

Standards of proficiency for community nursing specialist practice qualifications

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Introduction

What we do

The Nursing and Midwifery Council (the 'NMC') is required to set standards of proficiency, education and training for nursing and midwifery professionals seeking to join our registers for the first time. As part of this we review our standards regularly to ensure they continue to protect the public, are fit for purpose, and are necessary for safe, effective and kind care. When we review any of our standards, including standards that lead to annotation, we take into account new evidence, the changes taking place in society and changes in health and care.

Education and training beyond initial registration

We recognise that in today's health and care services, the roles of nurses, midwives and nursing associates are changing and expanding, requiring higher levels of clinical autonomy, knowledge and skill in order to achieve their full potential and to contribute to the delivery of services for the benefit of [people](#). Everyone on our register undertakes additional education and training after their initial professional registration to develop further knowledge and skills.

We take a proportionate approach to the regulation of post-registration qualifications. We reserve regulation to those areas where ensuring consistency of standards of proficiency, and standards for education and training, is needed to achieve a higher level of quality and safety in order to mitigate risk and to reassure the public. One of the means that we have of recognising post-registration qualifications is through setting standards for [specialist practice](#) qualifications (SPQs).

Specialist practice qualifications are annotations to our register. They indicate that a registered nurse has successfully undertaken an NMC approved SPQ programme that meets our standards in a particular area of practice. To undertake a specialist practice qualification, you must be a first level registered nurse.

Community nursing in the 21st century

The current specialist practice qualifications for [community nursing](#) were developed in 1994 for the community nursing roles that existed at the time: community children's nursing, community learning disabilities nursing, community mental health nursing, district nursing and general practice nursing.

In the 21st century, care of people of all ages is increasingly being delivered in the community, in people's homes and in settings close to their homes. These settings include care homes, hospices, GP practices, residential and educational settings, and prisons and offender health settings. As a result, new models of community care are emerging, and new nursing roles are developing in addition to those which currently have an SPQ. Holding a community specialist practice qualification is not a pre-requisite to be able to work in the community. For many roles and/or types of nursing activity, a combination of the standards of professional behaviour and conduct enshrined in the Code, and the requirement to meet the knowledge and skills specified in the pre-registration nursing standards of proficiency, along with subsequent and ongoing revalidation, is sufficient for effective regulation. In order to take a proportionate approach, we need to consider which roles and activities justify regulation at a post-registration level.

Definition of specialist practice

Specialist practice was defined by the UKCC, the predecessor to the NMC, in 1994 as:

“the exercising of higher levels of judgement, discretion and decision making in clinical care.”

It is these characteristics that justify the regulation of specialist practice. This definition remains relevant in the current context for the new draft standards of proficiency being proposed for the new community SPQ. It reinforces the requirement for regulated post-registration standards because they surpass the knowledge and skills required to access the register as a first level nurse.

About these draft standards

This document contains our proposed new draft outcome-focused SPQ standards of proficiency for registered nurses working in the community. These draft proficiencies reflect the knowledge, skills and attributes required by nurses working in the community in roles which involve more autonomous decision making. They reflect situations that require nurses to manage greater clinical complexity and risk, both in terms of the people they care for and the services they work within, which in turn may be integrated with other agencies, professionals and disciplines.

It is likely that there is an association between 'higher levels of judgement and decision making' as described by the UKCC in 1994 and what is now understood as 'advanced practice'. We have made a commitment to explore whether the regulation of advanced practice is needed in the coming years. We will know more when we have undertaken that work.

However, the proposed new community SPQ sets draft standards of proficiency that will support registered nurses working in the community to progress their clinical, managerial, research and educative practice. This will enable greater clinical autonomy, independent decision making and leadership in complex and high-risk situations for the benefit of people and services.

As indicated these draft standards take into account the changing context of community nursing. They recognise that registered nurses are working in a variety of roles in the community, in addition to the five roles which already have an SPQ, which also demand higher levels of clinical autonomy. It is likely that more such roles will be developed in the future. These standards therefore serve to build on current good practice and intend to promote learning and create ambition and opportunity for other registered nurses who work in the community. This is why we are proposing to introduce a new SPQ for other fields of community nursing practice.

