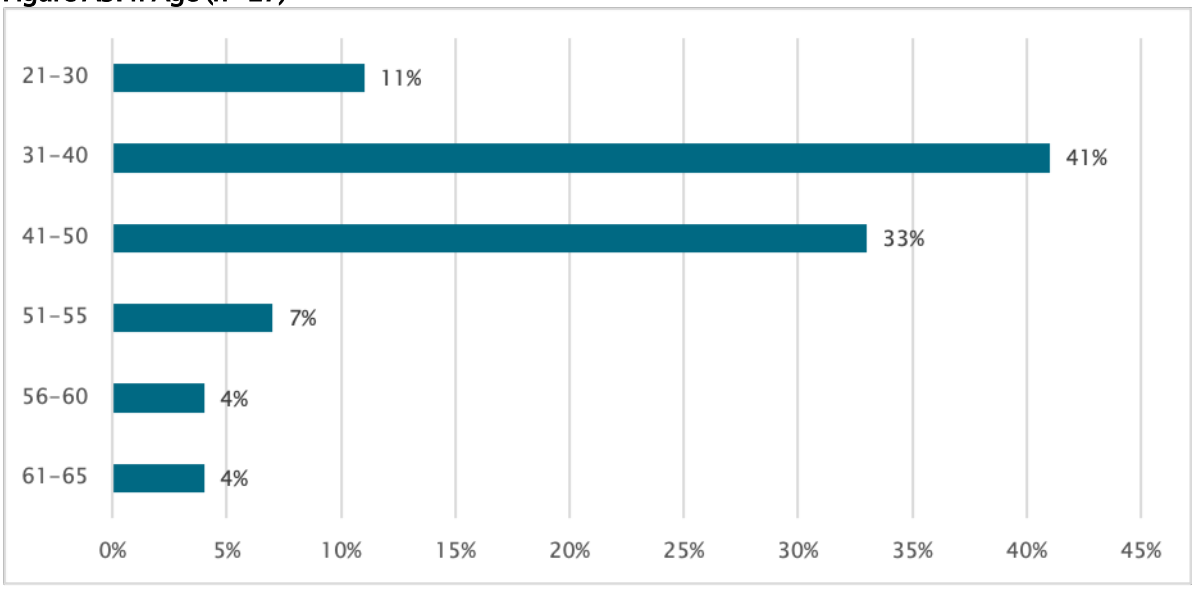
Figure A3.3: Location (n=27)



Age

The majority of interviewees who completed a profile form were aged between 31 and 50 (20, 74%). Four (15%) said they were over 50, and three (11%) were under 30.

Figure A3.4: Age (n=27)



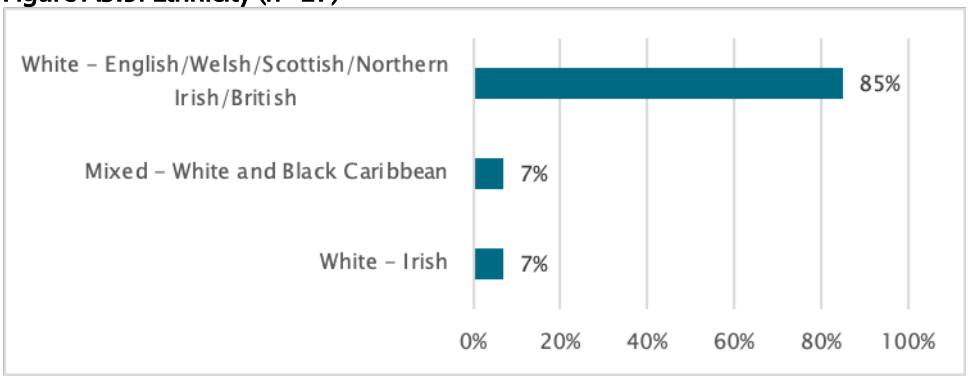
Gender

Of those who completed a profile form, one interviewee was male and the rest (26, 96%) said they were female.

Ethnicity

The majority of interviewees (23, 85%) who completed a profile form, described themselves as White English, Welsh, Scottish, Northern Irish or British. Two (7%) described themselves as Mixed ethnicity (White and Black Caribbean) and two (7%) were White Irish.

Figure A3.5: Ethnicity (n=27)



Disability

Two (7%) of the 27 students who completed a profile form reported that they have a disability and 25 (93%) said they do not.

