Nursing & Midwifery Council

Consultation response document

Post-registration standards review: Building on ambitions for specialist community, and public health nursing

July 2022

Introduction

1 We are the independent professional regulator for nurses and midwives in the UK, and nursing associates in England. Our vision is safe, effective and kind nursing and midwifery care that improves everyone's health and wellbeing. As the professional regulator of more than 758,000 nursing and midwifery professionals, we have an important role to play in making this a reality.

2 Our core role is to **regulate**. As part of this role, we develop education and proficiency standards for nursing and midwifery students and professionals across the UK. We maintain the register of professionals eligible to practise, and investigate concerns about nurses, midwives and nursing associates.

3 To regulate well, we **support** our professions and the public. We create resources and guidance that are useful throughout people's careers, helping them to deliver our standards in practice and address new challenges. We also support people involved in our investigations, and we're increasing our visibility so people feel engaged and empowered to shape our work.

4 Regulating and supporting our professions allows us to **influence** health and social care. We share intelligence from our regulatory activities and work with our partners to support workforce planning and sector-wide decision making. We use our voice to speak up for a healthy and inclusive working environment for our professions.

5 We set the standards of proficiency for all the professions we regulate and the education and training standards needed for the delivery of pre-registration and post-registration programmes. Approved Education Institutions (AEIs) interpret and apply those standards to develop the curricula that support the student journey and programme outcomes.

Overview of the education programme

6 We promote high quality, outcomes focused education and professional standards for nurses and midwives across the UK, and nursing associates in England. In 2016 we began a review of nursing and midwifery education to make sure that our education and training and proficiency standards remained fit for purpose in the changing landscape of health and care services, enable better and safer delivery of care, and are future-focused, outcome-based, proportionate and flexible. As part of this programme of change, our Council approved the development of a new suite of education and proficiency standards.

7 Our standards of proficiency set out what nurses, midwives and nursing associates need to know and be able to do, by the time they register with us.

8 Our education and training standards set out our expectations of education providers and their practice learning partners who locally manage and deliver NMC-approved programmes. They cover three parts:

- Part 1: Standards framework for nursing and midwifery education and training

- Part 2: Standards for student supervision and assessment

- Part 3: Education programme standards specific to the profession or specialist qualification on what we expect of each programme delivery.

9 The final part of the Education change programme has been the development of new standards of proficiency for specialist community public health nurses (SCPHN) and for community nursing specialist practice qualifications (SPQs), and the development of programme standards for those qualifications. These standards were last reviewed in 2004 (SCPHN) and 2001 (SPQ).

Background, initial scoping and pre-consultation engagement

10 In today's health and care services, the roles of nurses, midwives and nursing associates are changing and expanding. They require higher levels of clinical autonomy, knowledge and skill in order to achieve their full potential and to contribute to the delivery of services for the benefit of the people they serve. Everyone on our register is expected to undertake additional education and training after their initial professional registration to develop further knowledge and skills. But not all of this ongoing education is, or needs to be, regulated.

11 The landscape in which SCPHNs and community nurses with an SPQ are working has continuously evolved in recent years with changes in demographics, population health needs and increases in the range, complexity and volume of care being delivered in community settings. The four nations of the UK have developed their strategies that reflect their differing priorities and our post-registration standards similarly needed to evolve and be informed by these changes to enable professionals working in these roles to practise safely and effectively.

12 We take a proportionate approach to the regulation of post-registration qualifications. We reserve regulation for two areas where ensuring consistency in education helps achieve a higher level of quality and safety in order to mitigate risk and to reassure the public:

12.1 We set standards for SCPHN. Individuals can only enter the SCPHN part of the register if they are a registered level one nurse or midwife, and have successfully met all the requirements of their NMC approved SCPHN programme. Only those on our register can use the protected title of specialist community public health nurse.

12.2 We set standards for SPQs. These are annotations to our register. They indicate that a registered nurse has successfully undertaken an NMC-approved SPQ programme that meets our standards in a particular area of practice.