The nature of regulatory standards

Regulatory standards are intended to be high level and outcome-focused. They are translated by education institutions and their practice placement partners into more detailed curricula and programme learning outcomes, and these will be specific to different community specialisms.

These draft standards should therefore be read alongside Realising professionalism: Standards for education and training, which sets out our expectations regarding provision of all pre-registration and post-registration NMC-approved nursing and midwifery education programmes. These standards apply to all approved education providers and are set out in three parts:

- [Part 1: Standards framework for nursing and midwifery education](#)
- [Part 2: Standards for student supervision and assessment](#)
- Part 3: Programme standards, which are the standards specific for each pre-registration or post-registration programme.

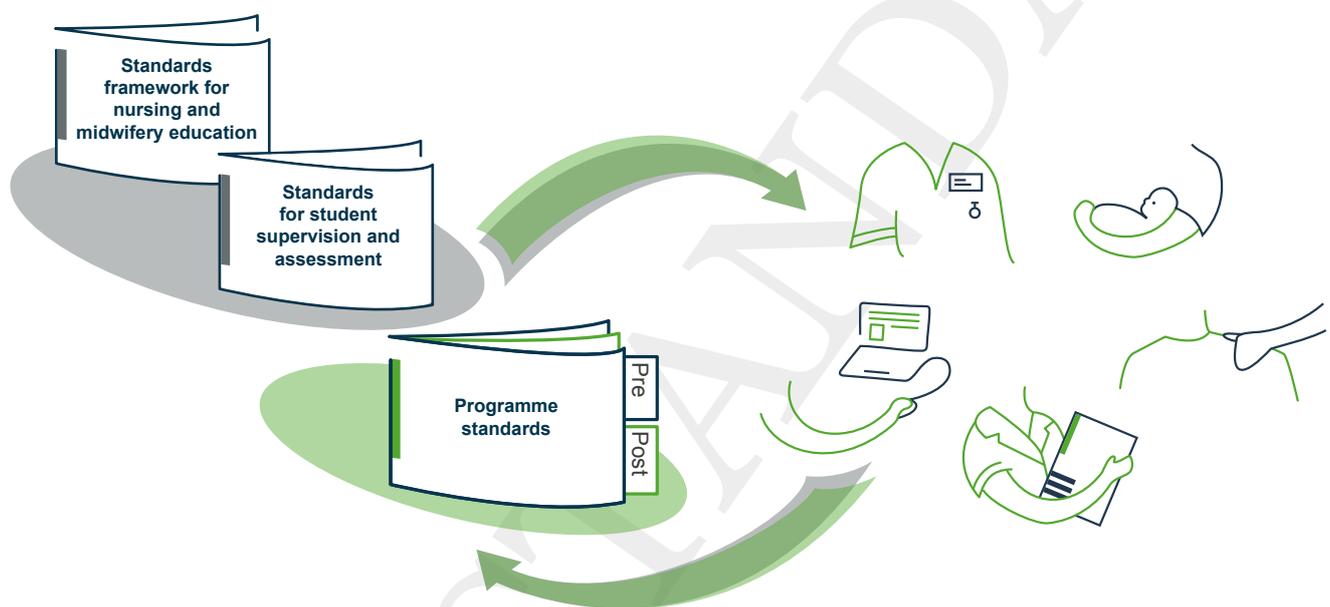
Educational institutions must meet our programme standards in order to be approved to deliver a programme which leads to one of the specialist practice qualifications: community children's nursing, community learning disabilities nursing, community mental health nursing, district nursing, general practice nursing or specialist community nursing.

The rationale for the new specialist community nursing SPQ annotation is that it can be applied to different community roles, including potential new roles that are emerging in the community, which require practitioners to have the knowledge and skills that are specified in the standards in order to practise with higher levels of clinical autonomy and provide a better service for the people in their care.

Together these standards aim to provide approved education institutions (AEIs) and their practice learning partners with the flexibility to develop innovative approaches to education, helping registered nurses to achieve a community SPQ qualification, while also being accountable for the local provision and management of approved post-registration SPQ programmes in line with our standards. The relationship between the standards is shown in the diagram below.