APPENDIX 4: PROFILE OF USERS – REGISTRANTS

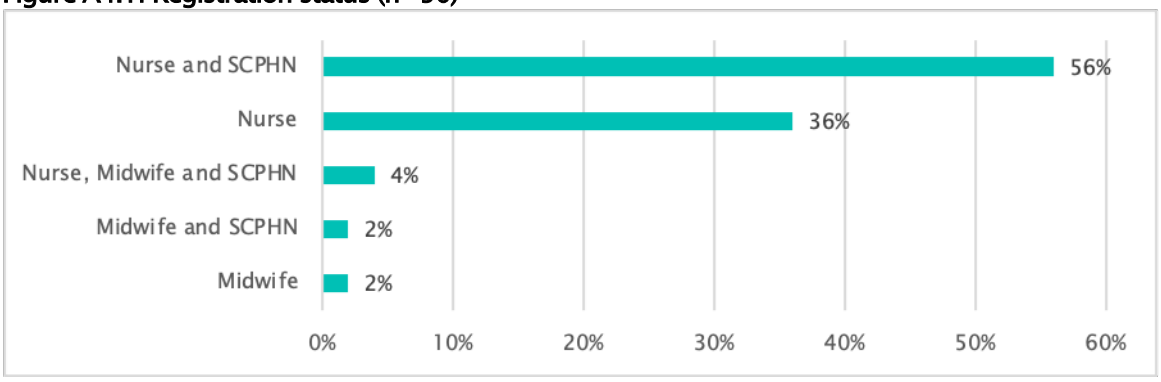
Fifty registrants took part in a one-to-one telephone interview. Below we provide a profile of these registrants in terms of their registration status, length of time since registration, field of practice, sector, location, age, gender, ethnicity, and disability.

All 50 completed a profile form, but some did not answer every question, so in some cases the data is based on fewer than 50 responses.

Registration status

Interviewees were asked to tell us their current registration status with the NMC. The largest proportion of registrants were registered with the NMC as a nurse and SCPHN (28, 56%). Eighteen (36%) were registered as a nurse, two (4%) as a nurse, midwife and SCPHN, one (2%) as a midwife and SCPHN, and one (2%) as a midwife.

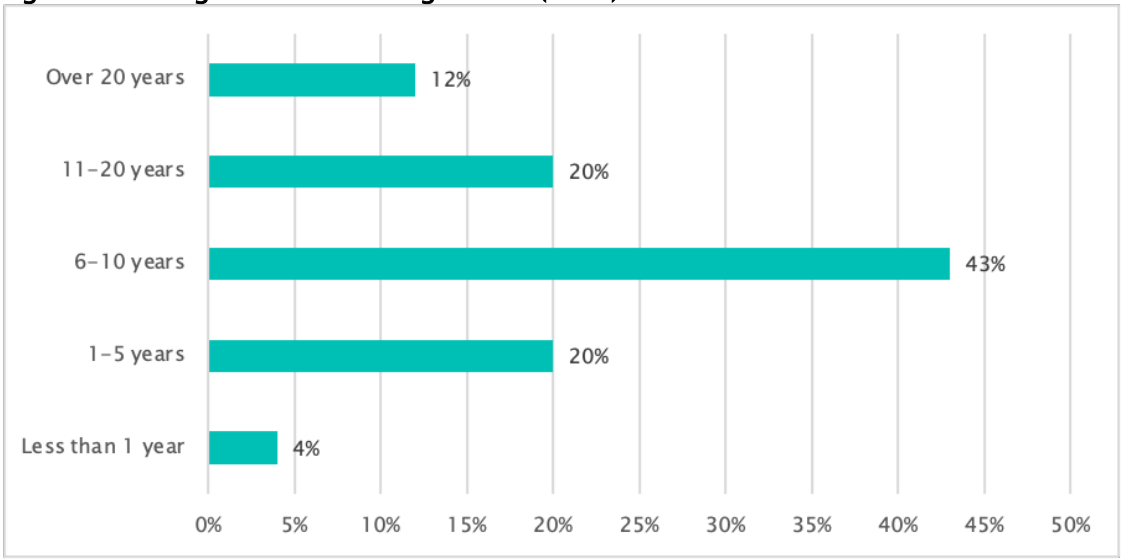
Figure A4.1: Registration status (n=50)



Length of time since registration

Just over two-fifths of interviewees (21, 43%) had been registered with the NMC for between six and ten years, ten (20%) for between one and five years, while two (4%) had been registered for less than one year.

