

Post Registration Standards Steering Group

Meeting held virtually at 15:00 on 9 December 2020 via Go To Meeting platform

Chair and presenters: David Foster (chair); Andrea Sutcliffe (NMC Chief Executive and Registrar); Geraldine Walters (Executive Director, Professional Practice, NMC); Anne Trotter (NMC).

Independent SME Chairs: Owen Barr (Chair, SPQ group); Gwendolen Bradshaw (Chair, Programme standards group); Deborah Edmonds (Chair, Occupational Health Nurse group); Jane Harris (Chair, Health visiting group)

Attendees: Angela McLernon; Carmel Lloyd; Cheryll Adams; Gillian Knight; Heather Finlay; John Lee; Josh Niderost; Lola Oni; Obi Amadi; Rhiannon Beaumont-Woods; Scott Binyon; Wendy Leighton; Wendy Nicholson Yinglen Butt.

Apologies: Barbara Morgan; Elizabeth Eades; Jacqui Reilly.

Meeting notes

Welcome and introductions

David Foster (DF) welcomed attendees to the meeting, which he said was likely to follow a different and more discursive course than previous meetings. The purpose of this meeting and a similar meeting held yesterday was to come to a joint decision on final recommendations to Council on progressing this work. He would ensure he came to all attendees to get their views, and thanked everyone for their work so far in getting us to the good place we are in now.

Review of minutes

It was agreed that to facilitate extra discussion time, any comments on the minutes of the last meeting would be provided to the NMC team in writing. **Yinglen Butt (YB)** did ask for the minutes to be clarified regarding what was previously said and agreed regarding bespoke SPQ standards.

Update on current position and proposal

Geraldine Walters (GW) gave an update on the current position. Sets of the current versions of the draft standards had been circulated to all attendees. GW provided an overview of the discussions from Council meeting, the week before. The wording of the SPQ proposal as set out to them following discussions with CNOs, differs slightly from those previously discussed with this group, and the rationale for those differences was outlined. The SPQ proposal was that the set of standards would be sufficiently high level to be applicable across all of the specialties, including the new additional proposed annotation of specialist community nurse, with no field of practice specified. There may also be further slight amendments to the draft standards between now and Council due to legal review, final proof reading etc.

She reiterated that we set out to identify content that was core and what was more likely be bespoke to certain fields in the development of draft standards. But what we had heard over the past six months from those groups we engaged with had led us to a point where all fields identified all aspects as standards that applied to each field rather than certain ones only being applicable to some fields of community nursing practice. What had been identified as important was the organisation of how these standards would be taught to the different student audiences and the context, patient/client group and settings in which they were applied. She confirmed we would be testing whether the standards were applicable to all and whether any bespoke standards were necessary during consultation.

Anne Trotter (AT) then outlined how the programme standards and explained how our QA processes fitted into all this. One SPQ community nursing programme could be approved and would meet all NMC requirements. But that single programme could potentially have up to six strands to it to reflect the fields. AEs could seek approval for as many strands as they want. Successful students will emerge with the relevant qualification and annotation for their intended field of specialist practice. This system gives education providers and commissioners the flexibility they require.

Discussion

DF said this encapsulated the position we are at now, and asked for any immediate reactions.

Obi Amadi (OA) said this had been an extraordinary and positive piece of work, and that her comments were from a perspective of seeking clarification and urging caution rather than being in any way negative. On the matter of annotations, she had understood that there would be separate standards of proficiency for each annotation, and the notes of the previous meeting and what was being proposed did not reflect this – perhaps there was a misunderstanding of what had been proposed previously?

GW reiterated that the initial aim had always been standards that had bespoke aspects for different roles. The high level principles would not be expected to be any different, and they aren't. She acknowledged concerns that we may be perceived to be minimising distinctions between various groups. However in our engagement meetings, no real differences were identified at the level of regulatory standards. The differences that were identified were more likely to be at curriculum and programme outcome level. She also reiterated that it was accepted that any differences may actually emerge during consultation.

Owen Barr (OB) also reiterated that the original aim had been for core and bespoke SPQ standards. He had chaired meetings with representatives from all areas of community nursing, and there had been general agreement on high level principles. As discussions went on, it became clear that everyone felt their role included everything that had been identified to a greater or lesser extent. The differences were mainly in level and emphasis, and how the standards were translated into and applied to their practice and setting.

