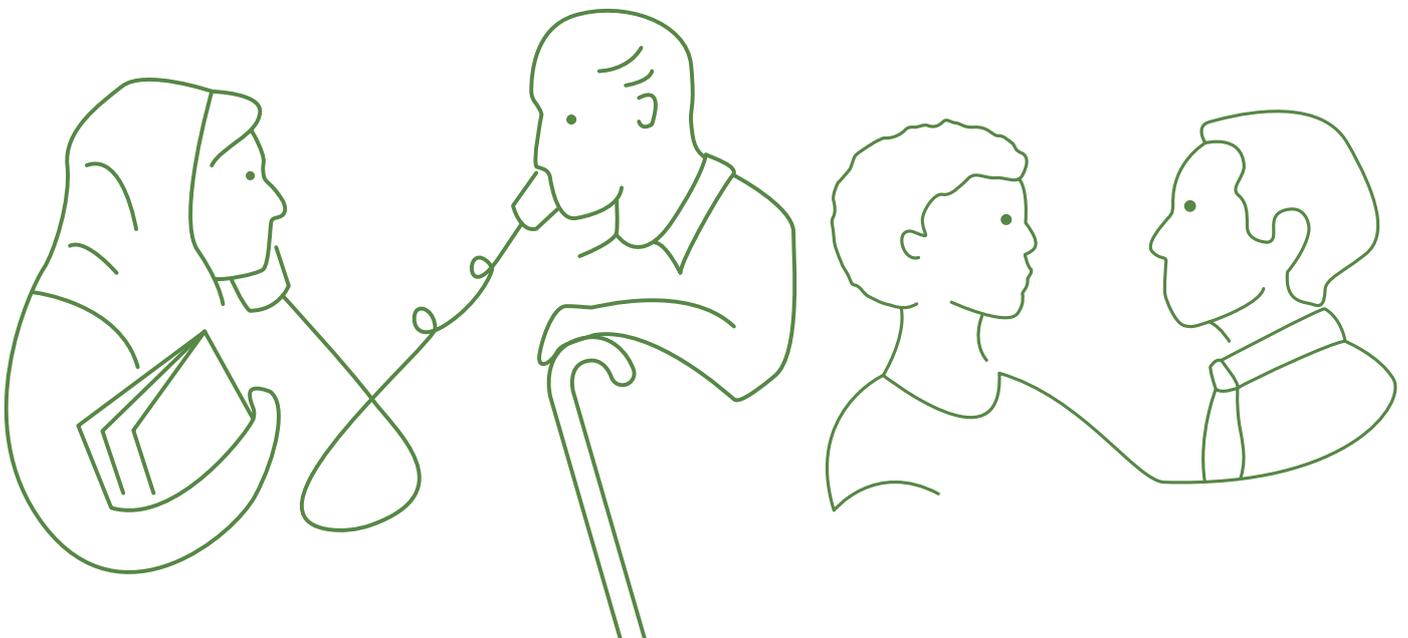


A public consultation on post-registration standards



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1. About us

Our vision is safe, effective and kind nursing and midwifery that improves everyone's health and wellbeing. As the professional regulator of almost 725,000 nursing and midwifery professionals, we have an important role to play in making this a reality.

Our core role is to **regulate**. First, we promote high professional standards for nurses and midwives across the UK, and nursing associates in England. Second, we maintain the register of professionals eligible to practise. Third, we investigate concerns about nurses, midwives and nursing associates – something that affects less than one percent of professionals each year. We believe in giving professionals the chance to address concerns, but we'll always take action when needed.

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.

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.

Our strategy 2020-2025 outlines our values. Our values underpin everything we do. They shape how we think and act.

We are:

fair

kind

collaborative

ambitious

We also look to make improvements and be innovative in order to provide better customer service and to maximise the public benefit from what we do.