Standards for education and training

Standards of proficiency for nursing and midwifery professions



Developing the draft standards

We made a commitment to take account of a range of views and to [co-produce](#) these standards with our stakeholders across the four countries of the UK. This involved an extensive and rigorous process of evidence review and engagement with people across the UK, including members of the public, nurses in specialist practice roles in the community, employers, students, educators, interdisciplinary colleagues, professional organisations, researchers, policy makers, and charity and advocacy groups.

They reflect best practice evidence on the health, wellbeing, community health needs, views and preferences of people, families, communities and wider populations. These draft standards align with existing professional development frameworks and policy positions in each of the

four UK nations (England, Northern Ireland, Scotland and Wales). We are grateful to everyone who has given their time and worked with us on these draft standards.

At the start of this process, we were unaware that we would be developing the standards during an unprecedented global pandemic, and the influence that would have on the shape and content of the draft standards. The pandemic continues to affect people, communities and populations across the world. In the UK, as in other countries, Covid-19 has not affected all population groups equally. Inequalities caused by wider determinants of health have increased the risk of adverse outcomes from Covid-19.

This pandemic has exposed and exacerbated long standing inequalities and poorer health outcomes affecting people from black and minority ethnic groups within the UK. It is therefore fitting that early studies and learning from the Covid-19 pandemic has influenced and contributed to the evidence base that informed the drafting of these standards.

These draft standards are intentionally ambitious and are aligned to our [Equality, Diversity and Inclusion \(EDI\) priorities](#) that were published in 2020. This reflects our commitment to promote a just culture; challenge discrimination in the health and care sector's work and learning environments; support the reduction of health inequalities; improve our EDI evidence base and extend our insight; and to support the health and wellbeing of nursing and midwifery professionals.

Structure of these draft standards

The approach to these standards aligns with that of [Future nurse](#), our new pre-registration nursing standards of proficiency, published in 2018. Firstly, it does this in terms of the organisation of the standards into seven platforms. Secondly, the future nurse standards were designed to ensure that across all fields of nursing practice, registered nurses are able to meet the person-centred, holistic care needs of the people they encounter in their practice who may have a range of mental, physical, cognitive or behavioural health challenges. This ambition also applies to specialist community nursing.

The intention is for the community SPQ draft standards of proficiency to build on the framework of the future nurse standards. This reinforces the fact that professionals on our register holding the post-registration community qualification already possess the wealth of knowledge and skills required to be a registered nurse, but also have the additional knowledge and skills required to gain the specialist qualification.

The seven platforms are:

1. [Being an accountable and autonomous professional](#)
2. [Promoting health and preventing ill health](#)
3. [Assessing people's abilities and needs, and planning care](#)
4. [Providing and evaluating evidence based care](#)
5. [Leading and managing teams](#)
6. [Leading improvements in safety and quality of care](#)
7. [Care co-ordination and system leadership](#)

These draft proficiencies, developed in an appropriately structured educational programme which is tailored to deliver their specialist learning outcomes, will provide post-graduate nurses undertaking specialist practice qualifications with the knowledge, skills and behaviours they need to work in a range of specialist roles in the community.

Legislative framework

Article 19(6) of the Nursing and Midwifery Order 2001 ('the Order') allows the NMC to establish standards of education and training for any additional qualifications that may be recorded on the register. Articles 15(3) to (9) and articles 16 to 18 of the Order will apply in respect of those standards as if they were standards established under article 15(1)(a). This means the NMC may establish standards of education and training and may approve a course of education or qualification in relation to SPQs.

Platform 1: Being an accountable and autonomous professional

All registered nurses act in the best interests of people, putting them first and providing nursing care that is person-centred, safe, [evidence-based](#) and compassionate. They act professionally at all times and are accountable for their actions.

Registered nurses with a community specialist practice qualification are required to work autonomously in people's homes, close to home or in the community, with people of all ages. They work in interdisciplinary and interagency environments, and they work with, and delegate to, diverse teams involved in providing care, including registered professionals, paid unregulated carers, family members, and volunteers and others working in third sector organisations.