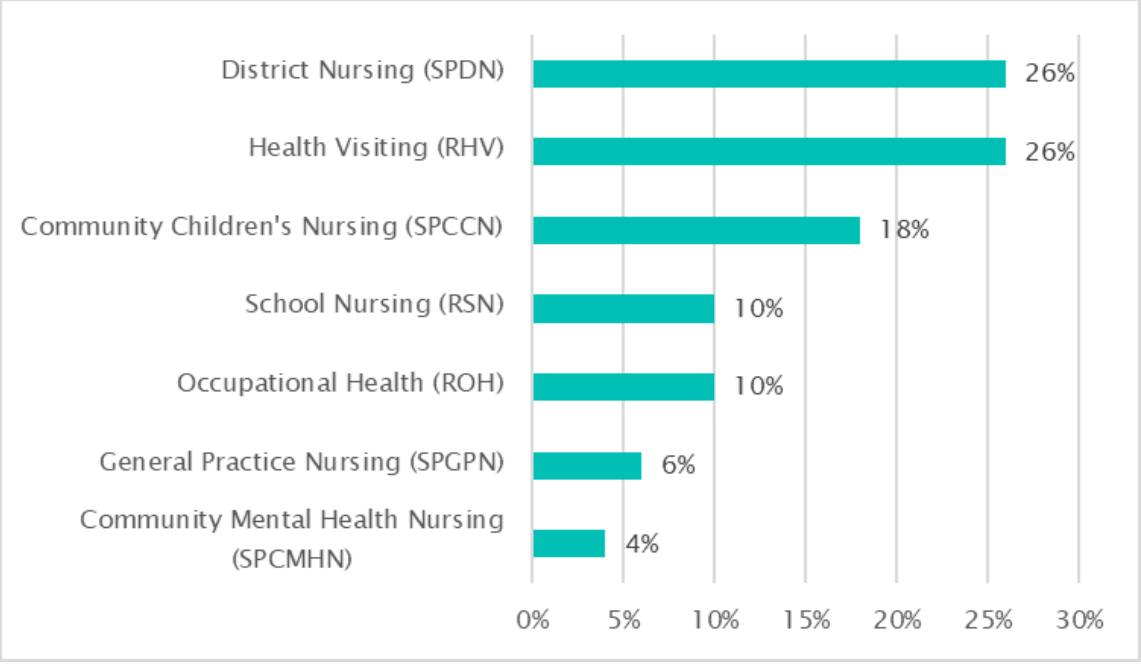
Figure A4.2: Length of time since registration (n=49)



Field of practice

Interviewees were also asked about their field of post-registration practice. Interviewees were drawn from various fields, with the two most common being District Nursing and Health Visiting (both 13, 26%), followed by Community Children's Nursing (9, 18%).

Figure A4.3: Field of practice (n=50)



