

Post Registration Standards Steering Group

Meeting held virtually at 14:00 on 2 September 2020 via Go To Meetings

Chair and presenters: David Foster (chair); Geraldine Walters (Executive Director, Professional Practice, NMC); Anne Trotter (Assistant Director, NMC); Independent standards development Chairs: Owen Barr (SPQ); Deborah Edmonds (SCPHN/ OHN); Gwendolen Bradshaw (programme standards).

Attendees: Carmel Lloyd; Clare Cable; Corinne Power (standing in for Susan Aikenhead); Donna O'Boyle; Elizabeth Eades; Gill Knight; Jacqui Reilley; Josh Niderost; Obi Amadi; Paula Holt; Su Chantry; Yinglen Butt.

NMC: Aditi Chowdhary-Gandhi; Anne Bender; Caroline Kenny; Charlotte Davies; Chris Bell; Liz Allcock; Rachel Craine;-Simon Grier; Sue West; Suma Das; Wonu Abdul.

Apologies: Jane Harris; Katerina Kolyva; Victoria Bodger; Wendy Leighton.

Meeting notes

Welcome and introductions (David Foster)

DF opened the meeting and welcomed all attendees. He thanked the group for their work and input so far, and for their support and help in keeping the momentum going. The purpose of the meeting was to provide an update on activities since the last meeting. Members were reminded to update any new declarations of interest. They were advised that the NMC had received a proposal from the Queen's Nursing Institute (QNI) on the review of the post-registration standards which would be considered in due course.

Notes of previous meeting

The notes of the meetings held on 24 and 25 June were approved with no amendments.

Post-meeting correction: Yinglen Butt was in attendance at the meeting held on 25 June.

Updates

Anne Trotter gave a reminder of the aims of the project, and an update on activity that had been undertaken since January. This included details of engagement activities undertaken and evidence collated, and how that evidence has been embedded into our approach. Taken as a whole this exhibited and highlighted the contribution of colleagues and genuine co-production approach to developing new draft standards and content.

Geraldine Walters then reminded attendees of the background to our proposals on SPQs, including highlighting the challenges and wider evidence.

Owen Barr gave an update on progress in developing the new SPQ standards and the emerging themes that were coming out of ongoing engagement activities.

Deborah Edmonds gave an update on progress in developing the new SCPHN standards and the emerging themes that were coming out of ongoing engagement activities.

Gwendolen Bradshaw gave an update on progress in developing the new programme standards for SCPHN and SPQ programmes and the emerging themes that were coming out of ongoing engagement activities. Consensus has been reached on some of the proposals which will be put to consultation and then agreed.

Discussion

A number of questions were asked by PRSSG members during the meeting, both verbally and via the chatbox, and were responded to accordingly. These have been captured and summarised in a table, and are attached to these meeting notes in Annexe 1.

Other points were raised by PRSSG members by way of comment and these are summarised below as follows:

- Prescribing is important because prescribers have the knowledge of when not to prescribe as much as when to prescribe – they can actually help decrease the rate of prescribing in this way.
- It is positive that many of the themes that have come up reflect of many of the themes that came up during discussions on the FM standards – autonomous practice, team working, communication skills, relationship building etc.
- RCN members valued the opportunity to contribute to the discussions.
- Educating the next generation of nurses and other healthcare professionals should be a key aspect of these roles.
- It is right that we regularly challenge our use of language in these standards. They need to be clear and accessible to people at all levels.
- The standards need to include cultural competence to enable the professions to work within the norms of cultural groups and effectively deliver services that meet the social, cultural and linguistic needs of people
- The new standards are an opportunity to reposition the role of nurses within society as a whole.
- The seniority of a role within an organisation is often determines the extent a person can use their influence to achieve real change.

- The pace of digital transformation in areas such as technology and artificial intelligence (AI) is accelerating. The professions will need the necessary skills to stay in step with the opportunities and demands of the digital revolution.
- We will need to be aware of the impact that advances in genomics will have on future practice.

Next steps

Geraldine Walters updated on next steps, including ongoing communications and engagement activities, preparations for the formal consultation exercise which will begin early in 2021, and dates for future meetings and forthcoming webinars that attendees might be interested in promoting to their networks.

Closing remarks

David Foster confirmed he had not been notified of any other business. He then thanked everyone for their attendance, input, efforts and enthusiasm, and formally closed the meeting

Date of next meeting

The dates of the next meeting are 11 & 12 November 2020.

