Post Registration Standards Steering Group

Meeting held virtually at 10:00 on 2 September 2020 via Go To Meetings platform

Chair and presenters: David Foster (chair); Andrea Sutcliffe (NMC Chief Executive and Registrar); Geraldine Walters (Executive Director, Professional Practice, NMC); Anne Trotter; Independent SME Chairs: Owen Barr; Deborah Edmonds; Gwendolen Bradshaw.

Attendees: Alison Leary; Angela McLernon; Angela Parry (replacement for Stephen Griffiths); Cheryll Adams; Crystal Oldman; Gill Walton; Jane Beach; Joanna Elliott; John Lee; Lola Oni; Maggi Clarke; Margaret Willcox; Maria McIlgorm; Penny Greenwood.

NMC: Aditi Chowdhary-Gandhi; Anne Bender; Caroline Kenny; Charlotte Davies; Chris Bell; Liz Allcock; Peter Hudson; Rachel Craine; Suma Das; Wonu Abdul.

Apologies: Andrew Gilbey; Jane Harris; Jean White; Mark Radford; Nichola Ashby; Victoria Bodger.

Meeting notes

Welcome and introductions (David Foster)

DF opened the meeting and welcomed all attendees. He thanked the group for their work and input so far, and for their support and help in keeping the momentum going. The overall purpose of the meeting was to provide an update on activities since the last meeting. Members were reminded to update any new declarations of interest. They were advised that the NMC had received a proposal from the Queen's Nursing institute (QNI) on the review of the post-registration standards which would be considered in due course.

Notes of previous meeting

The notes of the meeting held on 24 June were approved with no amendments.

CA asked if the notes of the meeting held on 25 June could be strengthened around the four principles of health visiting and their importance. It was felt that the influence of healthy visitors on policy and national lobbying had been lost. There was a growing momentum to get autonomy and influence back into the profession and for health visitors to affect change at both an individual level and at a community level. These points were noted in this meeting's note and would feed into the ongoing standards development work.

Updates

Anne Trotter gave a reminder of the aims of the project, and an update on activity that had been undertaken since January. This included details of engagement activities undertaken so far and evidence collated, and how that evidence has been embedded

into our approach. Taken as a whole this exhibited and highlighted the contribution of colleagues and genuine co-production approach to developing new draft standards and content.

Owen Barr gave an update on proposals for SPQs, including highlighting the challenges, wider evidence and vision, and set out our progress in developing the new SPQ draft standards content together with the emerging themes that were coming out of ongoing engagement activities.

Deborah Edmonds gave an update on progress in developing the new draft core and bespoke SCPHN standards and the emerging themes that were coming out of ongoing engagement activities.

Gwendolen Bradshaw gave an update on progress in developing the new programme standards for SCPHN and SPQ programmes and the emerging themes that were coming out of ongoing engagement activities. Consensus has been reached on some of the proposals which will be put to consultation and then agreed.

Discussion

A number of questions were asked by PRSSG members during the meeting, both verbally and via the chatbox, and were responded to accordingly. These have been captured and summarised in a table, and are attached to these meeting notes in Annexe 1.

Other points were raised by PRSSG members as part of the discussion and these are summarised below as follows:

- The importance of multi-agency working and the need for some degree of 'midwifery aspects' for the education and training for health visitors was highlighted.

- The environment has to be right to enable the standards and people/professionals to thrive. If the environment is not right then the standards may not achieve what they set out to. It was recognised that it is not necessarily the role of the regulator to solve however the NMC will support and influence where needed, including implementation activity. It was acknowledged that the professions themselves have a role in creating and shaping the culture to thrive.

- In the wake of Covid 19 in particular, the scope for nurses to contribute in broader ways than ever before is here. The NMC needs to use any influence or leverage to ensure that future SCPHNs and nurses with SPQs are attractive to employers as potential employees.

- The fact that the existing standards are so open to interpretation has led to problems caused by variations in programme outcomes and the subsequent skills held by professionals who have emerged as a result. The proficiencies and outcomes need to be consistent and SMART.

Next steps

Geraldine Walters updated on next steps, including ongoing communications and engagement activities, preparations for the formal consultation exercise which will begin early in 2021, and dates for future meetings and forthcoming webinars that attendees might be interested in promoting to their networks

Closing remarks

David Foster confirmed he had not been notified of any other business, and invited Andrea Sutcliffe to make some closing remarks.

Andrea stated that she was content with the progress that had been made so far, and the amount of input and quality of feedback by external colleagues had been fantastic, and had definitely given the team plenty to work with and build upon. Given the circumstances in which everyone was working at present, it was a vindication of the decision to continue with this work. She acknowledged there was still a lot of debate going on, and there was more work to be done before any draft standards were presented to Council. There was still enough time to listen to different views and create something genuinely fit to go out for public consultation. She emphasised the importance of hearing voices we don't hear from often.

Andrea also commented on the environment in which the new standards would land and what the NMC could do to assist in this. Within our new strategy, we are here to support and influence as much as we are to regulate, and we will engage widely to ensure that these post-registration roles are seen for what they are and are implemented in an appropriate way.