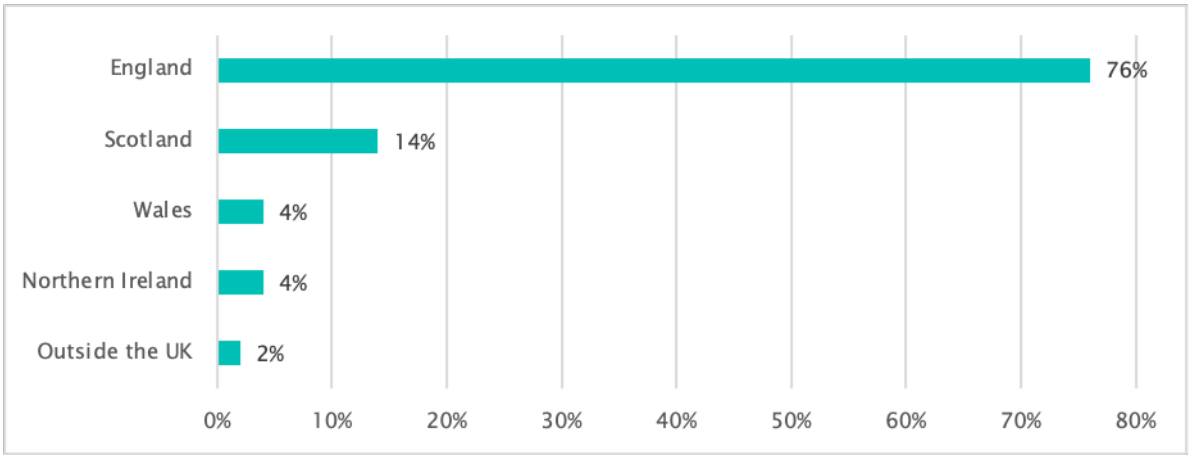
Sector

Thirty-nine interviewees provided details of the sector(s) they work in. Over four-fifths (32, 82%) reported that they work in the NHS/public sector, five (13%) in the independent/private sector and two (5%) in the voluntary or third sectors.

Location

Just over three-quarters (38, 76%) of interviewees reported that they live in England, seven (14%) in Scotland, two (4%) in Wales, two (4%) in Northern Ireland and one (2%) outside the UK.

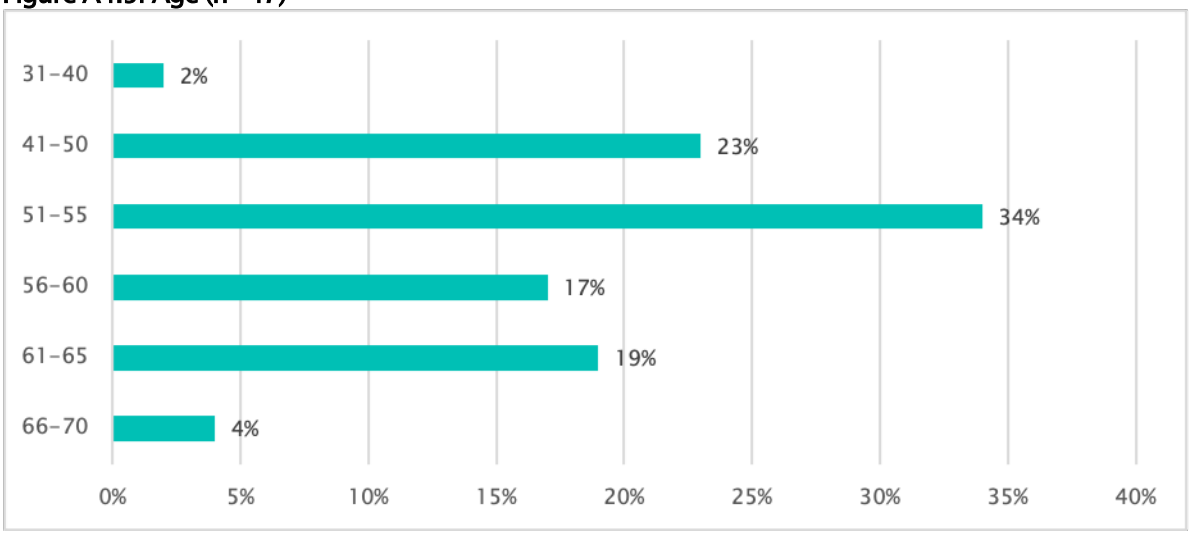
Figure A4.4: Location (n=50)



Age

Twenty-seven interviews (57%) reported that they were aged between 41 and 55, while 17 (36%) were aged between 56 and 65.

Figure A4.5: Age (n=47)



