

Post Registration Standards Steering Group

Meeting held virtually at 10:00 on 17th March 2022 via Go To Meeting platform

Meeting notes

Chair and presenters: David Foster (chair); Geraldine Walters (Executive Director, Professional Practice, NMC); Anne Trotter (NMC).

Independent SME Chairs: Owen Barr (Chair, SPQ group); Deborah Edmonds (Chair, Occupational Health Nurse group); Julie Critcher (Chair School Nursing).

Attendees: Jane Beach, Katerina Kolyva, Stuart Tuckwood; Nicola Ashby, Liz Fenton, Penny Greenwood, Kerri Eliersten-Feeney, Clare Cable, Scott Binyon, Crystal Oldman

Apologies: – Jane Harris (Independent chair, Health Visiting group), Gwendolen Bradshaw (Independent chair, programme standards) Claire McGuinness, Rhiannon Beaumont Wood, Owen Barr (Independent chair, SPQ group).

Welcome and introductions

David Foster (DF) welcomed attendees to the meeting and stated that this was the second day of the two meeting dates for the group. Since the last meeting there had been several changes to the group membership. So DF thanked the following members who had stepped down recently due to retirement,

1. Angela McLernon (NIPEC)
2. Yinglen Butt (RCN)
3. Lola Oni (Brent Sickle Cell & Thalassaemia Centre)

due to role changes:

4. Susan Aitkenhead (NHSE/I)
5. Charlotte McArdle (CNO NI)
6. Paula Holt (CoDH)

Maria McIlgorm (formally CNO office Scotland) was congratulated on her appointment as CNO in Northern Ireland.

DF welcomed the following new members who had joined the group:

1. Claire McGuinness (CNO Office, Scotland)
2. Christina Butterworth (Faculty of Occupational Health Nursing, FOHN)
3. Katerina Kolyva, (Executive Director, CODH)
4. Linda Kelly (new CEO of NIPEC)
5. Nichola Ashby (Head of Education, RCN)
6. Stuart Tuckwood (National Nursing Lead, Unison)

DF thanked Barbara Morgan, Independent Chair for SCPHN School Nursing who had stepped down due to ill health. He welcomes Julie Critcher who joined the group and this was her first PRSSG meeting as independent chair for SCPHN School Nursing.

Geraldine Walters (GW) provided an overview of the NMC education change programme, by way of background to newer members of the group. She then provided an update of the post-registration standards review a part of the education programme.

Anne Trotter (AT) gave an update on the public consultation of the post registration standards review which aimed to seek views on whether the draft standards for Standards for specialist community public health nursing (SCPHN), Standards for community specialist practice qualification (SPQ) reflect the knowledge and skills for registration as a SCPHN or for recordable SPQs, and the education programme standards underpinning the SCPHN and SPQ programmes support the achievement of these proficiencies.

She reported on how Pye Tait, as the independent research company, had been appointed to conduct the public consultation, identify areas of improvement, consensus and refinement in the draft standards. AT provided a special thanks to all the stakeholder groups and individuals, the PRSSG members who participated in the consultation through the organisations they represented or encouraged others to participate in the consultation.

There was good participation from all four countries of the UK from all groups with a total of 2363 responses. Of these 1890 were from individuals and organisations and 463 responses from members of the public; 11 of these were responses to the easy read version.

We had Welsh language versions of the consultation materials, however there were no responses in Welsh, although we had good representation overall from Wales. In addition to the consultation responses from professionals, organisations and members of the public, there were 73 responses sent directly to the NMC of which 47 were in a templated format. All of these were sent to Pye Tait to be included in the independent analysis.

In addition, there was the qualitative strand to the consultation which included 11 focus group interviews and 29 individual in-depth interviews. These enabled us to reach out to members of the public and seldom-heard groups who will be impacted by the standards such as children and young people, parents and carers, people with long term conditions, people with learning disabilities and so on. AT also reported on the user testing work that was commissioned along with the public consultation.

GW then provided some of the headline findings from the public consultation, the full report for was published on our website. For SCPHN there were 1,130 responses and 75% of these responded by saying that the draft knowledge, skills and attributes necessary for safe and effective practice as a professional with a SCPHN qualification. This matched the overall trend of responses for the three SCPHN fields with 76% agreement on the Health visiting (HV) standards, 79% agreement on the Occupational health nursing (OHN) and 83% agreement on the School nursing (SN) standards. GW also reported that 44% respondents wanted to retain the Registered public health

nursing (RPHN) qualification and 63% of these felt that the draft core SCPHN standards were appropriate for the RPHN qualification. There were some comments that provided suggestions on strengthening and fine tuning the standards but overall reassurance for the support received for the draft standards. She also reported on how prescribing which was a much debated area in the pre-consultation phase, continued to be a topic that received a diversity of responses with no overriding majority on whether or not prescribing was a mandatory element of all SCPHN programmes.

Then moving onto reporting on the SPQ findings, GW stated how the consultation asked questions to establish if the draft SPQ standards (structured across seven platforms) were applicable for each of the fields of community nursing SPQ. There were greatest level of agreement for platforms 2 and 3 on the applicability to all the fields of community SPQ. The lowest level of agreement was 72% from the perspective of General Practice nursing for platform 5.