DF said that in his opinion it was clear that the door was certainly not closed to bespoke standards if any emerge during consultation, but also that any detail was for the curriculum rather than regulatory standards.

OA said that the flexibility for bespoke standards to emerge and be identified during and after consultation was reassuring. It was great to have a wide core of standards, but we should try and avoid grey areas. On the sixth non-specified annotation, she said it felt like we were creating an empty vessel for people to come along and fill later, and that seemed the wrong way around to her. She wanted to ensure we avoided any unintended consequences.

DF reminded everyone that one of the things we wanted to avoid was a proliferation of new SPQ annotations. Our aim was to modernise and streamline the standards. We had moved to six annotations, but didn't really want to go any further.

GW reminded everyone that the original decision to regulate these roles had been based on risk. These were the only regulated community nursing roles. But times have changed it was important that we ask the question why should the five current annotations be the only regulated community nursing roles. From the outset we indicated we should modernise our approach to regulation in this area.

Andrea Sutcliffe (AS) commented that we know other roles exist which don't have access to an SPQ – in social care and nursing homes in particular, for example. Although we do need to be aware of unintended consequences, we can work on what we call the role to be clear. We want to enable other roles that develop in the future, to have a recognised, regulated SPQ annotation behind them. The unintended consequences point can also be tested during consultation.

OA felt she was still not 100% convinced but accepted that what she had heard had moved the argument along considerably. The current proposed title may not describe all roles, but she accepted we did not want a proliferation of new titles. If the core standards are as comprehensive as we have been led to believe, that hopefully won't happen.

Lola Oni (LO) asked for some clarification regarding the non-specified sixth SPQ annotation – what sort of qualifications or practice did we anticipate going into that group?

DF gave the example of the approx. 40,000 nurses who work in social care, those who work in prisons, and future roles that are yet to be developed. There are people in many current roles who are not included at present who should be allowed to benefit from having an SPQ annotation.

Gillian Knight (GK) reminded everyone that this review is an interim step towards the possible regulation of advanced practice, and we should not forget that.

Wendy Leighton (WL) said that it was especially important to focus on the impact this could have on social care nursing. She felt that as they are the core elements of the standards do apply widely, but that programmes must be robust. She did however have

concerns regarding parity of esteem and the impact that might have on the workforce, pay rates etc.

DF reminded everyone that the name attached to the sixth SPQ annotation may well be subject to change if that was what was concerning people.

YB then provided the RCN view by providing assurance that the RCN has always been to support NMC in this challenging piece of work. They want it to succeed and see their role as a critical friend in a spirit of co-production. Some of her concerns had already been touched upon. She welcomed the sixth annotation system but remained concerned that because it was non-specific it may lead to a two-tier system of SPQs.

She also had issues with some of the terminology being used. 'Specialist' is not a level of practice. People with SPQs practise at an advanced level and the language and terminology used should reflect this. The language and terminology currently being put forward could not be supported by the RCN, and personally she would support the withdrawing on the term 'specialist' altogether.

AT confirmed our intention to get the language and terminology right, and pointed out that there was now no reference to 'specialist' as a level of practice in the draft standards. Our design principles state that post-registration standards must surpass our pre-registration standards. However we can't use the language of 'advanced' practice because we don't regulate advanced practice, and although we have committed to exploring whether the regulation of advanced practice is needed our standards cannot therefore reflect advanced practice terminology. We can appropriately use words such as 'advanced' in phrases such as 'advanced communication skills' because in this context advanced is referring to the communication skills themselves, not the level of practice.

GK commented that these were exceptional times, and that we knew this work would be difficult. She believed the concept of the sixth SPQ annotation could work, and she was grateful for the consultation period being extended. She believed we were now in a place to go forward to consultation.

Heather Finlay said this had been an interesting discussion and debate. She highlighted that in Northern Ireland different terminology was already being used regarding 'specialist' and 'advanced' practice. She was happy with the additional SPQ annotation, which would support a number of community nursing roles already being developed in Northern Ireland. This title would cover many existing, new and future roles. She was content for this proposal to now go forward to Council.

