Housekeeping

- Everyone, except the presenters, are automatically muted
- The “raise your hand” feature will not be used today
- Use the “?” feature or speech bubble to submit any questions or comments at any time
- Audio-only participants can email questions and comments to PRSCOi@nmc-uk.org
- We can’t address individual points but everything is being noted for consideration
- Key emerging themes will be shared in the second part of the webinar
- The session will be recorded
WELCOME AND AIM:

TO OUTLINE THE PROJECT, ITS PROGRESS SO FAR AND TO SEEK YOUR VIEWS
Standards of Proficiency

Pre-registration
• What nurses/midwives/nursing associates need to **know** and **be able to do** to join the register

Post registration:
• Additional qualifications in a particular area of practice, which **specify a higher level** of knowledge and skill
Specialist practice qualifications

• **SPQ standards** originally published in 1994 by UKCC, the standards were reissued in 2001 by the NMC

• Currently there are nine SPQs:
  • 5 community focused SPQs
  • 4 non-community SPQs

• Leads to an annotation on the register
NMC register: Number of people on our register with these qualifications (31 March 2020)

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<tr>
<th></th>
<th>England</th>
<th>Scotland</th>
<th>Wales</th>
<th>NI</th>
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</table>
Poll question 1

Which country are you based in?

• England
• Northern Ireland
• Scotland
• Wales
• Other
Poll question 2

How would you describe your employment role?

1. Frontline practitioner
2. Educator
3. Employer
4. Policy/research
5. Advocacy/ voluntary sector representative

If your role doesn’t fit into any of the above, type in ‘Other’ in the chat box and tell us what your role is.
Challenges

Approved SPQ programme numbers and students are declining

- Student numbers small in some areas – not economical to run
- Courses not being commissioned
- Employers not investing in them

Updating current standards will not change this and;

Some stakeholders don’t believe NMC regulated programmes are necessary
Wider evidence

- There is evidence to show that post registration education and training adds value to people, service and the professions.

- Finding evidence that post registration education needs to be regulated has proved difficult.

- There is evidence that regulation of advanced clinical practice adds value in terms of safety and consistency.
Vision for Community Nursing

- Pivotal to community care
- Clinical experts
- Autonomous practitioners
- Leaders (services, teams)
  ...to deliver better care for people
- Recognised and valued for that
Post registration standards steering group

Chaired by Dr David Foster

Four County representation including:

- CNO representation
- Educators
- Public health bodies

Professional bodies
Unions
Skills for health
Social care representation
Proposal to steering group

One new, Community SPQ

Rationale:
Higher level of practice: regulation
- Core standards across all groups: allow educational economies of scale
- Bespoke standards for individual specialties: recognise current specialisms
- Potential to move community nursing into regulated advanced practice: high value
- Aims to meet the needs of employers to support delivery of new models of care in the community
Developing the thinking: a post registration regulated qualification in primary and community nursing …

What it isn’t:
• A job title
• A new district nursing, general practice, community learning disabilities, mental health or child qualification
• Something you have to have, to work in the community
• Does not dictate pay, banding or seniority

What it is:
• A set of knowledge and skills proficiencies that enable people to work at an advanced level in the community
• One Specialist Practice Qualification with core standards that will apply to all, together with any bespoke standards for different fields of practice that are required
• Incorporates advanced knowledge and skills required in complex care, acute care, long term conditions, primary and community care and public health
Where we are now: SPQ

• Convened rolling small group discussions with SPQ Chair, Professor Owen Barr on:
  • direction of travel for new community nursing SPQ
  • virtual stakeholder engagement completed
  • emerging themes

• Next steps:
  • Initial discussions completed
  • Evidence consolidation phase – considering what we’ve heard in the extensive engagement period
Emerging themes:

1. From the evidence
2. From our engagement events

What is core to all community nurses?
What is bespoke for different specialties?
Themes from the SPQ evidence
(initial analysis)
Engagement so far:

**Webinars**: mixed groups, larger numbers of people

**Online meetings**: subject matter experts (senior leaders, senior nurses working in community services, professionals)

**Online “roundtables”**: groups of professionals, advocacy groups, public health professionals, educators, commissioners
Themes from our engagement: What applies to ALL community nurses?