Design principles

13 At an early stage in this project we built on and agreed the design principles for our new post-registration standards of proficiency and our new standards for post-registration education programmes. Our intention was that our new standards should:

- Provide enhanced outcome-focussed requirements
- Be future proof and agile
- Support evidence-based regulatory intervention
- Enable proportionate or 'right-touch' regulation
- Be applicable across a broad range of learning environments
- Be measurable and assessable
- Complement our existent standards and use consistent and clear and consistent language
- Be co-produced and widely consulted upon
- Have the principles of equality, diversity and inclusion embedded within them
- Enable innovation with our partners
- Surpass (in terms of knowledge and skills) existing NMC pre-registration standards of proficiency
- Be appropriate across the four countries of the UK

Evidence scoping

14 This project began with an extensive scoping phase, to understand the UK landscape, priorities and complexities of community, and public health nursing. As our existing SCPHN and community SPQ standards were no longer contemporary, we commissioned an evaluation and published the independent findings in May 2019. Additionally, we conducted a broader literature review, a desktop review and a comparative analysis of four-country strategies and policies, regulatory and voluntary professional standards, and guidance issued by governmental and voluntary membership organisations[1] and other agencies from all four countries and covering a wide variety of fields of specialist post-registration practice.

[1] Some of these include Health Education England, NHS Education Scotland (NES), Health Education and Improvement Wales (HEIW),Northern Ireland Practice and Education Council (NIPEC), the Institute of Health Visiting, the Queens Nursing Institute, the Queen's Nursing Institute Scotland, SAPHNA, Society of Occupational Medicine

15 Several themes emerged which helped us to identify potential areas to consider with stakeholders. These included:

- differing approaches to the commissioning of post-registration SCPHN and community nursing SPQ programmes across the four countries

- differing views on the purpose and need for the regulation of community nursing post-registration SPQ standards across the four countries

- varied approaches to having SCPHN qualifications and/or community nursing SPQs as a requirement for being recruited to certain job roles

- the value of SCPHN and community nursing SPQs as stated by professionals with these qualifications

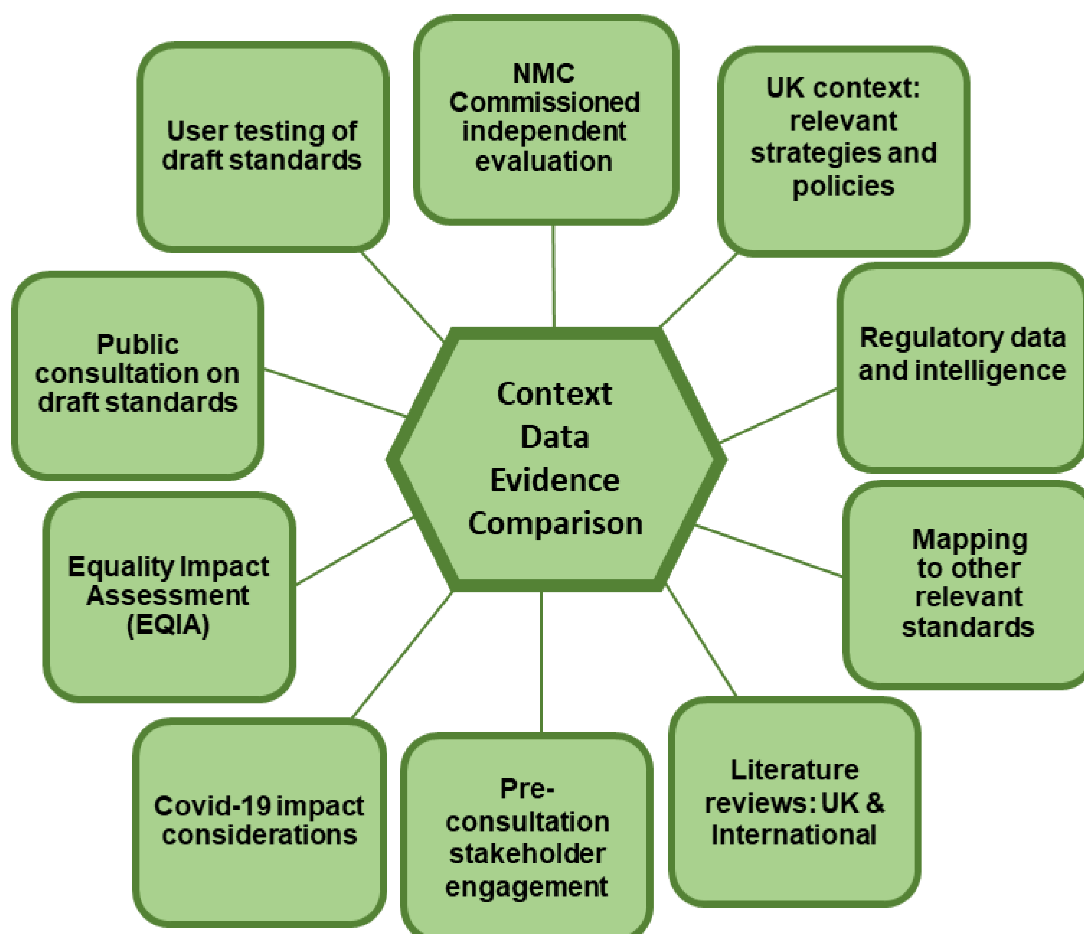
- differing approaches to nurse prescribing in specialist community roles

