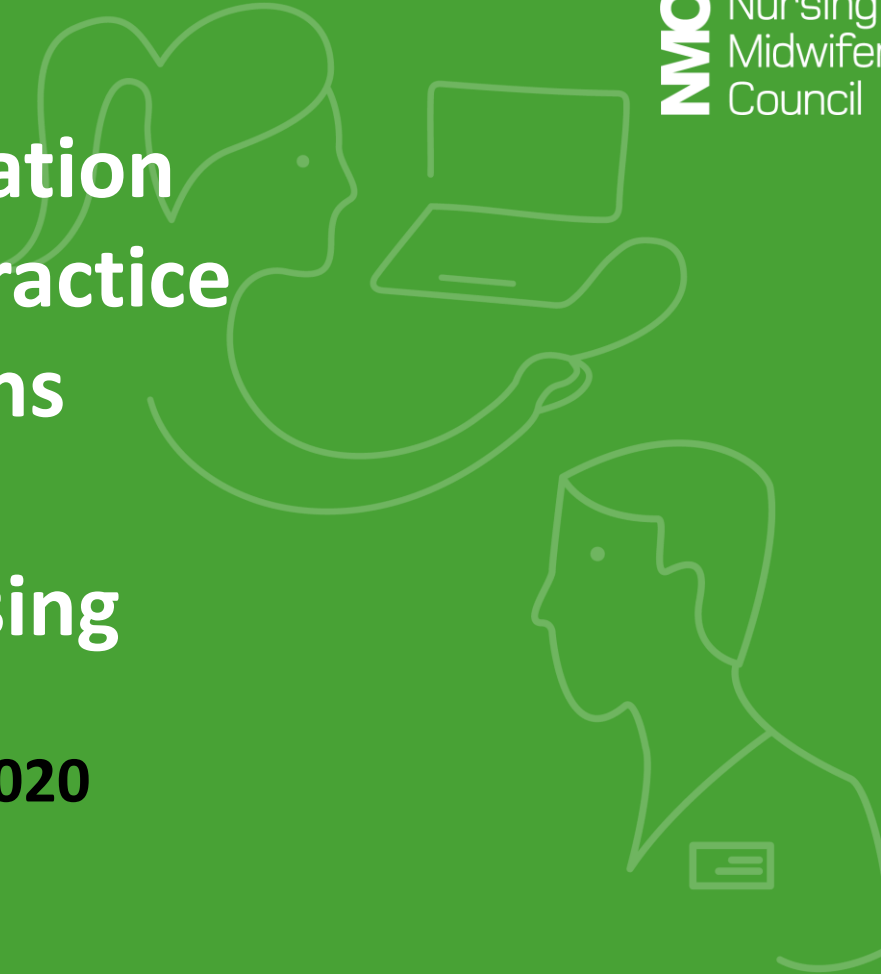


Post registration Specialist Practice qualifications review – district nursing

10 September 2020



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)

	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

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;

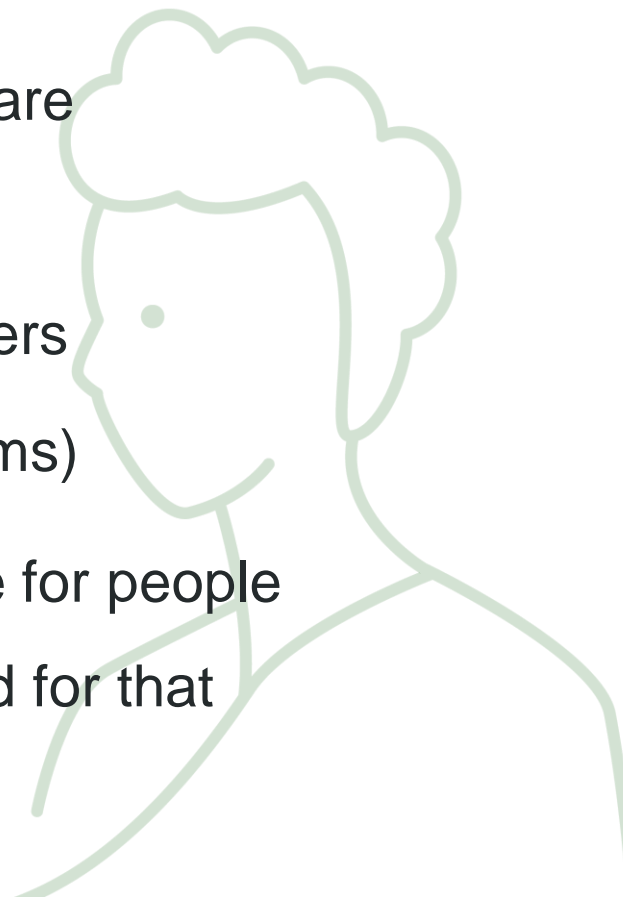
Some stakeholders don't believe NMC regulated programmes are necessary