David thanked everyone for their attendance, input, efforts and enthusiasm, and formally closed the meeting.

Date of next meeting

The dates of the next meeting are 11 & 12 November 2020. These meetings will be held virtually.

Annexe 1

Post registration Standards Steering Group: Morning meeting. 20200902

	Question
Question 1	Given the evidence around the importance of the practice teacher in preparing SCPHNs for practice, are you or have you identified the elements of this relationship that are important and considered how/who will provide these in the new model of practice supervision and assessment?
Answer (AT)	We will be looking at supervision and assessment in the context of our work in developing new programme standards - and in particular in relation to Pillar four - supervision and assessment. This will only be finalised once we know the confirmed proficiency standards. This will also align to the new published standards for supervision and assessment (SSSA).
Question 2	Are we saying specialist is now a level of practice and also what is the criterion for quality of evidence and how will it be synthesised?
Answer (AT)	We have looked at what our legislation states in the context of these qualifications but we have also heard from people and read about how an advanced level of practice is seen in the registrants with these qualifications. Geraldine will want to come on this too.
Response	Thanks Anne, I wasn't aware that levels of practice were mentioned in the legislation, I will look it up.
Answer (GW)	We are concentrating on what the stakeholders believe are the required knowledge and skills which required regulation in the field of community nursing. We are trying not to muddy the water by getting into terminology of specialist and advanced at this point.
Response	That's an interesting approach Gerry. Personally, I think it is more than semantics.
Answer (CK)	Regarding the criteria for quality of evidence & how will it be synthesised. For the academic evidence review, where available we have relied on systematic reviews and meta analyses. Where these are not available, we haven't excluded any types of research or particular methods. Instead, we have highlighted where particular findings are drawn from studies with more limited methods (e.g. small sample sizes etc). We have included more information about the methods we've used in the annex to the review.
Response	I am somewhat confused now as SCPHN seems to have specialist as a sphere of practice (which it probably is) the SCHPN one seems more reflective of the four pillars too and the aspirations of the profession/safety cultures/public expectations.
Answer (AT)	We are sharing what we have heard and what is important - we are just about to go into the bespoke elements.

Response	Thanks Anne these seem fundamental issues.
Question 3	Has the issue of the SCPHN reflecting an advanced level of practice formed part of the discussions - exploring the four pillars of advanced practice against the emerging standards?
Answer (AT)	We discussed the format and structure of the standards and are currently using agreed 'working section headings'. These are not the four pillars but the standards will reflect key aspects of all four pillars in both SCPHN and SPQ draft proficiencies.
Question 4	I wonder about whether there will also be co-production meetings with the end users - the public, that feels essential to getting this right.
Answer (GW)	Yes we are already meeting with advocacy groups involving users, this is challenging given the pressures on the charitable sector at the moment, but it is definitely something that we are building in
Response	Thanks Geraldine, if we can help with that we will. We have built it into all our work over the past couple of years and it adds so much value in terms of making sure services/developments are what the users want as well as need.
Answer (AT)	As Gerry said we have had some engagement with advocacy groups - ones with children and young people and ones with those representing people with mental health and learning disabilities as well as those representing people with long term conditions and those people who are older.
Question 5	The application of the four principles is increasingly difficult if HVs are expected to continue focusing about 90% of their time and their role is on the 0-5 year old as opposed to targeting 'whole' local communities.
Answer (AT)	This dissonance is coming across, for example, looking at SCPHN practice across the life course while recognising that many are undertaking their roles and responsibilities within certain age groups. Also, people have been very giving of studies and evidence they are aware of and send these in and we look at these too.
Response (AT)	The role of the HV in theory is very different to what is going on in practice. Sadly, many HVs have told us that they are not given the opportunity to work with whole families or communities because their case load focus is on 0-5 year olds and families with social challenges. Employers may need to examine this and appreciate and promote the preventive role of the HV, SN and OHN.

Question 6	Would exploring the four pillars of advanced practice be helpful at this point to assist with the development of the standards and provide a vision of regulating an advanced level of practice for both SCPHN and SPQ?
Answer (GW)	Our standards encompass clinical practice, research, teaching and management. So, although they are currently organised within our regulatory standards blueprint, rather than in four pillars, it will be possible to align the content with any other advanced practice framework to allow RPL. The SPCHN groups we are engaging with are less convinced that they want an advanced *clinical* practice model.
Answer (AT)	We have looked at advanced practice frameworks across the four UK countries as part of our strategy and policy evidence gathering. It is fair to say that the four pillar topic areas are going to be part of the new draft standards.
Question 7	Health visitors don't just focus on 0-5s they also focus on other family members which includes a massive amount of mental health work in many different forms. This is why a cradle to grave approach in learning is so important so that HVs can pull in their wider knowledge of the health needs of different age groups. The biggest loss here was dropping the need to have midwifery in some context - minimally 3 months obstetric certificate. Mothers now don't get enough attention on their postnatal health needs - mental health yes, but not physical health related to the obstetric experience. It's fabulous to see that that has been picked up - your vision is totally reflected in the Principles of Health Visiting - their advantage is that the work has been done previously to reduce the work of the health visitor to 4 core statements which everything else fits under.
Answer (AT)	At this stage we are continuing to focus on the life course and a central tenet - as is mental health. Part of our mapping evidence is to consider the current SCPHN standards in the context of this work.
Question 8	Tackling health inequalities doesn't seem to be there but right now these are increasing and poverty is a massive theme for child outcomes.
Answer (AT)	Tackling health inequalities is definitely there.
Question 9	Has genomics been mentioned along the way? As it needs to be thought about in relation to the future, it's going to be so important very soon.
Answer (GW)	Genomics is in the pre-registration standards already. We will be asking our SME's what the proficiency around genomics should look like to represent a post registration level of proficiency.
Answer (AT)	Yes, genomics and epigenetics has been mentioned. We have a representative from the national genomics programme supporting us to get to the right place.