Annexe 1

Post-registration Standards Steering Group: Afternoon meeting 20200902

	Question
Question 1	I was wondering how many people do we have as District Nurses that work across the UK and what proportion contributed to the discussions and roundtables?
Answer (AT)	In the community specialist practice qualification space, we're just short of 20,000 overall and the vast majority of them, the biggest number, is District Nurses which is about 15,500. Another thing is that we are getting people coming to the event that perhaps want to do the qualification but don't have it at the moment.
Question 2	Regarding the themes from the SPQ evidence, I wanted to ask Owen whether or not the contribution that specialist practitioners may make in relation to educating the generation of SPQ practitioners, educating other health care workers, educating pre-registration nurses - did that come through in terms of the conversation? It's quite an important aspect of the role. We've heard 'specialist' and 'advanced' linked to these practitioners and they should be a force to be reckoned with as a resource to educate others.
Answer (OB)	Very much so. At a pre-registration SPQ level and also across wider interdisciplinary teams where they would be working with colleagues and there's a very clear message that it should not be an extra that they fit in when they've got the time, but it actually becomes a key part of what they do and are recognised for having a role in education of students, colleagues and other staff.
Response	Is there a term in the word cloud that reflects that?
Answer (OB)	In the evidence word cloud it identifies as 'role of education'.
Question 3	You mentioned previously cultural competence - having an understanding of the culture of the organisation in which these people work. I wondered if it went slightly broader than the organisation our individuals work in but having cultural competence around the various cultural groups they will be working with? Understanding the work done around their community profile and part of the competency that they would need to have it an understanding to work within the norms within those cultural groups whilst being simultaneously true to the principles of the various fields of practice of the standards that have been set out.
Answer (DE)	Yes, absolutely. It's looking at your health needs assessments. Who is in the community of people? What are their requirements and how do you adapt and adjust? Culture is everything within that sphere, community, catchment and that national picture.

Response	I would agree on this, we are working on updated standards of proficiency with HCPC and this is a key thing there and the term cultural competency refers more widely.
Answer (AT)	Thanks - knowing your community and looking at community assets is being stated. We are also looking at all the protected characteristics to make sure our standards reflect our UK populations.
Question 4	I've heard the themes around prescribing and social prescribing, but wondered has the requesting of investigation come up as part of the role of autonomous practitioner?
Answer (GW)	Yes, it has, also interpretation, synthesis of results and planning.
Answer (AT)	As you say independent prescribing and social prescribing has come up. Yes, this has come up in relation to advanced clinical assessment and being able to autonomously request investigations and in making decisions based on those. Also, being able to refer out and receive referrals in an autonomous way.
Question 5	The original SPQ standards were at level 6 of the career framework. Given that we are now looking at advanced practice skills is this an intentional shift to level 7?
Answer (AT)	Yes this is being discussed.
Answer	Level 7 is being proposed by a few people we are talking to.
Question 6	There is such strong read across between what is being discussed and developed in SPQ and SCPHN it feels like a huge opportunity to look at a common core.
Answer (AT)	This came up this morning too. Andrea Sutcliffe our CEO suggested the comparison between the core standards of both SCPHN and SPQ.
Answer (GW)	There are a number of common areas and we ensure that there is alignment of standards in that case, but there is a noticeable divergence between SCPHN and SPQ in relation to context and approach.
Response	It could be suggested that's a consequence of that fact that we have separated the conversations. There is nothing I see in this presentation which would not apply equally to Learning Disability Nursing or General Practice Nursing.
Answer (GW)	No, I don't think that is entirely the case.
Question 7	Deborah, rather than health assessment language could consider holistic needs assessment? Really good to hear the scope across life spectrum.
Answer (AT)	As Deborah suggests - language and using the right words is something we will continue to work through.

Question 8	Has there been any decision on what level?
Answer (AT)	At the moment the notion is Level 7 and level 11 in Scotland.
Response	Agree should be level 7, would fit with our CQFW and having been a graduate profession since 2004.
Response	Level 7 seems right.
Question 9	Supernumerary status – it may be that protected learning time would work better for this group?
Response	Supernumerary status has been seen as a challenge in OH education as many are in private sector and provision model is very business focussed and financially driven.
Response	Agree - protected learning time is more workable.
Answer (AT)	All these conversations are on the table
Question 10	Just to note on the NMC website reference to the consultation of draft standards in January 2021 but are not separated into the differing consideration of specific SPQ standards and difference with SCPHN.
Answer (AT)	Once we have made all final decision re the drafting of new standards this will shape the consultation focus but expect to have questions across the piece - will also be available in Welsh. The recordings of our engagement webinars are on our website.
Question 11	Word clouds are really useful but I take it that governance underpins all? That's not obvious on the word cloud just to note.
Answer (AT)	Yes, thank you - we were using word clouds to get some key messages across quickly and virtually.
Answer GW)	The word clouds just reflect what is being raised at the webinars spontaneously. It doesn't reflect the level of importance that will be attributed in the standards themselves.