They work in environments that can be highly complex, unconventional, dynamic and unpredictable, and consequently high risk. The specialist community nurse is a clinical expert who can work independently, using higher levels of knowledge and skill, expert decision making and professional judgement in order to function effectively in this type of environment as an autonomous, accountable professional.

Registered nurses with this qualification will be able to:

- 1.1 practise with autonomy, proactivity and innovation, and be self-aware, emotionally intelligent and open to change
- 1.2 lead and manage a service, with the ability to effectively admit, discharge and refer people to other professionals and services as appropriate
- 1.3 be a role model able to deliver expert [person-centred care](#) in complex, challenging and unpredictable circumstances with ingenuity, flexibility and professionalism
- 1.4 be accountable for their decisions, actions and omissions, recognising their own personal competence when working with complexity, risk, unpredictability and incomplete information
- 1.5 critically understand and apply relevant legal, regulatory and governance requirements, policies, and professional and ethical frameworks to all areas of community practice, differentiating where appropriate between the devolved legislatures of the United Kingdom
- 1.6 lead and promote care provision that is person-centred, anti-discriminatory, culturally competent and inclusive

- 1.7 identify the need for and lead on action to provide reasonable adjustments for people, groups and communities, by adapting their practice, promoting best practice in others and influencing policy
- 1.8 create and maximise opportunities for people to remain independent and be involved in decision making about their care
- 1.9 demonstrate the principles of courage, transparency and the professional duty of candour, taking responsibility to address poor practice wherever and whenever it is encountered
- 1.10 critically reflect and recognise when their personal values and beliefs might impact on their behaviour and practice
- 1.11 assess the opportunities, risk and demands of specialist practice, and take action to maintain their own mental and physical health and wellbeing
- 1.12 apply the advanced numeracy, literacy, digital and technological skills required to meet the needs of people, their families and carers
- 1.13 lead, promote and influence the nursing profession in wider health and social care contexts to effect measurable change which improves the care of communities through partnership working.

Platform 2: Promoting health and preventing ill health

Registered nurses with a community specialist practice qualification are pivotal to health protection and the promotion of health. They play a central role in [co-designing](#) the provision of support and care that improves mental, physical and behavioural health and wellbeing with the people, communities and populations that they serve.

They engage effectively, working with people at home and close to home, to support them to make their own choices and decisions that can improve their health and care. They understand that health and access to health is a fundamental human right. They recognise and tackle inequalities, they know the assets of their community and are active in promoting and participating in local and national public health programmes and interventions.

Registered nurses with this qualification will be able to:

- 2.1 apply an enhanced knowledge of epidemiology, demography and the wider determinants of health and illness to understand local community and population patterns of health and wellbeing, taking action to influence policy
- 2.2 critically analyse the factors that may lead to inequalities in health outcomes, their associated ethical dilemmas, and be able to plan care in partnership with people, families and communities to improve health outcomes
- 2.3 recognise health as a fundamental human right and evaluate the effects of social influences, health literacy, individual circumstances, behaviours and informed lifestyle choices when enabling people to take steps to improve their own mental, physical and behavioural health
- 2.4 critically assess health needs in partnership with people, families, communities and populations, supporting them to own their actions and the behaviours necessary for behavioural change
- 2.5 undertake health and social care assessment, screening and profiling with people and families, and interpret the results and take appropriate action
- 2.6 critically analyse and assess the characteristics of communities, their assets and any gaps in order to build networks and alliances that can enhance health outcomes for people and families
- 2.7 promote and support people, communities and populations to connect effectively with local initiatives, support networks, programmes and third sector organisations that support their health and wellbeing

- 2.8 evaluate the impact of networks to enhance and support the mental and physical needs of people, families and communities, and address any gaps that emerge
- 2.9 understand the application of genomics and epigenetics in sufficient detail to inform and advise people, families and communities on the potential benefits in relation to their personalised health care
- 2.10 maximise opportunities for people, families, communities and populations to use their own strengths and assets to make informed choices about their own health and wellbeing
- 2.11 apply a range of advanced communication skills to develop and make accessible public health information that enables people to make their own informed decisions about their health, wellbeing and life choices
- 2.12 plan for and protect the health of people, families and communities through an evidence-based approach to infection prevention and control, including community led communicable disease surveillance and antimicrobial stewardship.