Scott Binyon echoed previous comments. He was happy that we were ready to consult at this point. Any issues regarding core/bespoke SPQ standards could be picked up during consultation. We should remember that this is a bridge to considering the regulation of advanced practice.

John Lee said that Scotland supported moving on to consultation. They already have a well-progressed community nursing programme in Scotland, and the proposed sixth SPQ annotation aligns to their approach and model. He also commended the Pye Tait review of our pre-consultation engagement, and suggested that group members may

wish to read it just to see the breadth and depth of engagement that had been undertaken in recent months.

Angela McLernon felt that these discussions had been helpful and had helped answer many of her questions. She agreed with the direction of travel, but asked whether group members could have prior sight of the consultation questions. She was also concerned about the timing of the consultation. Will the people we most want to hear from be able to meaningfully engage at this time? She also queried if there was an option to further extend the consultation period if necessary.

Cheryll Adams highlighted the importance of professional titles and recognition. It was interesting that people from all SPQ roles had come up with similar items as to what they considered key to their roles. This consultation would be important and it will be interesting to see what feedback comes back from it.

Rhiannon Beaumont-Woods said this had been a really helpful discussion. The NMC had clearly been listening to concerns raised. The feedback so far had been interesting but not surprising in her view. She supported the readiness for consultation. We need appropriate regulation to protect the public, and want future-proofed pathways for a range of community nursing roles to optimise the workforce.

Josh Niderost said that clearly a lot of work had gone into this. It was positive to see the broad headline nature of the standards. He expressed the Council of Deans view, which wouldn't want the standards to restrict AEs in the developments they have now, including advanced practice programmes. He felt the programme standards would be of particular interest and evoke more response from his organisation, and he was keen to progress to consultation.

Carmel Lloyd felt it had been an interesting discussion, but clarification was still required on the future role titles. Are they up for discussion and change or must they remain as they are set out now? She was happy for NMC to go forward to consultation, and said that what had been achieved in such a short space of time had been incredible. Now was the time to get the views of people who actually work in these areas of practice.

LO supported going out for consultation. She highlighted that many people working in small teams in highly specialist areas of practice had felt devalued over the years. We must ensure that we include representatives of small specialist practice groups in any further engagement work during the consultation period, going forward.

WL also supported consultation, highlighting the absolute need for robust programme standards and suitably quality assured programmes going forward.

Jane Harris spoke of her positive experience when leading her work on the SCPHN HV standards. She felt that there had been little difficulty in identifying what had been core and bespoke in this area, and that the standards development process had worked well across both SCPHN core and bespoke.

Deborah Edmonds also said that it had been a delight to work on this project, particularly in identifying shared commonalities and bespoke items alongside the other

SCPHN chairs and the NMC team. Key aspects of the OH role had been identified and would help develop a career path for future OHNs. This would also help the companies that employ OHNs function through the lens of health.

Gwendolen Bradshaw said it had been great to hear the feedback about the programme standards. She had heard the concerns voiced about the unintended consequence of a two-tier system. However, she felt the programme standards would ensure that all programmes are well-designed, well-structured and robust, and could support programmes in new and emerging roles. The route and the end qualification would be clearly defined. She felt that 'open designation' may be a better title for the sixth SPQ annotation as it used more positive language.

OB thanked everyone for contributing to this discussion, and reassured everyone that everything that came back from consultation would be examined, reviewed and considered.

Summarising the discussion, DF noted that the clear consensus was that consulting on the current proposals was the appropriate path to take, although he accepted there were some reservations about the timing of such a consultation.

AS thanked everyone for all the work that had gone into bringing us to this point, particularly thanking the independent chairs of the groups for their efforts – this had been genuine co-production. Today's conversations had been really helpful in finalising our proposals, highlighting the main remaining issues and what still needs to be flushed out via the consultation questions.

On timing, AS said that Council would be discussing the consultation in late January, and hopefully the landscape will be a bit clearer by then. Taking the temperature during the consultation to see whether it needed extending was worth considering. She was confident that as a result of the discussions of these two meetings, we were ready to go out to consultation. That would then further shape and improve the standards, and ensure the final sets of standards are ones we can all be proud of.

Closing remarks

DF thanked everyone for their attendance and contributions. There are no further formal meetings of this group set as yet, but we will want to re-engage with all members, further on in the consultation and post-consultation process.