

## **Post Registration Standards Steering Group**

Held virtually on 24 June 2020 via Go To Meetings

Attendees: Alison Leary; Barbara Morgan; Crystal Oldman; Deborah Edmonds; Elizabeth Eades; Gill Walton; Gwendolen Bradshaw; Jane Beach; Jane Harris; Jean White; Karen Jewell; Lola Oni; Maggi Clarke; Margaret Willcox; Maria McIlgorm; Owen Barr.

NMC: David Foster (chair); Geraldine Walters; Anne Trotter; Aditi Chowdhary-Gandhi; Chris Bell; Suma Das; Anne Bender; Rachel Craine; Caroline Kenny; Peter Hudson; Liz Allcock; Wonu Abdul.

Apologies: John Lee.

## **Meeting notes**

### **Welcome and introductions (David Foster)**

DF opened the meeting with a brief welcome and outlined how the webinar would progress. He welcomed new group members and offered them a follow up call, reminded attendees regarding confidentiality obligations, and confirmed that slides would be circulated after the meeting.

### **Notes of previous meeting**

One correction was requested by Crystal Oldman regarding the notes of the previous meeting relating to next steps on the development of future SPQ standards. It was agreed that this would be discussed between AT and CO off-line in order to clarify what the consensus was in this area and agree a new form of words.

### **Update (Geraldine Walters and Anne Trotter)**

GW provided an update on the project aims. AT provided an update on how the project methodology had needed to be adapted in response to the Covid 19 pandemic; how co-production remained embedded within our methodology; sources of evidence; our planned wider stakeholder engagement; and the ongoing work of our various working groups.

AT confirmed that no standards had been drafted as yet.

Members of the group welcomed the confirmation that there was to be group engagement with each of the community SPQ specialist nurse sectors.

It was noted that lots of organisations were collecting information on how Covid-19 had impacted on nursing and populations which will need to be considered as part of this project. The NMC team would be looking at literature around this as part of the project's equality impact assessment (EqIA). It was requested that if members had anything that could be sent to us to please send it via AT. Considerations around equality and diversity impacts will be put on the agenda for a future meeting.

DF commented that there was an extraordinary amount of work going on in difficult circumstances, and that we should use this as an opportunity to change not only the way we work but how the nursing profession is viewed generally and importantly through this project.

### **SPQ (Geraldine Walters and Owen Barr)**

GW gave an update on recent SPQ meetings and together with OB indicated the high level themes emerging from these discussions, including early proposals such as building on the structure of the Future Nurse standards.

OB provided an update on the emerging vision for community nursing. This highlights autonomy and expertise, acknowledging the higher level of complexity involved in their work. It also highlights their pivotal leadership role in delivering community based care – this leadership may often be inter-disciplinary and can include carers and unregulated health and care staff. Nurses working in community roles should be recognised and valued for the work they do.

In terms of the question 'What do we mean by going beyond pre-registration?', consideration must be given to what would be the key aspects of the specialist community nursing role going forward, and what are the 'golden threads' that run throughout all specialist community practice. Examples of both were given.

Comments received by PRSSG for further consideration:

- Autonomy is a big issue and we need to be absolutely clear what we mean by autonomy.
- For your practice to be truly autonomous, you must be an independent prescriber.
- Complex decision making, no medics in the team, responsibility to admit and discharge to the caseload.
- Proactive case management seemed to be a marker of advanced (i.e. complex/risk managing) practice and often it is missing in the section 28 reports from the coroners
- People are now more accustomed to virtual consultations and/or meetings and so more people and service users should be able to participate in these discussions.
- Some of the wider subject/topic areas that people have raised for inclusion will most likely sit under the various headings rather than become themes.
- The NMC should liaise with organisations such as the CNO BME Advisory group who will be able to provide advice on cultural issues. It was noted that a BME GPN group had recently been set up.

- People were generally happy with the common themes presented and there was interest as to whether they applied to SCPHNs in the same way as SPQs.

### **SCPHN (Anne Trotter, Jane Harris, Barbara Morgan and Deborah Edmonds)**

AT set the scene for the SCPHN discussion, updating everyone on progress so far and looking at the emerging common themes across all fields of SCPHN practice. She also highlighted that the three field specific SCPHN working groups will start their work soon.

JH presented the vision for the SCPHN core standards, which reflect the early thinking on what the core values are across all fields of SCPHN practice. BM then went into more detail on the emerging shared themes. And DE posed questions to everyone on any perceived gaps there might be in the emerging themes. This included whether 'autonomy' means the same thing across all SCPHN roles as context and the focus for practice varies, and similarly whether 'population health' means the same thing across all SCPHN roles.

DE also shared the perspective of OHNs, noting that OH don't have 'patients' and their role involves promoting work as a health outcome. There is a focus on the biopsychosocial model of health which is regarded as being more holistic and appropriate than a medical model.

#### Comments:

- Many people practising in these roles have a lack of political power to influence at a policy decision making level - and those that do don't necessarily have the skills to make effective use of it. You don't have true autonomy if you can't influence policy.
- The leadership role is key – and leadership is not necessarily taught via traditional learning routes. Influencing and horizon scanning are also key in this respect.
- Understanding public health is not enough – those in these roles must be able to actively improve and influence it
- Independent prescribing is a must for these roles.
- The ability to negotiate effectively is key to these roles. It is one of a whole portfolio of skills and attributes that make up 'influencing'.
- Do we anticipate health visiting becoming a 'whole life course' role again rather than just being focused at the very young, particularly in the context of an ageing population? Some people are shocked that health visiting is no longer 'cradle to grave'. Even if focused on the very young the impacts of health visiting and school nursing can be positive for the whole family rather than just the individual.

- There are parallels with Future Midwife in some of the points and issues being discussed for both SPQ and SCPHN. Midwives are autonomous professional practitioners for whom sharing of knowledge and high level skills are key.
- A suggestion was made that all NMC registrants with specialist practice qualifications should be moved ('grandfathered over') onto the SCPHN part of the register.

### **Next steps (Geraldine Walters)**

GW outlined the assurance and governance measures we have in place to try and ensure we keep to our timeframes whilst delivering our project aims, maintaining co-production and democratising engagement and ongoing involvement in the development of the draft standards. This also focused on how we turn points and perspectives raised into regulatory standards.

She also shared our proposed timeline for developing and publishing these standards. With regard to the timeline, we are due to update Council in July (this update will include descriptors of what SCPHNs and registrants with SPQs do), and we currently have two options for consultation, before or after Christmas – the former would require draft standards to be ready by late August.

DF commented that the earlier deadline was ambitious. .

### **Closing remarks (David Foster)**

In closing the meeting, DF commented that we needed to capitalise on the momentum that had been built up in this project despite the obvious changes to the way we were working as a result of the Covid-19 emergency. He reiterated that any further contributions from attendees by email would be welcomed, and the group would continue to meet virtually.

### **Next meeting**

The group will next meet virtually in September 2020 on a date and time to be confirmed.