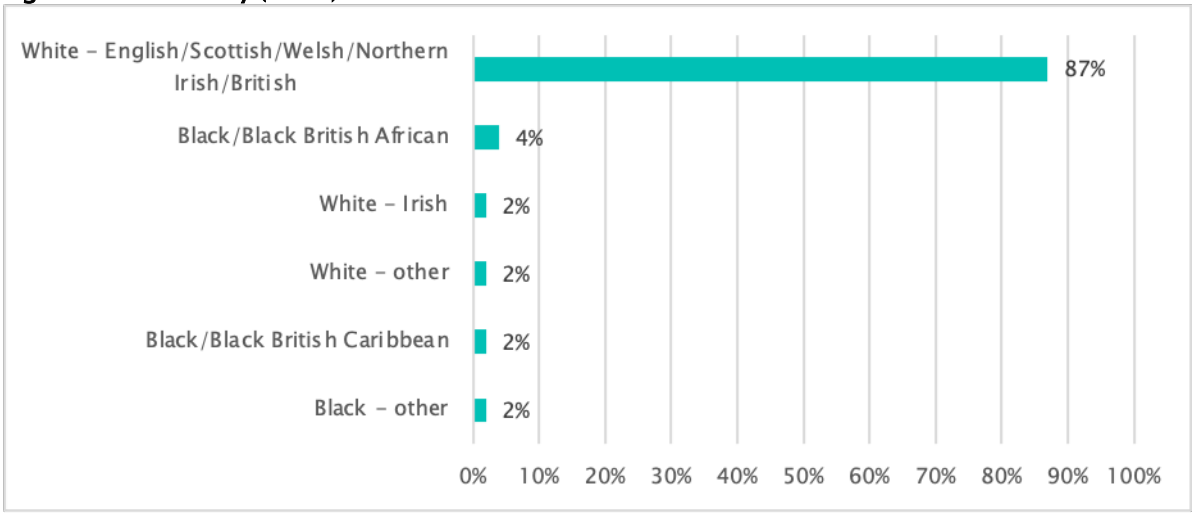
Gender

Forty-seven interviewees (98%) were female and one (2%) was male.

Ethnicity

The majority of interviewees described themselves as White English, Scottish, Welsh, Northern Irish or British (41, 87%).

Figure A4.6: Ethnicity (n=47)



Disability

The majority of interviewees (43, 91%) reported that they have no disabilities, but four (9%) reported a disability.

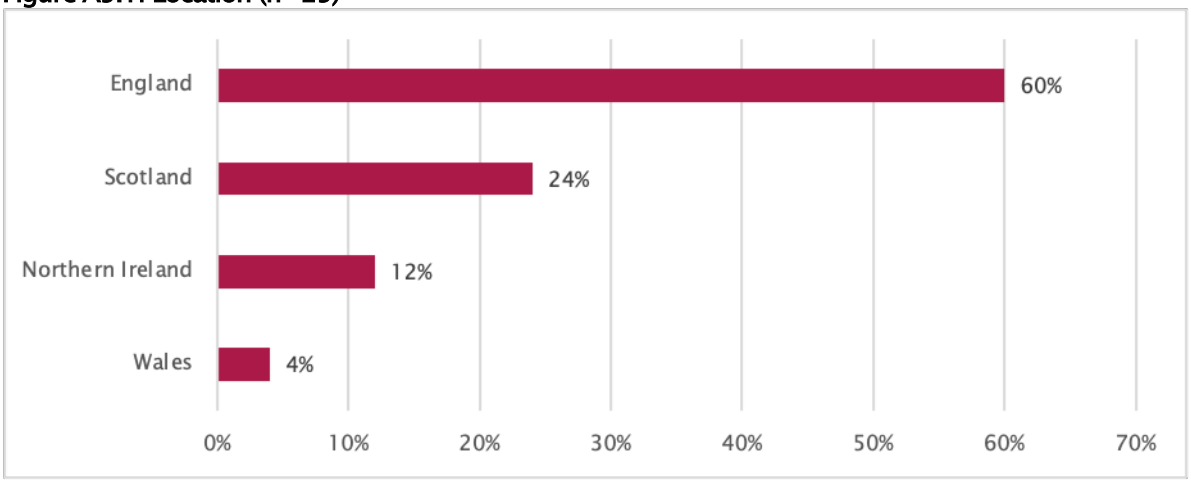
APPENDIX 5: PROFILE OF USERS – SERVICE USERS

Thirty members of the public took part in a one-to-one telephone interview. Twenty-five of these completed a profile form, and details about their profile are given below. This includes information about their location, age, gender, ethnicity, disability, and health status.