Those who disagreed had opportunities for further comments and the major theme of these was the need for field-specific standards and to use more advanced terminology for the standards. On the skills annexe question, the majority did not show much appetite for a skills annexe. The majority of the respondents (67%) supported the proposal that the new SPQ should be opened to other nurses working in the community (not currently covered under current SPQs) and 64% felt that the draft standards were appropriate for those roles. Like SCPHN, there was a lack of consensus on whether or not prescribing should be mandatory part of all SPQ programmes although only 7% felt it was not a necessary skill, so most of the responses were divided between mandatory and optional.

GW then explained from a regulatory perspective how prescribing could be included in the SPQ programmes if AEIs want to include them. This along with a few other areas, is also something that had been asked of the four country chief nursing officers, in terms of what would fit best with their future vision for community nursing. GW confirmed that prescribing was going to be one of the key areas to consider in the post-consultation assimilation phase.

AT then provided the headline findings for the education programme standards for SCPHN and SPQ. She explained the structure of the draft programme standards and how there are common components for both SCPHN and SPQ and where required there are tailored standards for SCPHN and for SPQ programmes. AT reported on how there was majority (67%) overall agreement on the draft programme standards. Areas with lesser consensus were: length of programme and consolidated practice which will be examined during the post-consultation assimilation phase.

DF invited questions from attendees. DF also invited the chairs, Deborah Edmonds (**DE**) to provide her comments from an OHN Chair perspective and Julie Critcher (**JC**), who had just taken over the chair role for the SN group.

DE stated that the consultation and assimilation process has been interesting and validating. She reflected on her role and the group's role as representing a cohort of professionals who don't traditionally work in health and social care, making sure the

group looked at health as a whole, for nurses who are often working as nurse entrepreneurs working and/ or often alone, in private limited companies. The discussions had been interesting with some positive feedback on the draft standards and appreciation that the OHN group felt represented.

JC said although she has just joined as chair, she had found all the discussions really interesting and reflected on the need for school nurses to support the health and wellbeing of school aged children and young people children in their local communities. It was also good to see the standards had been modernised with relevant themes such as business acumen and digital literacy and impact of digital poverty.

Jane Beach (JB) then commented on the student supervision and assessment point. She expressed surprise on the support for the topic but reflected that perhaps the high percentage of responses were due to the caveat in the proposals that additional safeguards would be provided. She queried if supervision and assessment would still be discussed at assimilation stage, despite the high levels of support; AT confirmed that this topic was selected for further discussion and had recently taken place. JB also queried the weighting provided for organisational responses versus individual responses. AT confirmed that the findings in the report and provides a detailed breakdown of individual and organisational responses with comparisons of the responses. GW added that this comparison was specifically asked of Pye Tait but interestingly there hadn't been wide variation in the response trends across individuals and organisations.

Stuart Tuckwood (ST) queried in the chat box regarding the current level of consistency in terms of length of programme and length of consolidated practice for SCPHN and SPQs and AT responded in the chat box that the current standards specify a minimum length for SCPHN and SPQ but both standards do not state the same thing; this is also the case for consolidated practice. ST confirmed that this explanation answered his question but appreciated further comments on current practice in this area and the anxieties expressed. AT explained that the proposal to not stipulate a specific period of consolidated practice stemmed from our approach being outcome focussed with potential for variation across the four countries, for example apprenticeship programmes in England. AT explained that the concerns expressed by stakeholders were mainly in terms of the potential for unwarranted variation across programmes, but the post consultation assimilation discussions have been useful to debate different perspectives. DE also added that on the topic of consolidated practice, there had to be consideration for OHNs who work in private settings, taking time out and even self-funding onto SCPHN courses.

DF the emphasised the need for the standards to therefore be outcome focussed without being too prescriptive, and how they differed from curriculum which is detailed and reflects the need of local requirements.

The meeting then concluded with next steps for the process, which were outlined by GW in terms of assimilation discussion for topics to strengthen, refine and those that need to arrive at consensus following debate. GW also flagged that we were awaiting responses from the CNOs for their collective views on some topics including prescribing. This would in turn be fed into the assimilation activity. Following meetings with consultation assimilation teams (CAT) and standards reference group (SRG), the

refinements would then be shared with PRSSG after which the updated standards would go to the Council for discussion and approval at their meeting in May.

Wendy Nicolson (WN) asked if the CNO for OHID (Office for Health Improvement and Disparities) had been included in the CNO responses as the OHID CNO leads on public health nursing. GW confirmed that discussions with the CNO for OHID had taken place. **WN** also raised the need to engage and consult with the commissioners to ensure they have understanding of the impact of the standards and appreciating the value of the public health nursing workforce. GW confirmed they had been consulted with and added that regulatory reform may also have implications in the longer term.

DF confirmed the date of the next virtual meetings to be held on 28 April 2022 and closed with the meeting by thanking everyone for their support and contributions.