- wide variation in the uptake of some SCPHN and community nursing SPQ fields of practice, for example lower uptake in SCPHN occupational health nurse and SPQ in community mental health nursing

- differing approaches to the service delivery of community nursing services; and life course approaches to health visiting, school nursing services and integrated services for 0-19 year olds.

16 The following visual illustrates the multiple sources of information that were used throughout the duration of this project to create a robust evidence base.

Sources of evidence



Governance

17 The project was supported by a robust governance framework, with the formation of the Post-Registration Standards Steering Group (PRSSG) in November 2019. Independently chaired by Dr David Foster OBE, this group brought together a group of UK-wide experts in their fields from a range of backgrounds within nursing, midwifery, community practice, education and policy development, to support the work of the review. Their role was to review the evidence relating to the current NMC standards and inform the direction of travel in relation to future standards, to define future standards requirements as required, to scrutinise outcomes, advise the Nursing and Midwifery Council, and uphold project governance.

Engagement and evidence gathering

18 To further inform our work, we conducted a wide range of stakeholder engagement events throughout 2020. Due to the Covid-19 pandemic and observing public health restrictions, the majority of this was carried out virtually by way of webinars, online meetings and roundtables and teleconferences. Engaging virtually meant we had a considerable range of participants at all our engagements, particularly frontline practitioners.

19 The independent research company Pye Tait Consulting undertook a thematic analysis of views, themes and questions raised and considered throughout our pre-consultation engagement activity. Key common themes raised included the need to include advanced communication skills, collaborative working, leadership, safeguarding, prescribing, protecting and prioritising public health, programme length and supervision and assessment in post-registration programmes. This process enabled us not only to highlight these topics at an early stage, but also helped identify consistent and important themes that would run through the proposed new standards for SCPHN, SPQ and associated programme standards.

20 To enable co-production of these standards, we created standards development groups (SDGs) – three for SPQ, four for SCPHN, one for programme standards and additional specialist discussion groups for prescribing and public health research. Independently chaired, these groups brought together teams of external stakeholders, subject matter experts and NMC staff to discuss matters of particular interest to specific areas of specialist practice. The independent sub chairs [one each for community nursing SPQ, SCPHN health visitor (HV), SCPHN school nurse (SN), SCPHN occupational health nurse (OHN) and Programme standards] brought their vision, expertise, leadership and experience to co-creating future post-registration standards, working in partnership with the NMC team.

21 All of the evidence and conclusions from the research, evidence gathering and engagement activities were pulled together to inform the versions of the draft standards which we issued for public consultation in April 2021.

Public consultation

22 The public consultation on our draft standards was launched on 8 April 2021 and concluded on 2 August 2021. It ran for 16 weeks, four weeks longer than usual for consultations of this type, with the aim of maximising the opportunity for participation in recognition of the pressures on everyone caused by the pandemic. Pye Tait Consulting was commissioned to host the consultation on our behalf (the quantitative survey element); to run a series of focus groups and interviews to obtain more in-depth feedback on our proposals from members of the public, users of service and seldom-heard groups (the qualitative element); and to independently collate and scrutinise the feedback from the consultation and give us the data and analysis required to finalise the standards. As they had been involved in the pre-consultation engagement thematic analysis, there was continuity throughout.

23 To support and publicise the consultation we ran a programme of 60 engagement events, in addition to participating in meetings organised by external stakeholders and holding discussions with key individuals such as the Chief Nursing Officers (CNOs).

24 Blake Stevenson were commissioned to undertake independent user testing of our draft post-registration proficiencies and programme standards. Groups of key stakeholders participated in this activity in line with the user testing criteria that the standards had to be workable, deliverable, accessible, measureable and could be assessed locally to ensure we could undertake quality assurance of education programmes effectively.