2. Introduction

This consultation document aims to provide an overview of our post-registration standards project, and how the new draft standards were developed in collaboration with stakeholders. It also sets out the next steps and how you can get involved and respond.

3. What is the NMC's post-registration standards review about?

Once a nurse or midwife is registered with the Nursing and Midwifery Council (NMC), nurses can undertake one of our post-registration programmes, which add to their initial registration. We currently regulate two different types of community post-registration qualifications. If someone successfully undertakes a Specialist Community Public Health Nursing (SCPHN) course, 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. The SCPHN part of the register also denotes the field of SCPHN practice. Professionals can enter this register as a health visitor, school nurse, occupational health nurse, family health nurse or public health nurse. This qualification also enables them to use the protected title 'Specialist Community Public Health Nurse', because it is protected in law by virtue of being a separate part of the NMC register.

Our independent evaluation found that courses leading to the qualification of family health nurse and public health nurse SCPHN roles are not being commissioned now and have not been running for some time. Our review has therefore focused on the other three fields of SCPHN practice.

Nurses can also gain an NMC approved specialist practice qualification (SPQ). This qualification is noted, or 'annotated', next to their name as it already appears on the register. This demonstrates that they have successfully undertaken a course in a particular specialty that the NMC has approved, which the public can then check, but it does not confer exclusive use of any protected title associated with the qualification.

Another main difference between the two qualifications is that we do not have the legal power to have a separate part of the register for SPQ, as we do for SCPHN.

For each qualification, we specify standards of proficiency which state the knowledge and skills that a nurse or midwife must have to gain one of our post-registration qualifications. These post-registration 'standards of proficiency' must surpass our pre-registration standards of proficiency.

We also specify standards of education and training which describe the characteristics of the educational programmes leading to these qualifications, which education providers must meet in order to deliver the programme. These are known as 'education programme standards'.

Health and care is evolving and nursing practice is changing and advancing at the same time. We therefore need to update our standards regularly to keep pace with that. In the last four years we have reviewed and transformed all of our pre-registration standards, prescribing standards, our education framework, and standards for student supervision and assessment. It is now time to move on to the remaining post-registration standards.

We want our new standards for SCPHN and SPQ practitioners to be ambitious and transformative, building on our new pre-registration standards for nurses, midwives and in England, nursing associates.

This work will ensure the regulation of specialist and community practitioners reflects and responds to the rapidly changing and challenging environment in which nursing and midwifery professionals are working. It will ensure that everyone – individuals, families and communities – who uses public health and health and care services can be confident about receiving care from specialist practitioners that is safe, effective and kind, wherever these professionals work.

This work precedes and forms a bridge to our next phase of work which will be a review of advanced practice, which will include consideration of whether regulation of advanced practice is needed. We have committed to this in our [2020-25 strategy](#).

4. Design principles

When we began the programme of reviewing all of our education standards we developed a set of design principles to guide this work. These principles include an intention to future proof any new standards, to ensure that they can be applied across all four UK countries, for the standards to be evidence-based, and to support creativity and innovation.

For the post-registration standards review project we added an additional design principle, which is to make sure that these standards surpass the proficiencies required for pre-registration education. As part of our overall consultation and engagement activity we'll test out whether these design principles have been met. [Read more on our how we develop our standards](#).

5. Working with others to co-produce these new draft standards

We set up a UK wide post-registration standards steering group (PRSSG), which had its first meeting on 20 November 2019. The role of the steering group is to oversee the work of the review and make recommendations that the NMC Executive can take to our Council.

The group is chaired by Dr David Foster OBE, who was appointed following an open application and selection process. It includes representatives from the offices of the four UK Chief Nursing Officers, subject matter experts, educators and representatives of professional bodies. [Read more about the steering group.](#)

In early 2020, we also set up several 'standards delivery groups' to help us with the drafting of the new standards of proficiency relating to all types of community nursing, health visiting, occupational health nursing and school nursing, and the new education programme standards for each qualification. Each is led by an independent chair. [Read more about the standard delivery groups.](#)

From the start we wanted to hear from members of the public and our stakeholders. To achieve this in the second half of 2020 we engaged extensively with over 2,200 people, using digital methods due to the Covid-19 pandemic. We published two reports on the extent of this engagement and the themes emerging from it.