Location

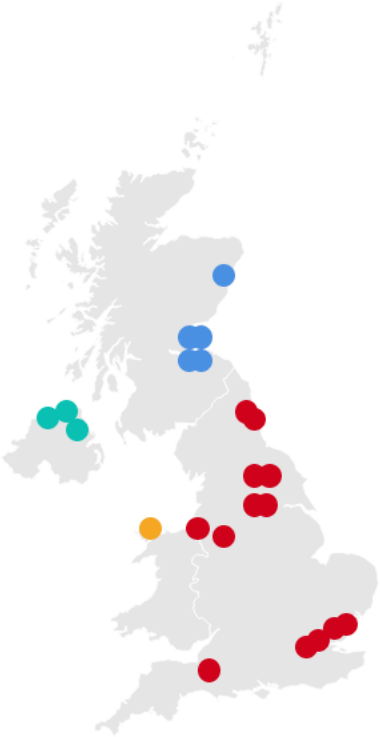
The majority of interviewees reported that they lived in England (15, 60%), six (24%) in Scotland, three (12%) in Northern Ireland and one (4%) in Wales.

Figure A5.1: Location (n=25)



In addition, 22 service users provided details of their postcode, and Figure A4.2 provides more precise information about the spread of the interviewees across the UK.

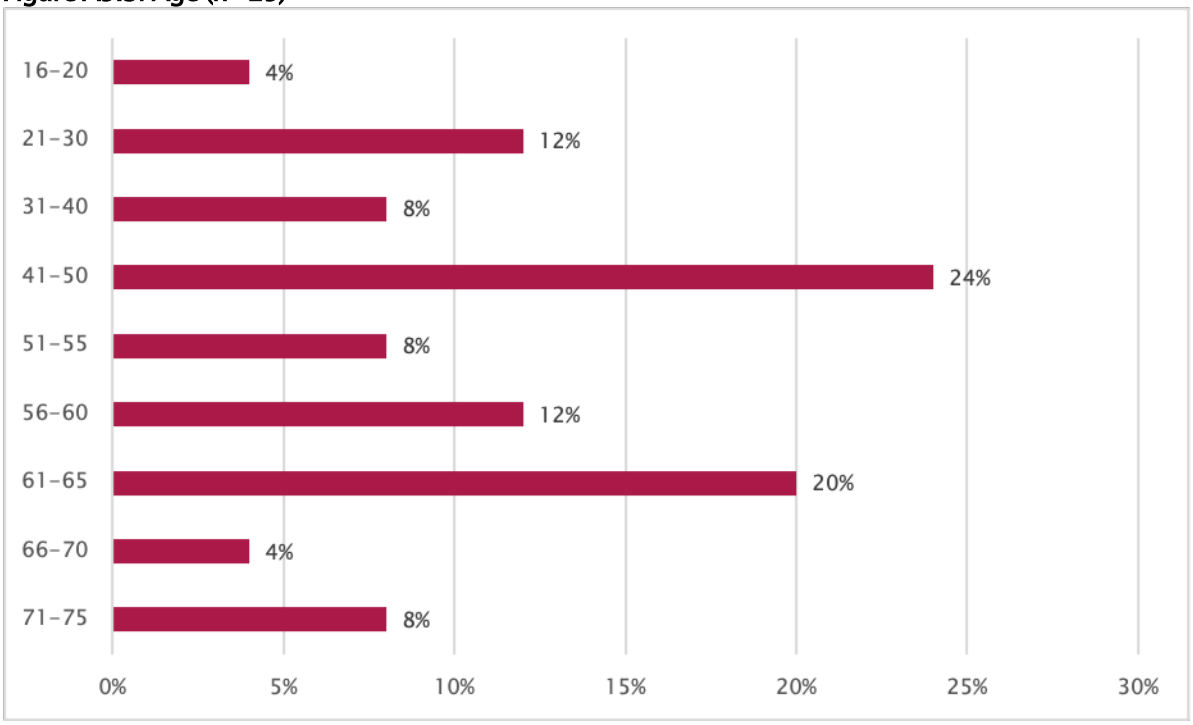
Figure A5.2: Map of interviewees' locations



Age

There was a spread of interviewees across the age spectrum, with the largest proportions being between 41 and 50 or 61 and 70 (both 6, 24%).

