

Post Registration Standards Steering Group

Meeting held virtually at 11:00 on 12 November 2020 via GoToMeeting platform

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

Independent 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); Barbara Morgan (Chair, School Nursing group)

Attendees: Angela McLernon; Carmel Lloyd; Cheryl Adams; Elizabeth Eades; Gillian Knight; Heather Finlay; Jacqui Reilley; John Lee; Josh Niderost; Liz Fenton; Obi Amadi; Sam Sherrington; Wendy Leighton; Wendy Nicholson; Yinglen Butt.

NMC staff: Aditi Chowdhary-Gandhi; Anne Bender; Charlotte Davies; Chris Bell; Liz Allcock; Peter Hudson; Rachel Craine; Shonali Routray; Simon Grier; Sue West; Suma Das; Veronica Ayitey; Wonu Abdul.

Apologies received from: Donna O'Boyle; Paula Holt; Scott Binyon (NB Scott attended 11 November meeting).

Meeting notes

Welcome and introductions

David Foster (DF) welcomed attendees and asked for any further or new declarations of interest to be raised. The following declarations were shared:

- Sam Sherrington is the Chair of the Association for Prescribers UK
- Angela McLernon would become a trustee of QNI in January 2021

DF announced his resignation from his role as Trustee and Council Member of the Queens Nursing Institute (QNI). He also placed an apology on record for circulating the NMC response to QNI's proposal for an alternative approach to developing the SPQ standards. DF said that he recognised the potential discomfort caused to senior QNI staff as a result of his action and clarified that his intention was not to undermine confidentiality of the QNI letter.

No items of any other business were raised.

Notes of previous meetings

The notes of the meetings held on 2nd September 2020 were agreed as an accurate record of those meetings with the exception of one minor typographical error which will be corrected.

Post registration standards summary update

Geraldine Walters reflected on the first year of the project since the Steering group was set last November. The work started the way all our standards development projects started but with Covid-19 there was an impact on the project. Given the importance of this piece of work and considering the fact that work to review SCPHN and SPQ standards had been deferred in the past it was agreed in discussion with key stakeholders that this time the work had progressed to a good point and should continue. We had to revisit our approaches to engagement due to the pandemic but there was overall agreement that this work should not be delayed, also considering the age of the current SPQ and SCPHN standards.

Generally the plans for our new SCPHN draft standards have been well received.

The views around the proposed SPQ standards have been more mixed since the inception of this project. There is overall agreement on the need for good post registration education and training for specialist roles however there have been different views on our role as a regulator in this space. In general, professional interest groups and individuals with these qualifications would prefer to have regulation of these roles whereas employers, educational commissioners and universities prefer flexibility, with or without regulation. Although the views across the four countries were mixed, we had received a consensus position from PRSSG in January 2020 to scope out the content for a specialist practice community nursing qualification.

One year on: Updates from four country (Chief Nursing Officer) CNO representatives

CNO Representatives from the four countries were asked to provide an update on the agreed position for the future of SPQs.

Wales (Gillian Knight): Gillian thanked the NMC for the ongoing consultation and collaboration on this project. It is accepted that due to devolved policy there are differences across the four countries in the use of SCPHN and SPQ qualifications. District nursing in particular, is an area where differences exist. But the CNOs are moving towards a joint position in respect of the future of SPQs. They welcome the retention of community SPQ roles as a stepping stone to the future regulation of advanced practice. For now they want to see the district nursing SPQ retained, accepting that some countries may not actively use it, but if it was not maintained now the future of the role could be jeopardised in some parts of the UK. The concept of the general community SPQ qualification was welcomed.

Scotland (John Lee): Scotland is supportive of the consensus position. Scotland has its own structure for post-registration and community based nursing roles, but would use these qualifications where they are appropriate and effective for Scottish practice and priorities because for instance we know that a community practitioner working in rural Highland or Islands is going to be doing a different job than a community practitioner working in central London, Manchester. Having that flexibility is valued.

Northern Ireland (Heather Finlay): Heather expressed support for the position outlined, commenting that Northern Ireland had a particular need for SPQ roles including district nurses.

England (Sam Sherrington): England wants to support the NMC with this work and noted that there would be different applications of these standards across the four countries.

