



**Post registration
Specialist Practice
qualifications
review –
General Practice Nursing**

**Webinar
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: Community based SPQ registrant annotation data: 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 these post registration standards 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 elements: **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 hierarchy

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

Emerging community nursing themes

- Autonomous professional practice – ‘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
- Wider community public health

What we heard on 3 August: what are your views?

The Common Themes emerging across all fields of primary and community nursing are:

Autonomous practice – being the lynchpin

Advanced communication skills

Managing teams and collaborative working

Public health aspects of the role – knowing the community you serve

Leadership – as specialist clinician and leading care delivery

General Practice Nursing – themes

- **Autonomy** – an advanced level of thinking and knowledge of population health
- **Public health** – promote the health and improve the health of the practice population
- **Confidence** – be able to shape a consultation within a time frame, decision-making
- **Communication skills** – advance level of communication skills for consultations, develop a rapport
- **Adaptability** during consultations – being skilled and adaptable enough to respond to something unexpected in a consultation
- **Relationships** – dealing with complex relationships and conflicts of interest

Community Mental Health Nursing



- themes

- **Diagnosis** – assessment formulation resonates more in a mental health context than diagnosis
- **Risk assessments** – advanced risk assessments and positive risk assessments plus positive behaviour support is important at a high level
- **Mental Health Act** – advanced understanding of legal frameworks and legal underpinnings
- **Advanced skills** – e.g. organisational skills, managing diverse skills, communication skills, to conduct a physical assessment, but also a mental health assessment
- **Diagnostic overshadowing** – looking at the person beyond the diagnosis/addiction
- **Public health** – awareness of local services, social interventions, and how to deliver care differently

Community Learning Disabilities Nursing – themes



- **Leadership** – e.g. responsible for meetings, decision making tools, responding to a range of needs
- **Advanced assessment** – inclusion of people with learning disabilities in their own care in the community, being able to think outside of box
- **Physical health assessment** to prevent diagnostic overshadowing, necessary as serious health needs go undiagnosed
- **Managing teams** – multi-disciplinary and inter-agency
- **Public health** – community profiling, looking at how people live and the socio economic impact on health
- **Reasonable adjustments** – becoming the reasonable adjustment for other services; should be the advocates for reasonable adjustments.
- **Health complications** specific to people with learning disabilities

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 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 and mental health capacity
- **Collaborative and partnership** – drawing upon respective expertise of both public health nurse workforce and CCN workforce, working relationships between CCNs and HVs who might have a pre-existing relationship with the family
- Specific skills to manage and provide care for **children with complex needs** and comorbidities
- **Advocacy** – CCNs see the whole child in the family situation, putting the perspective of the family across to everyone

District Nursing – themes



- **Complex care** – delegating complex care for others, assessing clinical complexity, managing and responding to different environments
- **Large workload** – managing large teams across multiple locations on a daily basis, manage and lead a highly skilled mixed team, volume of caseload, complexity of huge caseloads and the large number of patients
- **Leadership** – providing, strong and effective leadership across health and social care integration (including the Independent and Voluntary Sectors),
- **Environment** – assess the clinical complexity which includes advanced clinical physical assessment combined with the impact of the environment, social and psychological factors; care of patients at different stages of the lifespan with different needs according to that life stage
- **Age of patients** – 18 and above
- **Specific skills** e.g. advance history taking, prescribing, clinical skills to make objective referrals and decisions for highly complex patients, be dynamic in ever changing circumstances
- **Lynchpin** e.g. providing a lynchpin within primary care networks

Themes from roundtable with SPQ frontline professionals

- **Advanced communications skills** – being able to communicate with people on making end of life decisions, people refusing care and help, Covid-19
- **Autonomous practice** – being able to deliver immediate care
- **Prescribing** – being able to care of patients in a timely way
- **Positive behaviour support** in mental health and learning disabilities nursing
- **Self-care** and motivational interviewing
- **Technology** – use appropriately, depends on the needs of the person receiving care
- **Frailty** – across all age groups, it can also be amongst children and young people e.g. those with long-term conditions or eating disorders
- **Leadership**
- **Research** – seeking out knowledge and working with the patient to resolve issues

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** and bereavement - working holistically within the context of a particular child's world as so many factors will have a bearing on how they fare emotionally
- **Lack of diagnosis** – issues and problems with not having a 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**
- **Abuse** – institutional abuse, organisational abuse
- **Prescribing** – medication management, polypharmacy
- **Positive risk taking** – requires lots of experience and knowledge
- **Mental competency and resuscitation** considerations
- **Decision making** – empowered decision making in challenging situations/ autonomously
- **Positive behaviour support** - strategies to improve quality of life, promote skills development, reduce behaviours that challenge and minimise restrictive practice
- **Communication skills** – e.g. alternative communication methods like reading and using body language to engage with people, especially with people who can't easily express themselves with words
- Access to **public health services** for those with learning disabilities or mental health issues

Themes from roundtable with employers and commissioners

- **Leadership**, not management – leadership within the public health arena
- **Integrated services** – linking services is critical e.g. learning disabilities with mental health services, recognising different models in the four countries
- **Quality improvement** – use a quality improvement methodology within their everyday role
- **Business/Commercial acumen** – understanding the business side of the services provided
- **New technologies** – providing meaningful assessment via a video consultation, encouraging the use of tele-health with certain patient groups
- Working with voluntary sector – **knowing one's community** is vital for support with self-advocacy, continuity of carer and safeguarding, where to signpost to

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?

- a. Yes
- b. No
- c. 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