Question 10	Thank you for looking at the QNI paper in due course. Can you say something about how we might open up the debate about SCPHN and SPQ sharing a common set of standards of proficiency which reflect an advanced level of practice? There is so much sharing in practice and learning that it feels like it should be part of the consultation at this stage.
Answer (GW)	There are common standards emerging across SCPHN and SPQ. Where standards are articulating the same thing, they will look the same, but there is quite a divergence emerging in terms of what the SCPHN group see as core and what the SPQ groups regard as core.
Response (AS)	Referencing common standards in response to Crystal and Geraldine's comments - I think it would be good to do a compare and contrast to show the alignment and difference so we can all see and consider.
Question 11	Many practitioners feel disempowered, being unable to act autonomously makes it difficult to fulfil their preventive advocacy role.
Answer (AT)	Yes, we have heard some of this too and why we want to articulate those specific attributes around influence at social, national and political levels in the new standards as Deborah intimated.
Question 12	Programme standards - employers and universities (in the experience of the QNI developing voluntary standards) always asked for the length of the programme to be specified.
Answer (AT)	We did not specify the programme length in post registration nurse and midwife prescribing programmes - as mentioned this has focused on the time necessary to meet the programme outcomes and NMC standards.
Response	Thanks Anne - it will be good to see how universities and employers respond to the question of programme length. Programme length is also important for commissioners of the programmes. In my experience too in HE, employers often want a quick fix and the shortest programme so the NMC has the opportunity to provide the length and time of engagement.
Answer	We will have consultation questions that relates to the programme standards.
Answer	Thank you for comments in relation to the length of programme. The length of the programme will obviously be closely aligned to the level of academic award so based on your feedback today we will pick this matter up again when we discuss the academic award.

Response	I worry about not setting the length of programmes and I worry about setting one as it's a race to the bottom. Health visiting has always struggled to cover their curriculum needs in 52 weeks and new health visitors spend the next 2 years filling in their many gaps. For the future if government decides to invest in the HV workforce again then it's looking increasingly likely that there will need to be more rapid entry for those who bring experience, perhaps with a shorter route through nursing to start to fish in different ponds for applicants - those who really want to become health visitors but perhaps are put off by needing to be a nurse first. For these being able to focus on the parts of nursing they really need would be really helpful - this has happened in the past and could happen again. A future with an 18-month HV programme would make sense now and help with future recruitment and quality of service.
Question 13	Reflecting on comments and the realities of practice, the 'golden egg' is to take out the massive variation we currently see across England and across the UK. If you need help from a nurse, or as a mum, it's not acceptable that access to a quality response is so variable. Does this require a strong tie up with the CQC?
Answer (AT)	Thanks for this helpful comment - we often seek out system regulators views and engage with them to encourage them to respond to the consultation.
Question 14	In England DN Apprenticeship is Postgrad only.... if SPQ and SCPHN reflect an advanced level of practice postgraduate this seems logical for all.
Answer (AT)	Thanks - this is what we have also heard. Interestingly, there was resistance to this in the prescribing programme standards regarding academic levels when we consulted on this.
Response	Anne - in preparing the paper for the NMC, we heard how important it was to have a programme length which was shared. Prescribing was mentioned as being one which was unhelpfully being reduced in length for financial reasons.
Answer (AT)	Interesting - thank you. One aspect of our evidence is our own QA of education.
Question 15	Are the other regulators invited to comment on the proposals?
Answer (AT)	Yes, we also are having conversations with some of the medical royal colleges. So far we have spoken to HCPC, SWE some of the social care regulators in the DAs.

Question 16	Public engagement - how do you determine which public to target, are minority ethnic groups approached during consultation?
Answer (AT)	We have an EQiA that is regularly updated and a paper that we have worked through - we have also spoken to the Mary Seacole Trust among others. We have also sought views from leaders in relation to minority groups and have asked for their input. Lola and all - if you are aware or have contacts for seldom heard groups and minority groups - of if there are other approaches we should take then please do let us know.
Question 17	How does the consultation with other regulators influence commissioning behaviour across statutory heath care?
Answer (AT)	We normally publish our response to the consultation on our website and make it readily available. This includes health and care.