

## Health visiting

### Introduction

- 1 This document has been drafted to reflect the NMC's position on health visiting (HV) and to support the application of NMC standards as flexibly as possible. It supports existing material which should be referred to. It is intended to inform approved education institutions (AEIs) and employers of health visitors who are asked to use the document to inform design and delivery of programmes. This should enable them to provide attractive options for prospective students. There are a number of factors affecting levels of entry to health visiting programmes and the continuing practice of existing health visitors. The demographic profile of the profession suggests that many health visitors will retire in the near future. Many of these issues are outside the regulatory remit of the NMC. However the NMC can support AEIs to provide attractive options for prospective students. This will encourage the development of a range of modes of delivery that offer attractive options for prospective applicants to health visiting programmes.
- 2 The NMC wants to play its part in meeting the challenges of recruiting, preparing and keeping health visitors in their key roles in public health care. There are a number of myths or misapprehensions that exist around health visitor education programmes and the support of students. This document sets out to dispel some of these myths and highlight areas where there are opportunities for flexible approaches to programme delivery within NMC standards. The information below is intended to guide and support services, education commissioners and AEIs to work together in meeting the challenge of getting more health visitors into practice. Examples of AEIs' experiences in meeting these challenges have been incorporated into this document where available.
- 3 The NMC introduced specialist community public health nursing (SCPHN) as a separate registration in 2004. The new part of the register was introduced to improve public health, and health visitors play an important part in this. The introduction of the SCPHN part of the register emphasised public health components of the health visitor's role and this allowed the education programmes to reflect this in the content and mode of delivery. However much of what health visitors do can vary according to the population they serve. In some deprived communities it can be hard for health visitors to engage with the more strategic elements of public health when they have an extensive safeguarding caseload.
- 4 There is increasing evidence of the importance of early interventions with families to support the general health and well being of children. It is widely recognised that health visitors have a vital role to play in supporting parents to establish loving and positive relationships with their children. Such nurturing behaviour has demonstrably positive impacts at many key life stages and lays the foundation for healthy and happy families and individuals. Health visiting also includes issues of mental health, emotional health and well being and support for young people in addition to children.

## Health visitor education programmes

- 5 Education programmes may be delivered as full time study or part time. A full time programme comprises 45 weeks study to be completed within a 156 week period, part time study should be completed within 208 weeks NMC. Students' previous experience should be taken into account and programmes should have clear progression points at which students may enter or exit the programme depending on their personal circumstances. The NMC's standards are very broad and allow considerable scope for local interpretation by AEs. The standards must be met and there are some key areas including periods of consolidated practice towards the end of the programme that are non-negotiable.
- 5.1 **Myth.** You have to have practised for a minimum period as a nurse or midwife before you enter a health visitor programme.
- 5.2 **Fact.** The requirements for entry to SCPHN/HV programmes are very flexible and no minimum period of post registration experience is required. Nurses and midwives can enter the programmes at any stage as long as they can demonstrate that they are able to study at the required educational level.
- 5.3 **Myth.** The only way to undertake a health visiting programme is through full time secondment or sponsorship for a full year.
- 5.4 **Fact.** There are lots of ways to study and the NMC standards are very supportive of flexibility to meet students' needs in this respect.
- 5.5 **Myth.** You must be an adult nurse to enter a SCPHN/HV programme.
- 5.6 **Fact.** Any registered nurse or midwife is eligible to apply to a SCPHN/HV programme.

### Practice examples

- 6 Part time study – many AEs offer the health visiting programme part time over two years.
- 7 Students who enrol on the full time programme but experience personal difficulties sometimes step onto the part time route to complete the programme.
- 8 Part time students often work for the same trust for the rest of the week. In order to protect practice and help the student to maintain their supernumerary student role, the AEs recommend that the practice placement is different from their normal place of work or work base.

## Accreditation of prior learning (APL)

- 9 The NMC standards are very clear in requiring AELs to use means of recognising applicants' achievements prior to entering the programme. This can mean formalised learning in the form of other courses. Practical and experiential learning that could enable students to access the programme or gain credit against the outcomes should also be recognised.
  - 9.1 **Myth.** You have to complete a full year of study in order to qualify and register as a health visitor.
  - 9.2 **Fact.** APL can be applied up to a maximum of one-third of a SCPHN/HV programme.
  - 9.3 **Myth.** You must have undertaken degree level study to be eligible to enter a programme.
  - 9.4 **Fact.** The NMC sets no requirements around entry criteria to programmes in terms of academic level, amount or type of previous experience or qualifications. AELs will want to see evidence of ability to study at the appropriate level.
- 10 A number of innovative approaches are being taken to the achievement of SCPHN/HV registration. One route specifically targets graduates who enter pre-registration nursing programmes with APL and complete these within two years. The successful students then progress immediately on to a full time SCPHN/HV programme and therefore enter the SCPHN part of the register in three years. Other AELs have recruited nurses into community roles where they contribute to the team immediately. They then access modules during their first year and then apply, with APL onto a part time SCPHN/HV programme. This approach has the benefit of allowing practitioners to contribute to the service during any period when they are not on the programme.
  - 10.1 **Myth.** You can't enter a SCPHN/HV programme until you have at least a year's post registration experience.
  - 10.2 **Fact.** There is no such requirement and many nursing students already have primary care experience to build on.

