

## Post Registration Standards Steering Group

Meeting held virtually at 10:00 on 11 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:** Alison Leary; Clare Cable; Crystal Oldman; Fiona King; John Lee; Maggi Clarke; Gill Walton; Gill Turner (representing Penny Greenwood); Kerri Eilertsen-Feeney (representing Angela Parry); Lola Oni; Scott Binyon.

**Apologies received from:** Angela Parry; Charlotte McArdle; Jean White; Margaret Wilcox; Maria McIlgorm; Penny Greenwood.

## 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 disclosures were shared:

- Alison Leary is on the Royal College of Nursing (RCN) Professional Nursing Committee (PNC)

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.

DF congratulated Crystal Oldman on her becoming a fellow of the Royal College of Nursing (RCN).

No items of any other business were raised.

DF reminded the group that there would be a pause at 11.00 to observe two minutes' silence to mark Armistice Day.

## Notes of previous meetings

The notes of the meetings held on 2<sup>nd</sup> September 2020 were approved without amendment.

## Post registration standards summary update

Geraldine Walters (GerW) 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.

**Scotland (John Lee):** Scotland's CNO was happy with the progress made in the SCPHN standards work. They welcome the post-registration standards review as a stepping stone towards the work on advanced practice. There is recognition of the importance of community nursing and the need to focus on it. The NMC's role within this, should focus on regulatory need rather than preparation and education of community roles. They were content with the proposition of a core community SPQ, with specific elements for different fields whilst retaining the District Nursing (DN) SPQ qualification. Scotland would like to be able to support and develop the DN SPQ role along with the other SPQ roles based on wider planning within the framework of workforce development and advanced practice in the community.

**Wales (Kerri Eilertsen-Feeney):** They agreed with the value of retaining the DN SPQ from the Welsh perspective. They welcomed the continued work on the post-registration standards review by NMC. They wanted to ensure the education and training offered to

nurses outside of district nursing would be adaptable to consider the work towards exploring the need for regulation of advanced practice.

**England (Scott Binyon):** There was agreement on a wider SPQ in community nursing alongside the need for retaining DN SPQ in the short term with the view to exploring the future potential for the regulation of advanced practice.

No representative was present from Northern Ireland to give a view – however the Chair noted that there was an overall consensus of opinion across the UK.

### **SPQ strategic direction proposals and discussion**

Andrea Sutcliffe (AS) thanked the representatives of the four countries' CNOs and reflected on how over the past year, since the project started, there had been a variety of views and perspectives across the four countries. The NMC team has had to strike a balance, ensuring they approached this review in line with regulation, the evidence and our design principles. AS welcomed the valuable meeting she had with three of the four CNOs and DF, and it had been extremely helpful for NMC to receive a joint consensus position which helped to plan a way forward.

Importantly, the joint letter from the CNOs outlined their commitment to support our work in both SCPHN and SPQ reviews. With regards to SPQs, 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 regulating and setting standards in only one specific field of SPQ in community nursing practice. It is therefore important that future SPQ standards recognise the importance of the 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.

GerW 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. GerW 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)

GerW 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 initial views and reactions. Alison Leary (AL) commented that all nursing work is high risk and that the risk in community nursing was due to people not being suitably qualified rather than working in the community per se. GerW recognised that there was some risk involved in all nursing roles but historically the level of risk was believed to be higher in the community due to lone working in non-regulated areas. The post registration qualifications need to address the fact that there are a range of practitioners, and also why the NMC has committed to exploring whether the regulation of advanced practice is needed.

DF invited any other comments.

Crystal Oldman (CO) commented in the chat box that attendees would need time to absorb and consider the proposed new direction and come back to the PRSSG.

### **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.

### **SCPHN standards progress update and discussion**

Each of the SCPHN chairs, provided an update on the progress made in the SCPHN standards review.

**Deborah Edmonds** (chair of OHN group) outlined our overall vision for the new core SCPHN standards, highlighting the commonalities that will build the foundations for the distinct fields of SCPHN practice standards. These core standards would set a common foundation and challenge what the future looks like so that specialist community public health nurses of the future can be credible, capable and deliver value.