25 The detailed report of the consultation analysis by Pye Tait is published on our website. A summary of the consultation responses were as follows:

- A total of 2,363 responses were received to the online survey consultation.
- 2,282 responses were from individuals.
- 81 were from organisations.
- In addition, 11 responses from individuals were received to the easy-read survey version of our consultation.
- We received 73 offline responses that did not use the online survey but instead sent their responses by way of freeform narrative (mainly as letters and emails)
- We received no responses to the consultation published in Welsh.

26 The qualitative research carried out by Pye Tait involved 11 focus groups, comprised of 77 participants, and 49 individual in-depth interviews, this included obtaining the views of children and young people, parents and carers, service users, particularly those with learning difficulties and long term illness, and seldom heard groups such as the elderly, asylum seekers and travellers.

26.1 Overall, feedback on the draft standards on which we consulted was encouraging. The majority of respondents were positive and supportive, the overarching conclusion from all audiences being that the three sets of draft standards were welcomed and largely fit-for-purpose as outlined below:

26.2 **SCPHN**: 75% of respondents agreed that the draft core and field specific standards of proficiency reflected the specialist knowledge, skills, and attributes necessary for all SCPHN registrants. There were also high levels of agreement that the draft core and field specific standards for health visitors, school nurses and occupational health nurses met the proficiency requirements for those roles – with average levels of agreement at 83%, 83%, and 78% respectively.

26.3 **SPQ**: views on the applicability of the standards contained in the seven platforms to the five specialist community fields of nursing practice ranged from 72% agreement with the proficiencies expressed in platform 5 to 88% in agreement for the standards in platforms 2 and 3.

26.4 **Programme standards for SCPHN and SPQ**: at least 67% were in agreement with most of the proposals. There were high levels of agreement with the proposals for selection and admission (83% for SCPHN and 77% for SPQ); that the draft standards would encourage creativity and innovation amongst education providers (67% for both SCPHN and SPQ); and with the proposals around student supervision and assessment (87% for SCPHN and 80% for SPQ).

26.5 **Members of the public**: over 90% were supportive of the intentions of the draft SCPHN and community SPQ standards of proficiency.

Post-consultation analysis

27 To assist us with our post-consultation analysis, we created a small number of groups made up of subject matter experts from a range of specialist community nursing backgrounds, as well as educators, policy specialists and users of services. Known as 'consultation assimilation teams' (CAT), these groups had four country representation and in structured discussions considered some of the key issues that had arisen from the consultation. With regard to SCPHN, there also needed to be midwifery representation as midwives and nurses can both become SCPHNs. In reaching their recommendations the CAT groups were constantly reminded of the need for our final standards to meet our design principles, which included the need for equality, diversity and inclusion to be embedded throughout.

Tools and topics for assimilation

28 **SCPHN topic areas for** discussion in assimilation included the following: SCPHN Public Health Nurse (PHN) qualification, leadership and inter-agency inter professional working, risk management, mental health, safeguarding, prescribing in SCPHN, early child development and infant feeding, school nursing and public health priorities, school nursing and rights of children and young people, occupational health nursing and workplace legislation, leading and managing employer relations as part of occupational health nursing.

29 **SPQ topic areas for** discussion in assimilation included the following: Self-care, teaching and continuing professional development, prescribing as part of community SPQ, leadership autonomy and accountability, proposal for an additional community SPQ, risk management, continuing to explore the need for field specific standards.

30 **Programme standards topic areas for** discussion in assimilation included the following: Length of programme, consolidated practice, supervision and assessment for SCPHN and SPQ programme.

31 CAT members considered the evidence, in light of the design principles and legal framework and suggested areas for refinement with underpinning rationales for their recommendations. These recommendations had further levels of scrutiny by the Standards Reference Groups (SRG) in line with our governance process. The

SRGs strategically reviewed the proposed updated standards content and their inter-relationship with each other.

32 In reaching final consensus on the draft standards, we were committed to focusing on regulatory outcomes rather than operational process; refining and improving the standards wherever possible in a way that reflects the views and findings of those who had responded to the consultation. We remained committed to co-production, reaching consensus, and embedding equality, diversity and inclusion principles within our standards, and accommodating differing views across the four nations of the UK.