### Practice examples

- 11 AELs do accept students directly from pre-registration programmes.
- 12 Several AELs are offering '2+1' programmes, where a graduate with a health related degree APL's into the first progression point of a pre-registration programme, achieving first registration after two years. They then immediately commence the SCPHN/HV programme. The availability of these programmes is likely to increase.
- 13 These programmes appeal to primary care trusts, who in some cases interview applicants with the AEL at the point of entry into the pre-registration programme.

This practice strengthens the partnership approach to programme delivery and assures service providers of the ability of applicants to undertake the programme and progress to health visiting practice.

- 14 Pre-registration programmes have greater opportunities for practice learning in primary care through the 'hub and spoke' approach to placements, thereby facilitating the graduate to move onto a SCPHN/HV programme without any requirement of post-registration experience in primary care.

## Leadership

- 15 The changes in the delivery of health visiting and other health care services have created leadership opportunities for health visitors. The NMC standards identify specific elements of leadership and management, quality and risk management. The broader elements of the role mean that health visitors can lead teams and deliver effective public health services. This makes effective use of the competences acquired during the SCPHN/HV programme.

15.1 **Myth.** Health visitors just weigh babies.

15.2 **Fact.** Health visitors work with families and local communities to improve the health and well being of children and families.

15.3 **Myth.** Health visiting is just about child protection.

15.4 **Fact.** Safeguarding children is a vital part of the role but equally important is improving the public health of a community, supporting parents and enhancing parenting skills.

- 16 Health visitors have unique professional expertise to:

16.1 deliver universal child and family health services via the Healthy Child Programme

16.2 lead health improvement on subjects such as healthy eating, accident prevention and emotional wellbeing

16.3 help families stay in touch with wider sources of support

16.4 be leaders of child health locally, including fostering partnership between GPs, midwives and children's centres.

- 17 Health visitors work closely with their local children's centres and other partners to ensure that all families have access to the support they need when children are in their early years.

## Supervision and assessment of HV students

- 18 Current practitioners play a vital role in supporting prospective health visitors, their experience in the role and as a mentor or practice teacher will prepare the practitioners of the future. The NMC standards to support learning and

assessment in practice set out in detail the requirements for practice teachers. Whilst these standards stipulate that practice teachers should support only one SCPHN/HV student at any point in time flexibility has subsequently been applied in NMC circular 26/07. This policy allows mentors to contribute to the practice learning of SCPHN/HV students. In order to support individuals to become practice teachers it was necessary to allow some flexibility. A similar flexible approach may be applied to student support. In keeping with NMC circular 26/07, a practice teacher can oversee a mentor on the SCPHN part of the register who would supervise the SCPHN/HV student.

- 18.1 The practice teacher would need to meet with the student and their mentor at agreed, pre-determined points to monitor the student's achievements and identify any areas of concern.
  - 18.2 The mentor would be able to make incremental assessment decisions as agreed in partnership with the practice teacher.
  - 18.3 The practice teacher and the mentor would jointly assess achievement of overall proficiency for entry to the SCPHN part of the register at the end of the programme. Records of student achievement should be signed by both parties to verify the assessment.
  - 18.4 Those health visitors who have maintained their registration as health visitors may act as mentors or practice teachers providing they are qualified to do so.
- 19 Where practice teachers are supporting and assessing students in this way, it will be possible for them to support more than one student at a time. Practice teachers still need to be able to commit themselves to this role (in line with the NMC 2006 revised 2008 standards) as well as maintaining safe and effective SCPHN/HV practice. The sign-off practice teacher remains accountable for confirming that the student SCPHN/HV has satisfied the requirements for registration. It may be a joint process in terms of a learning opportunity but the sign-off practice teacher must be able to explain why or why not the student has satisfied the requirements for registration.
- 19.1 **Myth.** Practice teachers can only ever support one student at a time.
  - 19.2 **Fact.** Practice teachers can work with mentors to support a number of students.

- 19.3 **Myth.** You can't work as a community nurse whilst you are studying on a health visitor programme.
- 19.4 **Fact.** Whilst you can't be counted in the workforce as part of your programme, this shouldn't stop you working as a team member if you are studying part time.
- 19.5 **Myth.** Health visitor programmes have to follow a rigid structure in accordance with NMC standards.
- 19.6 **Fact.** The standards have lots of flexibility built into them.
- 19.7 **Myth.** You can only be a practice teacher if you are part of the health visiting team.
- 19.8 **Fact.** As long as you have maintained your registration and meet the requirements set by your AEI you should be eligible to act as a practice teacher.

### Practice examples

- 20 **Long arm practice teaching:** A qualified practice teacher supports two experienced mentors who are themselves due to start the practice teacher preparation programme. Each of these has a student health visitor. The practice teacher signs off the student health visitors and the trainee practice teachers countersign.

### Maintaining your registration

- 21 In order to continue to be eligible to practise you must demonstrate that you have practised as a specialist community public health nurse for a minimum of 450 hours over the past three years. You must also conform to the Prep requirements of five days study.

### Return to practice programmes

- 22 Return to practice programmes support nurses and midwives to return to active registration. The standards are the same for nursing, midwifery and specialist community public health nursing. Employers will often provide additional experience on these programmes to provide nurses and midwives with the opportunity to build their confidence in contemporary practice settings.
- 22.1 **Myth.** You cannot undertake a return to practice programme that enables you to return to a health visiting role.
- 22.2 **Fact.** You can – you just need to discuss this with the AEI running the programme.
- 23 Nurses and midwives currently wishing to return to practice can do so by successfully completing either a nursing, midwifery or SCPHN return to practice programme. Details can be found at: [www.nmc-uk.org/approved-programmes](http://www.nmc-uk.org/approved-programmes)