Nursing & Midwifery Council

Post registration Specialist Practice qualifications review – community children's nursing

10 September 2020

Housekeeping

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- 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

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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

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- **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)

	England	Scotland	Wales	NI	Non-UK based	TOTAL
DN	11,917	1,521	1,136	758	96	15,428
GPN	1,239	117	215	115	10	1,696
Comm. Children's	633	49	85	94	6	867
Comm. LD	303	35	46	38	1	423
Comm. MH	854	130	182	41	13	1,220
TOTAL	**14,946**	**1,852**	**1,664**	**1,046**	**126**	**19,634**

Poll question 1

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Which country are you based in?

- England
- Northern Ireland
- Scotland
- Wales
- Other

Poll question 2

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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

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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

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- 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

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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

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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

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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 …

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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

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- 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

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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)

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Engagement so far:

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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?

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- 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
- Educative role of people and professionals
- Knowing your community, wider community public health

Community Childrens Nursing – themes

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- **Managing transition** – from children services to adult services
- **Educating families/carers** – as decision makers, giving parents/carers the knowledge and skills 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

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Emerging themes from engagement with educators, employers and commissioners

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- **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

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Emerging themes from engagement with advocacy groups

Themes from roundtable with advocacy groups for children and young people

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- **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

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Across all types of engagement, the themes are very similar

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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

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

- Yes
- No
- Partially

Next steps

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

SPQ webinar dates

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Date	Time	Topic of webinar
1 Sep (Tues)	16:00-17:00	General Practice nursing
9 Sep (Wed)	10:00-11:00	Community mental health nursing
9 Sep (Wed)	12:30-13:30	Community learning disabilities nursing
10 Sep (Thurs)	14:00-15:00	Community children's nursing
10 Sep (Thurs)	16:00-17:00	District nursing

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Thank you

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