We know our future standards will only be ambitious and transformative if we build from a sound evidence base and hear from a diverse range of voices. We have been pleased to hear from many people from a wide range of backgrounds as we have been developing these draft standards, and are continuing to engage further during our consultation process. Given the changed and pressured circumstances of 2020 due to the Covid-19 pandemic, the extent of this engagement has been remarkable demonstrating how interested people are in this work. We are very grateful to those who have taken part.

So far a number of common themes have emerged from the standards delivery groups, during the online events, and from web forms and email responses in relation to the knowledge and skills requirements of both SCPHN and SPQ specialist practitioners. These include:

- advanced communication skills
- complex decision making
- collaborative working
- leadership
- prescribing
- public health
- safeguarding.

Many more themes emerged for each of the specialist roles, reflecting the wide variety of specialist knowledge and skills required by SCPHN and SPQ practitioners. These have helped us to co-produce new draft standards that reflect what people need from these professionals in the future. [Read more on our engagement activity and reports.](#)

Not long after we began this work, the Covid-19 global pandemic was upon us. The pandemic continues to affect people, communities and populations across the world. In the UK as in other countries, Covid-19 has not affected all population groups equally. Inequalities caused by wider determinants of health have increased the risk of adverse outcomes from Covid-19. This pandemic has exposed and exacerbated long standing inequalities and poorer health outcomes affecting people from Black, Asian and minority ethnic groups within the UK as well as people with learning disabilities. Early studies and learning from the Covid-19 pandemic has influenced and contributed to the evidence base that informed the drafting of these standards and has strengthened the focus on health inequalities.

6. Our standards development journey

Our programme of change for nursing and midwifery education has been driven by the belief that our standards need to change to be fit for the future. Inevitably some areas of change to our post-registration standards will be welcomed, other areas of proposed change may be met with uncertainty, or disagreement between different groups of stakeholders. In terms of the structure and approach toward the qualifications, the issues that have emerged relate to SPQs. This was not the case for SCPHN. Some of the key areas are outlined below, all of which are being tested in this consultation.

6.1 Do post-registration community SPQ standards require regulation?

From the outset there were debates about whether regulation is needed at all, or whether education and training for these roles should be a matter for others with responsibility for service provision and delivery to decide, rather than the professional regulator. Our response has been to explore what the content of the standards would be, and then seek views through this consultation to determine whether there is a consensus that regulation is necessary for public protection.

6.2 Are bespoke regulatory standards needed for each of the fields of community nursing SPQ?

Our pre-consultation engagement set out to determine whether bespoke standards were needed for different fields of community nursing (community children's nursing, community learning disabilities nursing, community mental health nursing, district nursing, general practice nursing) to meet the needs of people of all ages and across different community settings. What we heard was that the roles are different. However, when translated into high level, outcome focused regulatory standards, the core requirements are the same.

We want to continue to test this view during this consultation to see if bespoke standards of proficiency are needed for the different fields of community nursing SPQs, and if so, what they are. Alternatively, this can be left to the detailed curriculum content and programme learning outcomes that it is the role of education providers to design and develop.

6.3 Are the current SPQ annotations sufficient?

There are now more nursing roles in the community than are described by our current SPQ annotations. Job titles and roles are a matter for national health and care policy and employers, not the NMC. However, registered nurses now provide care and support for people with complex needs in a variety of community settings. These may be in people's homes, where nurses are working within intermediate care or hospital at home teams, or in hospices, nursing homes, residential care, and offender health and prison services. There is a potential regulatory gap here with there being NMC regulated standards of proficiency for some community nursing specialisms, but not others.