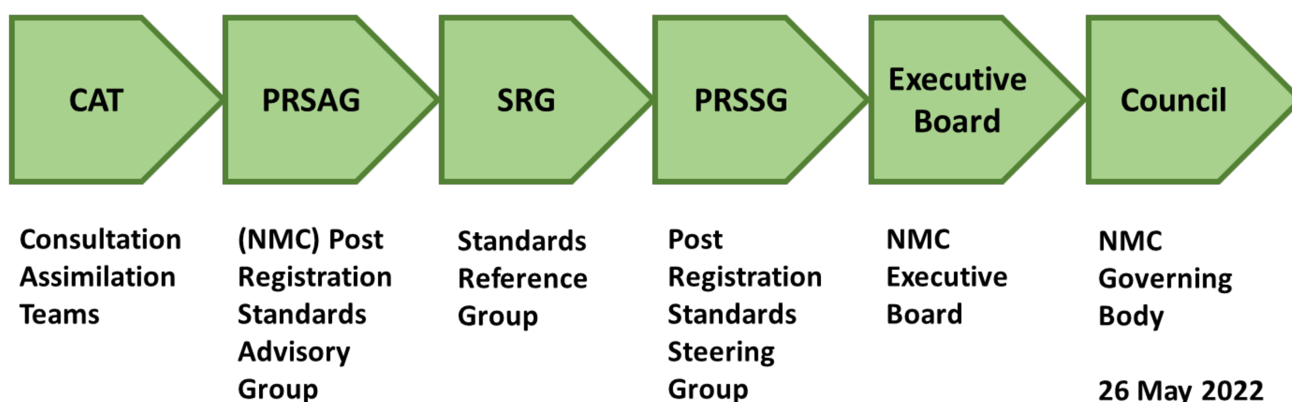
Number of meetings in post-consultation phase for each group

Name of group	Consultation assimilation teams (CAT) and Standards reference group (SRG) – inaugural sessions	Chairs for SPQ, SCPHN (x3 fields)	SCPHN CAT	SPQ CAT	Programme standards CAT	SRG
Number of meetings	5	6	8	5	3	4

33 Our established methodology remained agile and flexible, enabling groups to respond quickly to specific lines of enquiry or challenges raised by stakeholders, or to circumstances where further meetings with particular groups were required to address real or perceived lack of engagement in those areas. For example, in discussions on SCPHN and SPQ prescribing standards, due to an initial lack of representation of occupational health nurses and some community SPQ fields of nursing, targeted follow-up meetings were organised to ensure there were enough opportunities for all groups to discuss this topic in order to reach the consensus recommendation.

34 We were also responsive to suggestions from stakeholders regarding the possible need for greater alignment between some of the SCPHN Health Visitor (HV) and School Nurse (SN) standards - particularly around safeguarding – for which we convened follow up sessions with the independent Chairs of HV and SN workstreams to consider and refine the standards in this area. Throughout our objective was to improve the standards wherever possible for the benefit of people using services and the professionals with these qualifications.

35 The following visual illustrates the end to end governance process that helped to progress the standards refinement process in the post-consultation phase.



Amendments to standards and rationales

36 As a result of our tried and tested methodology and approach, the finalised suite of draft post-registration standards documents presented to our Council for their approval contained a number of refinements, additions and clarifications. Some of the key areas affected are outlined below, along with the rationale for changes made.

37 **SCPHN Public Health Nurse (PHN) Role**: Retention of the PHN qualification was an area that we consulted upon and views were mixed. Support for retaining the qualification was only 44%, but this was largely because the 'don't know' figure was very high, at 41%, by far the biggest 'don't know' score in the entire consultation. This was felt to be because many people are unaware about the existence and potential benefits of this qualification.

37.1 The consensus view of the CAT was for NMC to retain the SCPHN PHN qualification, as there was scope to expand the role, with potential for it to be adapted and applied across a range of settings now and in the future in response to existing and emerging public health issues. For example, the pandemic demonstrated the potential scope for public health nurses to be on the forefront of responses to public health and environmental disasters such as pandemics.

37.2 This decision was subsequently endorsed at all stages of the governance process. Therefore, we will continue to register the SCPHN PHN qualification and our standards, including the programme standards, have been suitably refined to reflect this.