- Autonomous professional practice (including independent prescribing) – ‘being able to not rely on sanctioning of others for making decisions’
- Research and quality improvement
- Being a ‘lynchpin’ or facilitator for integrated services and support
- Being an advocate at system, social, professional and political levels
- Leading and managing: Co-production and co-designing service and care with people
- Enhancing safety and balancing risk
- Educat ive role of people and professionals
- Knowing your community, wider community public health
Community Childrens Nursing – themes

- **Managing transition** – from children services to adult services
- **Educating families/carers** – as decision makers, giving parents/carers the knowledge and skills to look after their child
- **Differential diagnosis** – be able to perform higher, advanced or specialist level skills e.g. abdominal exams, chest exams - in order to take differential diagnosis
- **Advanced communication skills** – e.g. be able to communicate with children from 0-18, children with learning disabilities
- **Assent/Consent** – Gillick competency and mental health capacity
- **Collaborative and partnership** – drawing upon respective expertise of both public health nurse workforce and CCN workforce,
- **Children with complex needs** – manage comorbidities and coordinate care
- **Advocacy** – CCNs see the whole child in the family situation, putting the perspective of the family across to everyone
Emerging themes from engagement with educators, employers and commissioners
• **Advanced communications skills** – being able to communicate with people on making end of life decisions, people refusing care and help, Covid-19

• **Leadership and Autonomous practice** – lead services and teams, being able to deliver immediate care

• **Prescribing** – being able to care of patients in a timely way

• **Positive behaviour support** and self-advocacy, empowering individuals and families

• **Technology** – CV-19 learning, person-centred care consultations, data capture

• **Frailty** – across all age groups, it can also be amongst children and young people e.g. those with long-term conditions or eating disorders

• **Research and quality improvement** – create evidence to influence practice improve quality

• **Integrated services** – linking services is critical, work collaboratively

• **Business/Commercial acumen** – service provision and finances
Emerging themes from engagement with advocacy groups
Themes from roundtable with advocacy groups for children and young people

- **Safeguarding** – child protection and mental health is seen as priority issues
- **Emotional support** for children, parents and young people
- **Holistic assessment** – working holistically within the context of a particular child's world
- **Lack of diagnosis** – some children are under multiple teams for many years to waiting for a diagnosis
- **Transition** from child to adult services – collaboration to ensure transition from paediatrics to adult services
- **Lynchpin** – for families and experts with a particular condition and they link with families, acute teams, hospital teams, community teams
- **Advocate** – be an advocate for the child and family, seeing the child in the context or the wider issues
Summary: Key message

Across all types of engagement, the themes are very similar
We want to hear your views

At this specialist / higher level of practice:

• What are the **knowledge and skills** needed to provide the level of care required by people in or near their own homes in the **next 20 years**?

• How do we raise the bar and **ambition** for specialist community and primary care nurses of the future?

• What **specific** knowledge, skills and attributes do we need to state in relation to your **distinct** field of community and primary care nursing?
Poll question 3

Do you agree with the proposed core areas / themes?

• Yes
• No
• Don’t know
Poll question 4

Do you feel better informed of our plans to review and update the SPQ standards?

• Yes
• No
• Partially
Next steps

- Evidence consolidation
- Thematic analysis from engagement stage
- Standards drafting considerations
- Consultation and user testing planning
# SPQ webinar dates

<table>
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<tr>
<th>Date</th>
<th>Time</th>
<th>Topic of webinar</th>
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<tbody>
<tr>
<td>1 Sep (Tues)</td>
<td>16:00-17:00</td>
<td>General Practice nursing</td>
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<tr>
<td>9 Sep (Wed)</td>
<td>10:00-11:00</td>
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<tr>
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<td>12:30-13:30</td>
<td>Community learning disabilities nursing</td>
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<tr>
<td>10 Sep (Thurs)</td>
<td>14:00-15:00</td>
<td>Community children’s nursing</td>
</tr>
<tr>
<td>10 Sep (Thurs)</td>
<td>16:00-17:00</td>
<td>District nursing</td>
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Thank you

For enquiries contact us at PRSCOI@nmc-uk.org