Initially we explored whether this could be solved by having one SPQ annotation that could apply to all fields of community nursing, whatever field specific qualification they had undertaken. However, many were concerned about the unintended consequences this may have on the existing specialist community roles.

We therefore propose to keep the existing community SPQ annotations, and add an additional community SPQ annotation that can be applied to those working in new and emerging community nursing roles who wish to undertake a specialist practice qualification. We are exploring this area in this consultation.

6.4 Are the three fields of SCPHN routes and qualifications sufficient?

Similarly there are public health nursing roles that exist now that the NMC does not regulate and more may follow, especially when the full impact of the Covid-19 pandemic is better understood. This may lead to renewed interest in public health nursing more generally.

Our core SCPHN standards may be beneficial where a SCPHN (registered public health nurse) qualification does not identify a selected field of practice. A small number of professionals on the third part of the register hold this qualification at this time. We will explore whether we should retain this qualification in this consultation to accommodate those working in new and emerging public health roles.

6.5 Standards content and emphasis (SCPHN and SPQ)

As is expected, during our pre-consultation engagement in relation to both SPQ and SCPHN, there have been areas of consensus and areas of disagreement in relation to the precise content and nature of the standards. We now wish to test these views with a wider audience during consultation, and importantly to identify whether there are things that we have missed. Some items that we received differing views about include:

- whether the SPCHN standards should reflect the importance of adopting a biopsychosocial model of care
- whether a prescribing module (independent/supplementary prescribing known as V300) should be embedded within both SCPHN and community nursing SPQ programmes as a mandatory element of the programme
- whether one set of community nursing SPQ standards can safely be applied to all fields of community nursing SPQs through appropriate programme design and delivery
- whether draft bespoke standards for the different fields of community SPQ nursing should be included, and if so, what should they be
- whether the proposed new SPQ annotation in other identified fields of community nursing practice could be successfully and appropriately applied to community roles, in areas such as social care, nursing homes or offender health
- whether the NMC should specify the length of SCPHN and community nursing SPQ programmes
- whether the NMC should specify a period of consolidated practice¹ or leave this to individual university curricula designs.

We need members of the public and our stakeholders, including nurses, midwives, educators, students and employers, to respond to this consultation and give their views so we can get these new standards right for everyone's benefit.

¹ Previous standards indicated a timeframe for undertaking practice in a defined area of practice.

7. The draft standards

With the oversight and guidance of the steering group and the support and participation of the standards delivery groups, we have co-produced the following sets of draft standards:

- **Standards of proficiency (the knowledge and skills a registered nurse or midwife must have) to join the additional SCPHN part of the register.** These consist of:
 - **Core standards of proficiency** that apply to **all** fields of SCPHN practice: health visiting, occupational health nursing and school nursing. These are grouped under six headings called spheres
 - **SCPHN field specific standards of proficiency** that apply to **each of the following** fields of SCPHN practice: health visiting, occupational health nursing and school nursing, grouped under four of the six sphere headings.

In terms of how these qualifications are registered, we are proposing to maintain three of the existing SCPHN field of nursing practice:

- health visitor (RHV)
- occupational health nurse (ROHN)
- school nurse (RSN).

We will explore whether we should retain the SCPHN public health nurse qualification (RPHN) that does not identify a selected field of practice to accommodate those working in new and emerging public health roles and require a level of knowledge and skill that surpasses that described in our pre-registration standards.

- **Standards of proficiency for NMC approved community nursing SPQs**, which build on the framework of the Future Nurse standards and are grouped under seven platform headings.

Currently we have co-produced **one set** of draft standards that apply to **all fields** of community nursing practice. In the consultation we will be seeking to find out if these meet the regulatory knowledge and skills requirements or whether **additional bespoke standards** are needed for specific fields of community nursing practice.