SPQ strategic direction proposals and discussion

Andrea Sutcliffe (AS) thanked the representatives of the four countries' CNOs for their contributions. Conversations with the CNOs had been very helpful in recognising differences in approach. This consensus would help us to move forward with reaching a solution and allowing us to do the right thing from a regulatory perspective. The four countries could use this to build their visions for community practice in their own country and prepare for and build towards any future regulation of advanced practice.

Importantly, the joint letter from the CNOs outlined their commitment to support our work in both SCPHN and SPQ reviews. Specifically they welcomed the retention of community SPQs as a stepping stone to the NMC's commitment to exploring whether regulation of advanced practice is needed. They are content that a community SPQ with specific elements to the patient/client group could replace four of the five existing community SPQs. However they would like to see the retention of a community SPQ in DN in the short to medium term to ensure that this key role in the delivery of community nursing is protected and the current investment in DN qualifications is maintained, while recognising that different countries may use SPQ qualifications differently.

As the regulator, the NMC had a duty to maintain proportionality and regulatory integrity; from a regulatory perspective therefore, it is difficult to justify setting standards and regulating in only one specific field of community nursing practice. It is therefore important that future SPQ standards recognise the importance of the SPQs that cover community nursing roles that exist now and those that have been and will go onto be developed in the future, including those nurses who provide complex care to people in social care and in care homes.

GW reminded PRSSG of the historical reasons for regulating community practice which includes the perceived higher risk of community nursing which often included work in unregulated environments such as people's homes. GW then presented the NMC proposal for the strategic direction of SPQ, which had taken account of the diversity of views shared, namely:

- To continue to develop one set of standards of proficiency that applies to all fields of specialist community nursing practice and have bespoke elements within programme standards for specific fields of practice
- To retain the existing five community focused SPQ field of practice annotations:
 - Community children's nurse
 - Community learning disabilities nurse
 - Community mental health nurse
 - District nurse

- General practice nurse
- Plus one new annotation: Specialist community nurse (field of practice not specified)

GW proposed that an additional PRSSG meeting takes place in December 2020 to enable the group to:

- To Seek PRSSG's agreement on the new proposal
- To receive and review the new draft SCPHN, SPQ and programme standards in order to be in a position to make a decision to recommend to Council to consult on these draft standards from February 2021
- To agree to the recommendation that the consultation is extended to run for 16 weeks from February 2021 in recognition of the challenges and competing priorities of working through the Covid-19 pandemic.

The group was invited to share their comments and questions.

Cheryll Adams (CA) welcomed the new proposal as a sensible and future proofed solution giving the flexibility that the four countries require.

Yinglen Butt (YB) raised the point about the new qualification potentially creating a two-tier system, but confirmed that she understood that it wasn't about creating an additional tier but rather about leaving the option open for potential new roles that may be created in the community. GW provided the historical context for how roles in the community nursing were considered high risk due to the lone working involved and that care was taking place in people's homes therefore this led to the need to regulate beyond initial registration. Now there are many more roles in community nursing that are in addition to the five current community SPQ roles, which provides a rationale for the proposal to include an additional SPQ. YB commented that regulating these roles was significant for patient safety, and that leaving the way open for allowing future roles to be annotated under this qualification sat very well with the direction of travel.

Wendy Leighton (WL) also welcomed the suggestion of a qualification that wasn't field specific, as it would be particularly important for those in social care roles. But she also commented on the need to be seen in the narrative of future working and ensuring parity of esteem.

Angela McLernon (AMc) felt this was a sound way forward, based on a good rationale and a spirit of coproduction, and Gillian Knight (GK and Heather Finlay (HF) also expressed their support.

Pre-consultation engagement update

Anne Trotter (AT) gave an update on the pre-consultation engagement activities. From the end of June to mid-October, we reached 2,928 attendees across all 12 webinars plus 228 attendees who joined the 16 separate virtual roundtables. The webinars focused on SCPHN and SPQ and some webinars focused on the specific fields of SCPHN and SPQ practice. Additional meetings were held with organisations that represent the diversity across community nursing. The data gathered showed the

breadth and four country nature of our engagement, and that most stakeholders had felt much better informed as a result.

Pye Tait, an independent research organisation, had pulled out the themes from feedback within chat boxes and conversations from the smaller roundtable and discussion events. We intend to publish two reports: the Pye Tait report on the themes from the engagement, and a report by the NMC communications team outlining all the data from the pre consultation engagement activity.