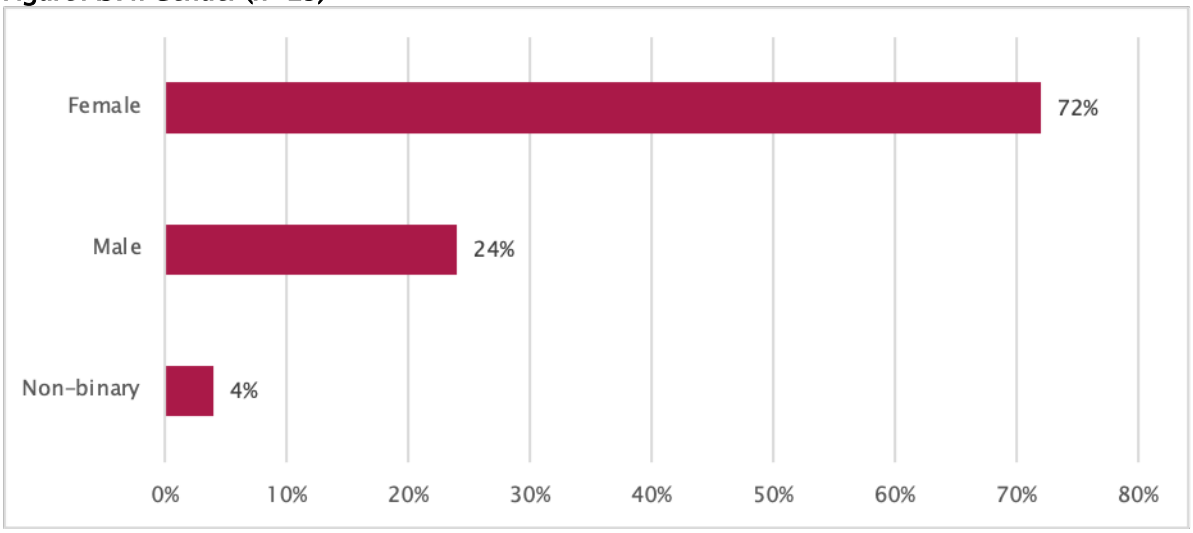
Figure A5.3: Age (n=25)



Gender

The majority of interviewees described themselves as female (18, 72%), six (24%) as male and one (4%) as non-binary.

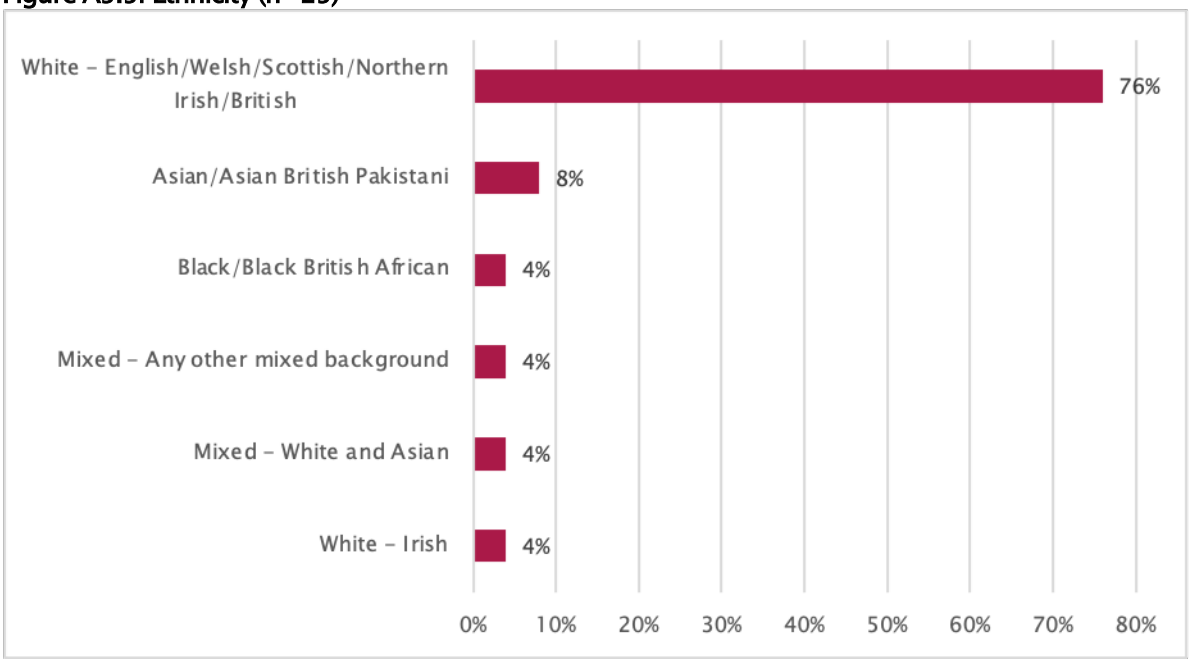
Figure A5.4: Gender (n=25)



Ethnicity

The largest proportion of interviewees were White English, Welsh, Scottish, Northern Irish or British (19, 76%).