In terms of how these qualifications are recorded on our register, we are proposing to maintain the existing five community SPQ field of nursing practice annotations:

- community children's nursing
- community learning disabilities nursing
- community mental health nursing
- district nursing
- general practice nursing.

We are also proposing that we introduce a new qualification annotation:

- Specialist community nursing qualification for community roles that do not currently have a community nursing SPQ, but which require a level of knowledge and skill that similarly surpasses that described in our pre-registration standards. The proposed new SPQ would accommodate roles that exist now and may be developed in the future.
- **The education and training standards (known as programme standards) for SCPHN and SPQ programmes.**
 - These draft SCPHN and community nursing SPQ programme standards are consistent with the previous programme standards that we have published over the last two years. They reflect the student journey and are grouped under the following five headings:
 - selection, admission and progression
 - curriculum
 - practice learning
 - supervision and assessment
 - qualification to be awarded.

8. Our approach to this consultation

The consultation will be hosted by Pye Tait, an independent research organisation who will also analyse the feedback on our behalf.

Pye Tait will also be undertaking qualitative focus groups and telephone interviews with members of the public and people who are supported and cared for by our SCPHN and SPQ qualified professionals. We have found that this is the best approach to meaningfully engage with and obtain views from members of the public and seldom heard groups.

We have also engaged Blake Stevenson, an independent research organisation, to conduct independent user testing of our draft standards with stakeholders to ensure that our draft standards are accessible, inclusive, assessable, measurable and fit for purpose. This is something that has been done successfully with previous standards we have developed and published. All these findings will also feed into finalising the SCPHN, SPQ and programme standards before seeking the NMC Council's approval and permission to publish.

9. Legal framework for setting standards

The Nursing and Midwifery Order 2001 ('the Order') sets out our role in the setting and maintenance of education standards. In the setting and maintenance of the standards, the NMC must follow its overriding objective of protecting the public. The NMC is required to engage and consult before our Council approves any changes to its standards for education and training.

9.1 Legal Framework for SCPHN

The SCPHN part of the register is for registered nurses or midwives with an additional NMC approved UK qualification or NMC recognised equivalent overseas qualification as a health visitor (RHV), school nurse (RSN), occupational health nurse (ROHN), or family health nurse (RFHN). It is possible to be registered as a Specialist Community Public Health Nurse which is currently recorded on our register as a registered public health nurse (RPHN). Those registered nurses and midwives with additional registration in this part can use the protected title of 'Specialist Community Public Health Nurse'. This is set out in Paragraph 7(7) of the Parts and Entries Order. No other post-registration qualifications fall within the scope of the SCPHN (or 'third') part of the register.

Article 5(2) of the Order requires the NMC to establish the standards of proficiency necessary to be admitted to each part of the register and for safe and effective practice under that part of the register. Article 15(1) of the Order requires the NMC to establish the standards for education and training which are necessary to achieve the standards of proficiency for admission to any part of the register. Both of these articles apply to Specialist Community Public Health Nurse (SCPHN) proficiencies and programme standards.

9.2 Legal framework for SPQ

The current community SPQ qualifications (including children's community nursing, community learning disabilities nursing, community mental health nursing, district nursing and general practice nursing), are listed in paragraph 7(3) of the Part and Entries Order which expressly provides that they "shall be recorded in the Nurses' Part of the register". They do not attract any additional protected title.

Article 19(6) of the Nursing and Midwifery Order allows the NMC to establish standards of education and training for any additional qualifications that may be recorded on the register. Articles 15(3) to (9) and articles 16 to 18 shall apply in respect of those standards as if they were standards established under article 15(1)(a). This means the NMC may establish standards of education and training and may approve a course of education or a qualification in relation to Specialist Practice Qualifications (SPQs).