**Jane Harris** (chair of HV group) presented the draft headings, known as 'spheres' (of influence') that would be used to organise the standards. Small working groups for each of the different fields within SCPHN practice 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. These 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 SCPHN roles, whether the draft proficiencies surpass pre registration and denote what is required for the role 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. She explained that the impact of the pandemic on people, communities and populations and how it impacts on SN and SCPHN practice also had needed to be considered, 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. AL liked the phrase 'spheres' but queried the use and interpretation of the word 'autonomous' in the draft standards. If there is already an expectation that nurses and midwives would practise autonomously on entry to the register, is it the right term to be using here? GerW said further debate was

needed on this matter and she reminded that whilst autonomous practice at point of entry was explicitly stated in Future Midwife, it was less evident in Future Nurse standards.

### **Programme standards update and discussion**

**Gwendolen Bradshaw** (chair for 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.

### **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.

CO offered to share her link with the national homeless health network and the national care home nurse network to add to our stakeholder engagement.

There being no immediate questions or comments, DF suggested that attendees could approach him or the team for any clarifications. He requested that reflections and comments on the set of proposals be fed back to the NMC team within a month. This would allow the team to plan next steps in preparation for the next PRSSG meeting in December.

AL then asked about the vision for the longer term future, and in particular the timescale for delivering the vision.

GerW reminded attendees that the post-registration standards project was the final part of the wider education programme, which was part of the NMC's 2015-2020 strategy commitments. Exploring whether the regulation of advanced practice was needed is a commitment in the new 2020-2025 strategy and would be a separate piece of work. This would require significant evidence gathering and potentially collaborative working

with other regulators, therefore it was likely to commence only after completion of the current post-registration standards review.

AS said that the current project was a necessary stepping stone on the way to exploring whether the regulation of advanced practice is needed. She reiterated that we need up to date SCPHN and SPQ standards in place, in order to then work on the advanced practice.

GerW commented that our work in community nursing now will put it on a very good footing when it comes to looking at advanced practice, whilst OB commented that we had heard a lot from people who currently do not hold annotations who also had an interest and role to play in this work going forward.

AT said that we cannot set standards that cover every eventuality and that by their nature regulatory standards can't cover all underpinning theory or detail – but that can be covered in the curricula developed by AElS. But the standards do need to provide the essence of what is required to care for people in community settings and allow those practising in these areas to exercise their higher levels of judgement.

### **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 in any initial indications of concern, even if not detailed, in the next two weeks, to allow sufficient time for the team to consider these in time for the December meeting. A final version of the draft standards would be discussed at the next meeting which would again be conducted virtually in a two part manner.

### **Closing remarks**

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

### **Next meetings**

Tuesday 8<sup>th</sup> December at 13:30 and 9<sup>th</sup> December at 15:00.

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

Annexe 1

**Post registration Standards Steering Group: 20201111**

	<b>Comment/Question</b>
Comment 2	I think we all need time to consider the new direction that is being taken and come back to you.
Comment 3	Thanks David. That is helpful. Can we please have the slides asap to enable us to consider if we have questions including the change of direction on SPQ?
Response (AT)	Yes of course - we will send out after tomorrow's PRSSG meeting
Comment 4	I have a general question about the process
Response (GB)	There is an explanation regarding the use of the term 'autonomous' in the pre-registration midwifery standards of proficiency in the glossary section of this document [page 52].
Comment 5	It would be really helpful to hear a bit more about thoughts to date about what the shift in SPQ to include annotation in six areas means for the work which Owen has presented and what we can all do to help.
Response (AT)	Thank you everyone for your support on this work. We have been listening to all the existing community SPQ fields alongside those who practice without an existing annotation and what was important for those in other settings such as social care. We can touch base off line if needed but please come in and ask your question.
Comment 6	Owen - we run a national Homeless Health Network and a national Care Home Nurse network. I am sure they would like to be engaged with this new direction. Would that be helpful?
Response (AT)	Yes please - may I get in touch re contacts?
Comment 7	Owen -are there specific questions you are looking for feedback on?
Response (AT)	We are looking for feedback on the proposals and next steps