Platform 3: Assessing people's abilities and needs, and planning care

Many people who receive care and support from specialist community nurses are living with complex long term conditions and multiple co-morbidities that affect their mental and physical health.

Registered nurses with a community specialist practice qualification have the knowledge, skills and attributes to be the lead professional in caring for the people they serve. They are highly skilled in using an evidence-based approach when undertaking holistic assessments of each person's mental, physical, cognitive, behavioural, social and spiritual abilities and needs, always taking the wider social and environmental context into account.

They develop therapeutic relationships with people, their families and carers to facilitate shared decision making and to co-produce personalised plans of care. They take into account the diverse experiences, abilities, needs, preferences and challenges people are living with in order to make sure that plans are achievable and capable of delivering positive outcomes for the person.

They use their professional judgement to agree and prioritise a person's capabilities and needs when applying a person-centred approach to assessing and planning care. This includes empowering, promoting and supporting self-care.

They are able to plan for the delivery of appropriate evidence-based care and for making or receiving referrals to and from other health, social care and third sector agencies in partnership with the person receiving care and their families.

Registered nurses with this qualification will be able to:

- 3.1 create and apply a person-centred approach to care, facilitating a partnership approach to assessment, shared decision making and care planning when working with people, their families, communities and populations
- 3.2 recognise and assess the impact of, and the interplay between, people's preferences, their close relationships and support systems, their home environment, and the influence of social, environmental and spiritual factors when assessing abilities, understanding needs and planning care and treatment interventions
- 3.3 recognise and apply the [principle of the presumption of capacity](#) and the requirement to seek informed consent as an ongoing process
- 3.4 make reasonable adjustments to maximise opportunities for people to be involved in making decisions about their [examination](#), treatment and care

- 3.5 make [best interests decisions](#) within the required legislative framework if, after seeking informed consent and making reasonable adjustments, your professional judgement is that a person lacks capacity to make a specific decision at that time
- 3.6 assess and plan the care of people when they are vulnerable, agreeing whether there is a need for support and if so at what level, to ensure maximum levels of independence through the continuum of care
- 3.7 ensure that reporting, planning and coordination of care is prioritised for people in need of safeguarding
- 3.8 select and use appropriate communication strategies and relationship management skills when interacting with people, including families and carers, who have a range of mental, physical, cognitive, behavioural and social health challenges, and those at or near the end of life
- 3.9 undertake a person-centred and informed assessment by proactively obtaining and critically evaluating a range of sources of information, seeking additional advice or guidance when indicated
- 3.10 critically analyse complex assessment data, and distinguish between normal and abnormal findings, recognising when prompt action is required, including requesting additional investigations and, when appropriate, escalating to or involving others
- 3.11 critically apply diagnostic reasoning to clinical decision making, taking into account differential diagnosis and the potential for diagnostic overshadowing
- 3.12 capitalise the use of technology and informatics to undertake assessment and diagnosis, and to co-produce care plans
- 3.13 understand and use new and emerging advances in science and technology, including genomics, to underpin and inform decisions made during assessment and in shaping personalised care and treatment options
- 3.14 maximise opportunities for shared decision making when developing care plans and planning future anticipatory care planning through the use of a range of problem solving, influencing and negotiation skills
- 3.15 effectively communicate the potential for different options for care and uncertainty to the person and their family or carers and how they will be supported in an agreed plan of care
- 3.16 pro-actively seek to mitigate risks in relation to a person's changing mental and physical health circumstances, their living environment, social arrangements, or relevant conditions
- 3.17 make autonomous decisions in challenging and unpredictable situations, and be able to take appropriate action to assess and manage risk.

Platform 4: Providing and evaluating evidence-based care

Registered nurses with a community specialist practice qualification take the lead in providing evidence-based, person-centred, compassionate and safe interventions, support and care. They are able to initiate a range of care and treatment, including social and independent prescribing, that can be supportive, curative, symptom relieving or palliative.

They are independently able to undertake a range of interventions to address the impact of mental, physical, cognitive and social factors and to manage complete episodes of care.