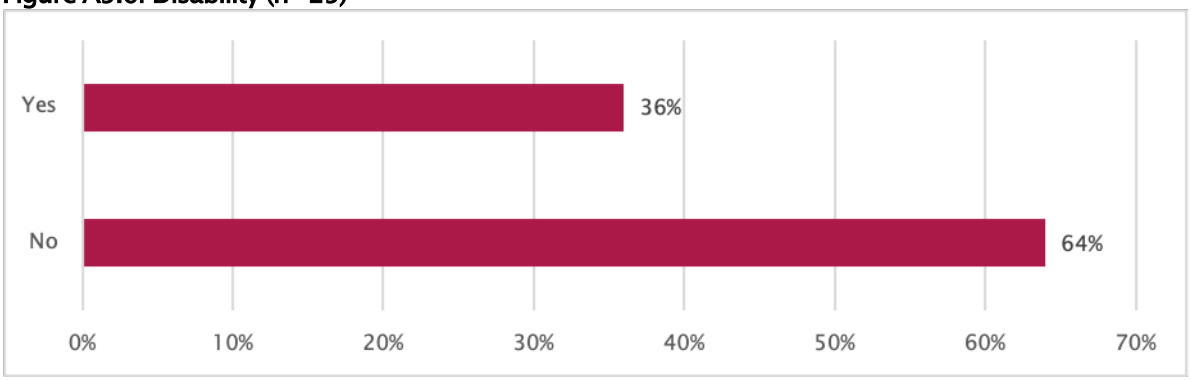
Figure A5.5: Ethnicity (n=25)



Disability

Nine interviewees (36%) said they have a disability while 16 (64%) said they do not.

Figure A5.6: Disability (n=25)



Health status

Thirteen interviewees (54%) reported that they have a long-term or chronic health condition, and eleven (48%) stated that they currently have, or have had in the past, mental ill health for which they have received treatment.

Figure A5.7: Long-term or chronic health conditions (n=24)

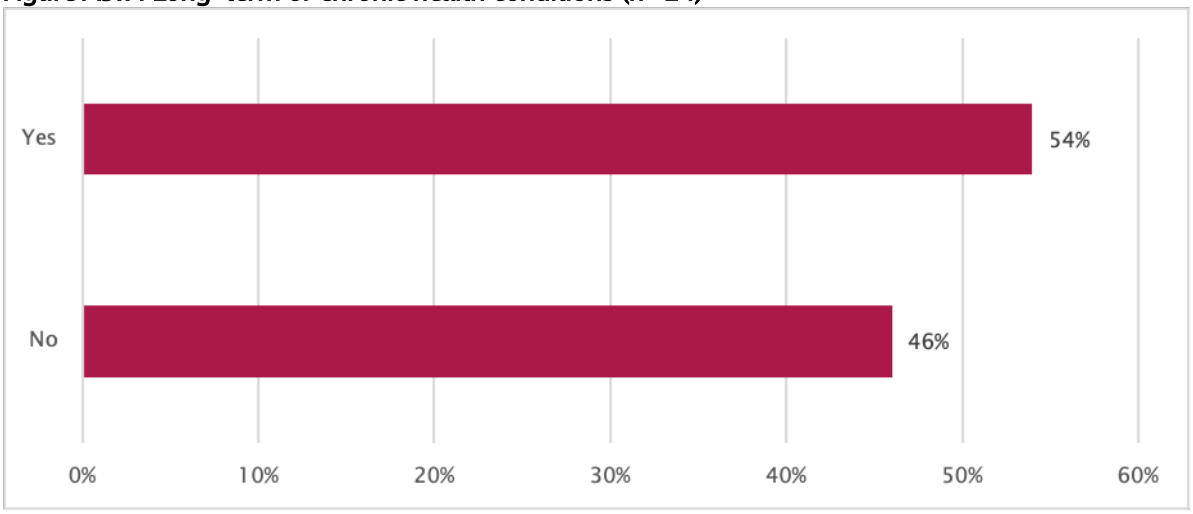


Figure A5.8: Mental ill health (n=23)