9.3 Legal framework for proposed additional SPQ qualification

We have an additional power in Paragraph 7(8) of the Parts and Entries Order to include “such entry as it considers appropriate to indicate that a registrant possesses any other qualification (whether or not it is an approved qualification) or competence in a particular field or at a particular level of practice “. Article 19(6) of the Nursing and Midwifery Order (‘the Order’) gives the Council the power to set standards for any additional qualifications which may be recorded on the register. These are the powers the Council would use to approve standards for the proposed new post-registration community nursing qualification.

10. Equality, diversity and inclusion

These draft standards are aligned to our [Equality, diversity and inclusion \(EDI\)](#) priorities that were published in 2020. In particular this reflects our commitment to:

- promote a just culture
- challenge discrimination in the health and care sector’s work and learning environments
- support the reduction of health inequalities
- improve our EDI evidence base and extend our insight
- support the health and wellbeing of nursing and midwifery professionals.

We carry out a full equality impact assessment for each project that falls within our education programme. As part of this process, we highlight positive changes we want to make and identify areas that may have the potential to impact negatively from an EDI perspective together with the actions we must take to mitigate this.

This consultation is part of our equality impact assessment process. During this process we will be looking at any actions we can take to make sure that EDI is embedded in all areas across our standards.

Following your review of the proposed draft standards we would welcome your feedback in relation to any aspects of EDI that these standards could impact upon. We would like to hear where you think we could do more to meet our duty to eliminate discrimination, advance equality of opportunity and foster good relations between different groups within our regulatory role. We have included a section in the consultation that specifically seeks your views on the EDI implications of our proposals.

11. Regulatory reform

This review of post-registration standards and qualifications does not propose any changes that would require changes to our legislation, and we are not asking for views on issues that would require legislative change in this consultation. This is because the Department of Health and Social Care (DHSC) is currently undertaking work on the reform of professional regulation frameworks and is preparing to consult on this work.

Their proposals are likely to include changes to our legislation, which will ultimately affect how our register is structured and how we oversee annotations. It is possible that the DHSC consultation may overlap with the timing of our post-registration consultation. We will monitor this and consider any impacts in due course.

12. Proposed timescales

We aim to publish our standards of proficiency for the future post-registration standards and associated programme standards in 2022.

All education providers will be expected to have adopted these new standards of proficiency by September 2023 when the current standards are withdrawn.

13. How to navigate your way through and respond to the consultation

You can respond via the following link: www.pyetait.com/future-community-nurse-professionals

If you can't submit your response using the online survey, please contact us at consultations@nmc-uk.org for an alternative format.

You can also use this email address if you have any questions.

All consultation questions are optional except for the 'About you' questions. This shows us if we have engaged with a diverse and broad range of people. Responses on behalf of organisations will be analysed separately from responses from individuals, so it's important that we know which capacity you are responding in.

If you're responding on behalf of an organisation we'll ask for your name and the organisation's name. However, you have the option to remain anonymous if you wish.

If you're responding as an individual we won't ask for your name. Therefore, you won't be able to change your responses after you have submitted them. We also won't be able to provide a record of your responses.

14. Next steps

This consultation will run for 16 weeks from 8 April until 2 August 2021. Any responses received after this time won't be included in the analysis of the consultation responses.

We will continue to engage with all our stakeholders as the consultation gets underway and development of the standards progresses.

We will use the findings of the consultation to shape the next version of the standards. Our independent research company will analyse all of the responses. We will then establish groups of stakeholders and share these findings with them, to help us to co-produce the next iteration of the standards. The findings of the consultation will be made public. The Council will be presented with a final version of the standards and asked to make a decision on their adoption during a public meeting.

Thank you for taking the time to respond to this important consultation.



The role of the Nursing and Midwifery Council

What we do

Our vision is safe, effective and kind nursing and midwifery that improves everyone's health and wellbeing. As the regulator of almost 725,000 nursing and midwifery professionals, we have an important role to play in making this a reality.

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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.

These standards were approved by Council at their meeting on (DATE TBC).