Our reach has been wider in this pre-consultation phase when compared to previous pre-consultation engagement activity in the earlier part of the education programme. Although the pandemic and its restrictions on travel posed a challenge for us, the virtual nature of our engagement activity has also seen some benefits including ongoing opportunities to engage with our independent chairs and to grow conversations. Importantly too we were aware of the challenge posed by some types of virtual engagement such as the large number who attend webinars that could be described as broadcast events rather than the smaller events where we could listen and hear a range of views. We will continue to build on our recent virtual engagement experience and explore ways to increase the diversity and reach of people we engage with during the public consultation.

DF congratulated the team on a comprehensive set of engagement activities, which demonstrated the extent of engagements particularly with those such as individuals working in clinical practice who otherwise find it harder to find the time to attend NMC events. As a result we have gained a tremendous amount from the different perspectives and insights offered by this rich engagement.

WL commented that it was good to see that so much positive engagement had taken place, whilst SS commented that going forward virtual engagement may well become the new norm.

SCPHN standards progress update and discussion

DF introduced the independent chairs of the three SCPHN bespoke standards working groups, asking them to outline progress in their part of the project.

Deborah Edmonds (chair of OHN group) outlined our overall vision for the new core SCPHN standards, highlighting the shared knowledge and skill that will build the foundations for the bespoke standards. These standards would provide an opportunity for those in SCPHN roles to improve the health of the nation by capitalising on their specific sphere of practice.

Jane Harris (chair of HV group) presented the headings, known as 'spheres' (of influence) that would be used to organise the standards. Small working groups for each of the different areas within SCPHN had been sharing ideas and discussions, distilling hundreds of comments and suggestions for the team and the Chairs to consider while drafting the bespoke standards. Each of the bespoke standards had been scrutinised in internal challenge sessions with the team to determine whether the standards were ambitious enough, they highlighted what is most important to the individual roles, whether the draft proficiencies surpass pre-registration and denote what is required for

the role and to identify whether there was a clear link between the core and bespoke standards.

Barbara Morgan (chair of SN group) explained that work was progressing on fine tuning and refining the draft bespoke standards. We had taken on board the impact of the pandemic on children and young people and their families and communities and how this impacted on SN and SCPHN practice, especially the new ways of working and access to services that had emerged as a result. The new standards need to be fit for purpose now and in the future.

Comments and questions were invited. CA liked the 'spheres' and felt they largely reflected public health practice. However, there was a need to bring the 'individual' aspect more fully to reflect the individual/care planning/assessing of needs nature of the role, as well as the need to be innovative in the role. She didn't want commissioners to think that health visitors only dealt with communities or populations. JH commented that the detail was in the standards rather than the headings, but it was agreed that the heading would be reviewed to ensure they fully represent the scope of the role.

Carmel Lloyd (CL) felt that the headings could be made more inclusive by dropping the word 'nursing' as midwives as well as nurses can become SCPHNs. AT noted this and agreed to revisit the headings.

Wendy Nicholson (WN) commented that the feedback from school nurses is that many are comfortable with virtual/digital working but it has been more of a learning curve for health visitors. She offered to share findings from work PHE had undertaken in relation to school nursing.

Programme standards update and discussion

Gwendolen Bradshaw (GB), chair of the programme standards group, gave an update on progress of the draft programme standards. The draft standards were following the established NMC format for education standards and had been developed to be outcome focused and agile rather than prescriptive. She highlighted areas within the draft standards that will require additional consideration: balance of theory and practice, a consolidated practice period, supernumerary status, length of programme and qualification to be awarded. The standards would also need to provide clarity regarding the elements that apply across all SCPHN and SPQ areas and which elements will be specific.

Comments and questions were invited. CA asked about the future of the practice teacher/mentor/assessor roles, which were felt to be crucial in SCPHN/SPQ education and whether the NMC would revisit their position on this. GB said there might need to be something specific in the programme standards regarding particular roles and requirements for post-registration education, and that she would take the matter back to her group to consider.

SPQ standards update and discussion

Owen Barr (chair for SPQ group) set out the vision for the new specialist community nursing standards, highlighting a number of areas that had been identified for inclusion

in them including how specialist community nurses are pivotal to community health and social care, and the importance of recognising their value through these standards. There has been feedback identifying aspects unique to specific areas of community nursing practice. This has influenced the distinctions in the proficiency headings between the FN and SPQ standards. Examples of comments on the draft standards were shared with PRSSG indicating that comments were generally positive but there were some challenges too including that there were too many standards and some were too detailed. Overall the standards content has generally been well-received. OB then outlined the next steps on refining the standards and the process of legal and governance reviews they would then undergo in the same way as the draft SCPHN standards.