38 **SCPHN Prescribing:** The consultation version of the SCPHN standards contained a standard that would have made independent/supplementary prescribing (V300) an essential part of the SCPHN role in all fields going forward, and by extension would have made a V300 independent/supplementary prescribing module a mandatory part of all SCPHN programmes. There was no clear consensus on this during pre-consultation engagement, and consensus continued to be elusive as a result of the consultation as headline findings show:

- 47% of respondents thought it should be mandatory for HVs, 33% for SNs and 37% for OHNs;
- 41% thought it should be optional for HVs, 48% for SNs and 46% for OHNs;
- A small but still significant minority (12% for HV, 17% for OHN and 19% for SN) thought such qualifications were wholly unnecessary for SCPHN roles.

38.1 Views were also similarly split on whether the V300 independent/supplementary prescribing qualification or the V100 community prescribing qualification was most appropriate for the SCPHN role.

38.2 Due to the continuing lack of consensus, the subject of prescribing was discussed at a dedicated SCPHN CAT meeting, and a consensus was reached that the prescribing module would be an optional element, and if included it must be at V300 independent/supplementary prescriber level. This would give the necessary flexibility within each of the four nations to structure and commission SCPHN programmes in line with local employer needs and national health and care priorities, whilst also recognising the higher level of specialist practice required of SCPHN roles. There was overall recognition of the need to future-proof the roles and recognise the SCPHN's position as a leader in tackling health inequalities and poverty, and independent/supplementary prescribing skills were considered an important part of this.

38.3 This approach was supported by the four CNOs and was subsequently agreed at all levels. As a result, a V300 prescribing module will now be an optional element of all SCPHN programmes going forward. New proficiency standards now focus on the knowledge and skills around various aspects of prescribing and medicines management from the lens of specialist public health nursing, such social prescribing, optimisation and reconciliation, and the overall impact of medicines on health outcomes.

39 **SPQ Prescribing:** As with the SCPHN standards, we had previously sought to reach consensus on the issue of prescribing and had recommended via the draft standards that an independent/supplementary prescribing qualification (V300) should be mandatory for all community nursing SPQs.

39.1 Although many were of the view that this was needed, as expressed via consultation, not all fields of community nursing practice were of the view that prescribing was necessary to the point of being mandatory for all SPQ fields of practice and for all programmes. Whilst this position had been strongly supported for district nursing and general practice nursing, it was less strongly supported for other specialist community nursing roles,

particularly in community learning disabilities, where there was a clear majority for a prescribing qualification to be an optional element of the programme.

39.2 Again, this was discussed at a CAT meeting, and a consensus position was reached that an independent/supplementary prescribing qualification (V300) should be mandatory for all community nursing SPQs. Although many were of the view that this was needed, not all fields of practice were of the view that prescribing was necessary.

39.3 The reference to prescribing in the draft standards was refined and replaced with new standards focusing on medicines optimisation and having a knowledge of social prescribing to support individual and community health outcomes.

39.4 This approach was supported by the four CNOs, agreed at all subsequent stages, and as a result, a V300 prescribing module will now be an optional element of all community nursing SPQ programmes. The reference to prescribing in the draft standards has been removed, and has now been replaced with new standards focusing on areas such as medicines optimisation and having knowledge of 'social prescribing'.

40 **Additional Community SPQ:** During pre-consultation engagement, there were concerns about the original proposal to modernise and streamline community nursing SPQs and have one community nursing SPQ. Stakeholders argued that the existing five community field specific SPQ annotations should remain in place. This led to a new proposal to PRSSG in December 2020 and in January 2021 our Council agreed to retain all of the existing community nursing SPQs and the proposal for an additional community nursing SPQ with no predetermined field of practice specified.

40.1 The new proposal sought to accommodate the range of roles in health and social care in the community that exist now, and others that may be developed in the future. We therefore proposed a new SPQ in health and social care without a field of community nursing specified. In the consultation responses, there was strong agreement in relation to the applicability of these draft standards to the new SPQ.

40.2 A small number of respondents disagreed, however, taking the view that individual field specific standards for each of the existing fields of community nursing SPQs and for those in new or additional fields of community nursing (e.g. adult social care, health and justice) were needed.

40.3 During the post-consultation assimilation process, we revisited all the evidence from our pre-consultation engagement and independent consultation findings to determine whether field specific standards were needed. A consensus was reached indicating that the proposed high level regulatory community nursing SPQ standards are applicable to the five existing community nursing SPQs we have now: community children's nursing, community learning disabilities nursing, community mental health

nursing, district nursing and general practice nursing and the proposed new SPQ.