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

District Nursing – themes



- **Complex care** – delegating complex care, assessing clinical complexity, managing and responding to different environments
 - **Large workload** – managing large teams across multiple locations, volume and complexity of caseload
 - **Leadership** – leading a highly skilled mixed team, effective leadership across health and social care integration
 - **Environment** – impact of environment on advanced clinical assessment, social and psychological factors; care of patients at different stages of the lifespan
 - **Specific skills** – advance history taking, prescribing, clinical skills to make objective referrals and decisions for highly complex patients, be dynamic in ever changing circumstances
 - **Lynchpin** – within primary care networks
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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 engagement with advocacy groups representing older people and those with long term conditions

- Standards should be focused on the vulnerable e.g. older people, those with complex health **and** social care needs
- Regulate areas with the highest level of vulnerability, for example: demographic changes, comorbidities, those who have multiple touch points with the professions, aging populations, those with multiple complex needs, those needing end of life care

Themes from engagement with advocacy groups



- All registrants have a role in education
- Skills to enable behaviour change, public being able to own their health and be supported to do so
- Co-production between those providing care and those receiving care
- Advance level of communication skills e.g. breaking down power differentials

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

Themes from roundtable with advocacy groups for learning disability and mental health



- **Unconscious bias** and implicit attitudes – deeper understanding of the assumptions. Prominent reasons for premature death of people with a learning disability – diagnostic overshadowing
- Anti-discriminatory – be able to **challenge discrimination**
- **Prescribing** – medication management, polypharmacy, social prescribing
- **Positive risk taking** – requires lots of experience and knowledge
- **Mental competency and resuscitation** considerations
- **Decision making** – empowered decision making in challenging situations
- **Positive behaviour support** – strategies to improve quality of life, promote skills development, reduce behaviours that challenge and minimise restrictive practice
- **Communication skills** – adapting communication methods to people's needs, reading and using body language to engage with people
- Access to **public health services** for those with learning disabilities or mental health issues

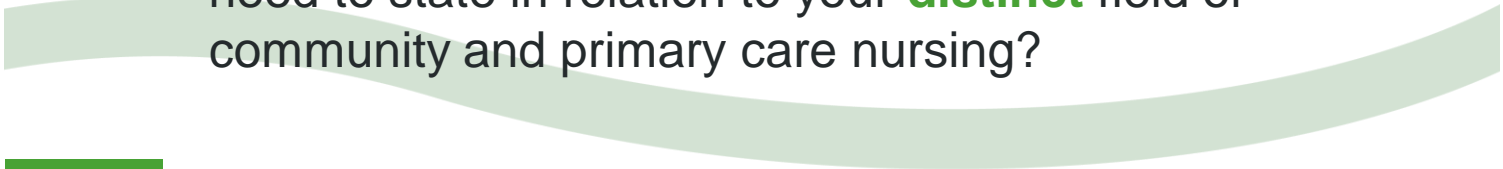
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Summary: Key message

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?
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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

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

Thank you

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

NMC Nursing &
Midwifery
Council