They can communicate complex information in a way that supports, advocates for, enables and seeks to maximise the involvement of people, and their families where appropriate, to make decisions and choices about their care and treatment, taking into account the most likely benefits and risks.

They work in partnership with people, families, carers, peers and interdisciplinary and interagency colleagues to assess the impact of care on an ongoing basis. This includes evaluating the care outcomes and whether the treatment and care being provided remains effective and continues to be in line with the wishes, preferences and desired outcomes of the person receiving care, which in turn may change over the course of time.

They ensure that the care they provide or delegate is flexible, dynamic and is of a consistently high standard.

Registered nurses with this qualification will be able to:

- 4.1 autonomously manage complex episodes of care from referral to service and admission to discharge from caseload or referral to other appropriate services or agencies
- 4.2 agree with the person, their family or carers when a person's ongoing assessment, care planning and treatment can be safely delegated to an alternative person
- 4.3 recognise reduced [concordance](#), changes in motivation or dissatisfaction with the care and treatment plan, and work in partnership with people to influence and negotiate any revisions to the plan and care
- 4.4 proactively engage with, and effectively and respectfully advocate for, people using services provided by other professionals or agencies to identify and address any inconsistency, disagreement or conflict
- 4.5 initiate a range of evidence-based care and treatment interventions, including therapeutic interventions, social prescribing and care that may be supportive, curative, symptom relieving or palliative

- 4.6 use safe and effective independent and supplementary prescribing (V300) and medicines administration, optimisation and medicines reconciliation
- 4.7 evaluate and adjust plans to ensure support that safeguards people when they are vulnerable
- 4.8 work with people and where appropriate their families and carers to agree and provide evidence-based person-centred nursing care for those who are dying or near to the end of life
- 4.9 sensitively accommodate the preferences, beliefs, cultural requirements and wishes of the deceased and people who are bereaved
- 4.10 maintain therapeutic professional relationships with people, their families and their carers throughout the episode of care and treatment, actively addressing any disagreements and negotiating an agreed way forward
- 4.11 work in partnership with people, their families, carers and other members of the team to continuously monitor and evaluate the outcome of the care plan and agree any changes
- 4.12 include people and their families or carers in making decisions about their care or circumstances to safely manage new, existing or escalating risks
- 4.13 accurately record and clearly explain the rationale for decisions, actions taken and the resulting outcomes in writing, or using digital technology which can be shared with the person, their family, carers and other professionals.

Platform 5: Leading and managing teams

Registered nurses with a community specialist practice qualification provide and lead services in a variety of community settings. They act as role models for best practice in the delivery of clinical treatment, nursing and social care. They are responsible for leading services and managing care for individuals and groups of people. They put the best interests, needs and preferences of people first when taking action to manage risks associated with care delivery.

They are accountable for the delegation of activities to team members, including delegation to other health and social care professionals and those colleagues who are not on a professional register, and to carers.

In leading and managing an interdisciplinary team, they are able to collaborate and communicate effectively with colleagues. They are able to influence and build professional working relationships with other disciplines and those working in other agencies to achieve seamless effective delivery of services for people.

They are able to minimise and resolve any disagreement or conflict between those delivering care, using the skills of negotiation and advocacy to arrive at mutually acceptable solutions.

Registered nurses with this qualification will be able to:

- 5.1 evaluate a range of indicators to determine the skill mix and workforce required to meet the needs of the local community
- 5.2 review and manage the people, financial and other resources required to safely meet caseload requirements
- 5.3 identify and collaborate with a range of community resources, including third sector and faith-based support resources
- 5.4 critically analyse their personal workload requirements and those of the wider team to effectively and appropriately prioritise activities in order to manage demand and capacity
- 5.5 safely and effectively delegate responsibilities to team members based on an assessment of their level of knowledge, skill and confidence
- 5.6 use digital technology to maximise effective interagency and interdisciplinary team working
- 5.7 construct cogent arguments and effectively communicate complex information to justify difficult decisions about resource allocation