40.4 We were, however, keen to mitigate the concerns of those who felt that the draft standards might not be sufficiently specific for individual fields of specialist community nursing practice. We approached this by adapting the wording within the standards of proficiency to highlight and emphasise that proficiencies must be met within a registered nurse's intended field of practice.

40.5 In addition, the Programme standards require, at programme approval, that education providers develop curricula that differentiate routes for intended fields of practice. Equally, student learning in theory and practice must be supported by professionals with the relevant expertise for the student's intended field of specialist community nursing. Education providers may also opt to include mapping to other national frameworks and/or voluntary standards that are role specific when developing their curricula. Consensus on this was reached at all levels through the assimilation process and is reflected in the final version of the standards.

41 **Programme Standards**: In the draft Programme standards we consulted on there were no standards setting out expectations on the overall **length of programmes**, nor had a defined **period of consolidated practice** been stated.

41.1 We aimed to be outcome-focused and provide opportunities for innovation and flexibility to educators to design their curricula and to determine the length of programme based on their own programme outcomes and assessment strategy; however, throughout the consultation some stakeholders expressed their concern about this approach. They felt that standards for these two areas were necessary to ensure consistency and quality of programmes and to provide a structure for educators and employers to work collaboratively to enable the achievement of theory and practice learning across the student journey.

41.2 As a result, two new standards were co-produced with the CAT, setting out an agreed recommended position that a SCPHN and/or community nursing programme should be no less than 45 programmed weeks. Additionally, the standards also now require that the learning experiences should be tailored to the student's stage of learning, proficiencies and programme outcomes and programmes must culminate with a period of practice learning suitable to individual learning needs, and learning outcomes for the student's intended field of practice.

42 **Student supervision and assessment:** The consultation findings found there were high levels of agreement for the requirements for supervision and assessment within the programme standards to align with the Standards for student supervision and assessment. This high level of agreement was a surprise however there were some who did not agree. In particular, some expressed concern at the loss of the practice teacher role and others were of the view that there was not sufficient emphasis on what was needed for the supervision and assessment of post-registration students. It must be noted however that there was

extensive consultation[2] on these standards in 2017 before our Council agreed and we introduced our new approach to Standards for student supervision and assessment in 2018.

42.1 As this is such an important area supervision and assessment was discussed further in post-consultation assimilation activity and as a result we strengthened the requirements for an agreed approach between education providers and practice partners for the preparation for practice supervision and practice and academic assessor roles to safely support post-registration students, emphasised the requirement for suitable periods of preceptorship as a SCPHN or community nurse with a SPQ, or for evidence of suitable prior learning, training or experience to be able to fulfil these important roles and responsibilities effectively. The rationale was to reinforce the quality of practice and educational supervision and assessment for post-registration students. The updated proposed standards were recommended and were included in the final version of the standards.

Equality Impact Assessment (EqIA)

43 We also conducted an equality impact assessment (EQIA) throughout the project and focused our work at key phases (pre-consultation, during consultation and post-consultation activity) to ensure our proposed content and methodology reflected our principles of equality, diversity and inclusion (EDI). We use EqIAs as a tool to demonstrate our work not only complies with equalities legislation but also ensures that future standards are outcome focussed and lead on EDI principles. These outcome focusses standards reflect our ambitions for the professionals we regulate to enable inclusive care that actively addresses the health inequalities faced by diverse groups of people.

Conclusion

44 We began the project to renew and update the SCPHN, SPQ and associated programme standards in 2019, to reflect the changing landscape and ambition for public health, and the care and treatment of people and the communities they live in. We also wanted to ensure that in completing this review we would successfully deliver the education programme that leaves a legacy of a coherent suite of proficiency and education and training standards for the first time in the history of the NMC. Given the complexity of this project which progressed against the backdrop of the global pandemic, we are heartened and assured by the thorough stakeholder engagement, commitment and co-production of new post-registration standards throughout the duration of this project. There were times that there were challenges and differing views, however, together with our stakeholders, we were able to come to a consensus and refine the new standards.

45 The new post-registration standards are an opportunity for more professionals to develop a greater depth of knowledge and higher level skills that really reflect the complexity, responsibility and diversity of modern specialist community nursing

[2] https://www.nmc.org.uk/about-us/consultations/past-consultations/2017-consultations/education-consultation/

and public health nursing practice. These new standards will serve as a strong bridge to our future work to explore the regulation of advanced practice.