Comments and questions were invited. Josh Niderost (JN) asked for some clarification over aspects of the structure of the proposed new standards. OB said the proficiencies would be high level, broad and would encompass all areas of community nursing, something which DF reiterated – they will be contextual, high level, and relevant to all areas of SPQ practice. OB reiterated his readiness to receive any feedback on the draft standards.

Next steps

A graphic setting out the proposed timeline, working towards consultation being launched in the first week in February, was shared. DF requested that attendees send any feedback on the proposed new approach for SPQs and the draft standards within the next two weeks. A final version of the draft standards would be discussed at the next meetings.

Closing remarks

DF thanked everyone for their attendance and NMC staff for all the hard work.

Next meetings

Tuesday 8th December at 13:30 and 9th December at 15:00.

The comments and questions raised in the chat box have been captured and summarised, and are attached to these meeting notes in Annexe 1.

Annexe 1

Post registration Standards Steering Group: 20201112

	Comment/Question
Comment 1	Sam Sherrington: Please could I declare that I am the Chair of Association for Prescribers UK
Comment 2	Angela McLernon: David I would like to declare I will become a Trustee of QNI in Jan 21
Comment 3	Minor edit needed in para two 3rd line Healthy Visitors?
Comment 4	welcome the suggestion of no field specified - It will be interesting to see how this fits to existing parameters of practice and what will be occurring in the future and what Nurses see this as fitting their role and how we can support them to access this - thinking particularly regarding social care
Response (AT)	Thank you - we agree and the outcome focused proficiencies will make clear what these individuals need to know and be able to do that surpasses initial pre-registration.
Comment 5	Appreciate the new & extended time
Response (AT)	Thank you
Comment 6	I think we do need to be careful that "no field specified" does not appear to be of less value I also think that this needs to be seen in the narrative of future working and parity of esteem
Response (AT)	Completely agree with that point and this is not intended. Instead it recognises the wider community of practice.
Comment 7	I welcome this as a way forward and feel it is based on good rationale. Thank you for listening. I think this demonstrates sound principles of coproduction in reaching this position.
Response (AT)	Thank you
Comment 8	Thanks absolutely clear on new proposal, will take to team the approach to retain as a stepping stone/bridge to future on advanced practice.
Comment 9	Supportive of the proposals thank you which should cover the issues and present an inclusive way forward. Apologies I need to leave now.
Response (DF)	Thanks for your contribution and supportive comments.
Comment 10	What is the difference between SCPHN and HV/SN or OHN? Is it practice to management? Just guessing?
Response (GerW)	Might be good to raise with the chairs after they have done their presentation
Response (AT)	Thank you - both points are well made and we have discussed innovation and the need to think creatively. we have also made reference to individuals, communities and populations
Comment (GerW)	if anyone thinks we should be doing more on engagement, or that we should be doing something different, please let us know
Comment 11	Virtual engagement is our new normal for all of us! MS teams is a brilliant way to engage.

Comment 12	Good to see such positive engagement and recognise the amount of work that must have gone in to that
Comment 13	School nursing and virtual working were an example of innovation by this group of practitioners - they trail blazed texting young people
Response (AT)	Completely agree
Comment 14	Really important point about midwives as they bring so much to health visiting at least
Response (AT)	Good point we will reflect on this.
Comment (AT)	Individuals are embedded throughout but we will reflect further.
Comment 15	good point re practice teaching, this has been a real concern for OH nurse training
Response (AT)	Thank you for your comments re supervision and assessment.
Response (GB)	We can take both your points back to the group. Many thanks for raising them. We want to guard against any unintended consequences due to omissions in the programme standards.
Comment 16	Good point - yes, finding the current standards challenging with continuity of carer and community midwifery
Comment 17	I need to leave to go to rehab commissioning (an important role of all community SPQs and SCPHN) Please could I input to the drafting Owen, especially PHM. Much appreciated, thank you for inviting me
Comment 18	Thank you, this has been a very comprehensive overview
Comment 19	Andrea Sutcliffe: So grateful to Owen, Gwendolen, Deborah, Jane and Barbara for chairing the various working groups - thank you!!!