- 5.8 know how to effectively delegate responsibility for the management of budget, people and other resources to team members, while retaining accountability
- 5.9 procure equipment and disposable items in line with relevant procurement policies, value for money considerations and health and safety requirements
- 5.10 articulate a clear and evidence-based rationale for complex decision making and judgement when leading teams in challenging situations
- 5.11 continually reflect on their own leadership approach and take action to adapt their leadership style to different situations, for example, when working with diverse teams who may be geographically dispersed
- 5.12 effectively use systems to measure the impact, quality, productivity and cost efficacy of interdisciplinary and interagency teams to allow effective performance management of teams, recognising where there are gaps or where improvements in information are required
- 5.13 conduct professional conversations with team members to provide opportunities for positive reinforcement and challenge, and agree any development plans or remedial actions in line with appraisal processes
- 5.14 use a range of approaches and resources available to educate, support and stimulate people, manage talent and succession plan
- 5.15 recognise individual abilities and learning needs when applying the [standards of education and training for pre- and post-registration](#) nursing, midwifery and nursing associate students, in order to educate, [supervise and assess effectively](#)
- 5.16 apply a range of strategies that are effective in supporting positive team development and cohesion across disciplines and agencies
- 5.17 select and implement strategies which are appropriate to the composition of the team, to enable supervision, reflection and peer review, and evaluate their suitability, impact and sustainability.

Platform 6: Leading improvements in safety and quality of care

Registered nurses with a community specialist practice qualification develop and lead the implementation of strategies to improve care, treatment and services and to enhance health outcomes and peoples' experience of health and social care services. They are proficient in quality improvement and research methodologies.

They are able to capitalise on their specialist knowledge, skills and experience, and to safely manage the range of risks, complaints and concerns associated with providing care in diverse community settings. They are able to translate the outcomes of risk management activities into lessons learned and improved operational practices.

They are able to advocate for and lead evidence-based quality improvement initiatives and influence decision making across the interdisciplinary team and in interagency settings.

Registered nurses with this qualification will be able to:

- 6.1 interpret health and safety legislation and regulations in order to develop local policy and guidance to support staff working across the range of home and community environments
- 6.2 evaluate the outputs and recommendations of internal and external risk reporting to enable prioritisation, decision making and the development of action plans to mitigate risk
- 6.3 exercise the professional judgement, knowledge and skills required to balance competing risks and priorities, ensuring that actions to reduce safety risks remain person-centred and least restrictive
- 6.4 co-produce strategies and plans for service design with people, families and communities to improve care outcomes
- 6.5 effectively use innovative and emerging technology to ensure optimum collection, storage, analysis and forecasting of data and intelligence that will support the development of plans to improve safety and quality outcomes
- 6.6 evaluate people's experiences of continuity of care to improve the quality of service delivery
- 6.7 evaluate different research designs and methodologies and their application to address research questions and generate evidence for service improvement

- 6.8 lead a continuous quality improvement programme from end to end, selecting an appropriate methodology, collating and presenting results, and planning any improvement actions
- 6.9 critically appraise published results of service evaluation, research and audit, and distill relevant learning that can be applied in practice to bring about service improvement
- 6.10 present relevant research findings and associated proposals for care improvement to a range of audiences.

Platform 7: Care co-ordination and system leadership

Registered nurses with a community specialist practice qualification have a critical understanding of relevant social, political and economic policies and the way they impact on the broader community, and of the wider determinants of health and health inequalities.

They have a detailed understanding of the functions of the wide range of different agencies within the community that have a direct or indirect impact on health and wellbeing. They have an in-depth knowledge and understanding of their political and economic drivers, constraints and risks, which enables them to successfully build productive working relationships for the benefit of people and communities.

They are able to design and deliver an effective model of person-centred community nursing services that are integrated within, and maximise the contribution of, other agencies and services. They have the knowledge, skills and attributes to influence and work collaboratively with other agencies to deliver co-ordinated, sustained and productive change within this context.

They are able to use their knowledge, skills and experience to influence and bring about evidence-based change at a local, regional and national level for the benefit of people and communities.

Registered nurses with this qualification will be able to:

- 7.1 critically analyse the political and economic policies and drivers that may have an impact on the health, care and wellbeing of local communities
- 7.2 apply the principles of health and social care economics and their relevance to resource allocation in integrated primary and community care services
- 7.3 synthesise epidemiological, demographic, social, political and economic trends to forecast their impact and influence on current and prospective community nursing services
- 7.4 maximise effective collaboration and co-design between interdisciplinary and interagency teams, through evaluation of the roles and responsibilities of other agencies that provide integrated health and social care
- 7.5 apply a range of improvement methodologies to drive continuous service improvement within the services provided by a variety of different organisations and agencies

- 7.6 proactively lead on the creation and development of effective networks that enhance communication and decision making across organisations and agencies
- 7.7 adopt an anti-discriminatory position and lead on actions to challenge and prevent discriminatory behaviour at a system level
- 7.8 influence the development and implementation of health and social care strategies and policies at a local, regional and national level.

Glossary

Best interest decision: a decision made for and on behalf of a person who has been assessed as lacking capacity to make their own decision. This is one of the key principles underpinning mental capacity legislation across the United Kingdom.

Community nursing: care provided by nurses outside the physical setting of a hospital environment such as care provided where people live, at home or close to home, residential care, care in educational settings, primary care, community clinics, outreach centres, prison and other community settings or establishments.

Concordance: an agreement reached after negotiation between a person receiving care and a healthcare professional that respects the beliefs and wishes of the person, for example, in determining whether the plan of care is being carried out as agreed, or when and how medicines are to be taken.

Co-design: a partnership of representative people or groups of people who come together to design care pathways, develop new pathways and revise existing services models.

Co-produce: a partnership approach which brings people together to find shared solutions and involves partnering with people from the start to the end of any initiative or change that affects them.

Cultural competency: the ability to demonstrate knowledge, attitude, skills and behaviour that are respectful and responsive to the cultural and linguistic needs of a diverse population.

Evidence-based person-centred care: care given that reflects the up to date evidence in the area, making sure it takes into account the personal abilities, needs and preferences of the person. It also includes the nurse making a personal judgement based on experience, observations and the abilities, needs and preferences of the person when evidence is limited.

Examination: a mental and physical assessment undertaken with consent on a person receiving care.

People: individuals or groups who receive services from nurses, midwives and nursing associates, healthy and sick people, parents, children, families, carers, representatives, also including educators and students and other within and outside the learning environment.

Person-centred care: being person-centred is about focusing care on the abilities and needs of a person, ensuring that people's preferences, needs and values guide clinical decisions, and providing care that is respectful of and responsive to them.

Principle of presumption of capacity: one of the five key principles under the mental capacity legislation of the United Kingdom. The principle states that every adult has the right to make his or her own decisions and must be assumed to have capacity to do so unless it is proved otherwise. This means we can't assume that someone can't make a decision for themselves just because they have a particular medical condition or disability.

Specialist practice: surpasses pre-registration nursing proficiencies in terms of areas such as assessment, diagnosis, decision making, care planning, coordination of care and care delivery specific to a particular person, context, setting or client group.

Vulnerable: people who may be vulnerable at a particular time, due to their personal characteristic(s), situation(s) or neglect, and therefore at a higher risk of potential or actual harm. The type of harm may be emotional, physical, sexual, psychological, material or financial.



The role of the Nursing and Midwifery Council

What we do

Our vision is safe, effective and kind nursing and midwifery that improves everyone's health and wellbeing. As the regulator of almost 725,000 nursing and midwifery professionals, we have an important role to play in making this a reality.

Our core role is to regulate. First, we promote high professional standards for nurses and midwives across the UK, and nursing associates in England. Second, we maintain the register of professionals eligible to practise. Third, we investigate concerns about nurses, midwives and nursing associates— something that affects less than one percent of professionals each year.

To regulate well, we support our professions and the public. We create resources and guidance that are useful throughout people's careers, helping them to deliver our standards in practice and address new challenges. We also support people involved in our investigations, and we're increasing our visibility so people feel engaged and empowered to shape our work.

Regulating and supporting our professions allows us to influence health and social care. We share intelligence from our regulatory activities and work with our partners to support workforce planning and sector-wide decision making. We use our voice to speak up for a healthy and inclusive working environment for our professions.

These standards were approved by Council at their meeting on (DATE TBC).