

## Future specialist practice qualifications (SPQs): Community children's nursing

Monday 24 May 2021, 3.30-4.30 pm

Please note: for GDPR purposes we are unable to attribute comments to named individuals however the original chatbox comments and questions that were posed during the webinar remain unchanged. Our responses have been added in green italic font.

Time Asked	Question Asked
03:35:08 PM BST	<ul style="list-style-type: none"> <li>· The pre-consultation Pye Tait Report identified that practitioners were passionate about there being specific standards for each specialist field and they identified that without this there would be a detrimental impact on patient care - why did the NMC decide not to follow their advice?</li> <li>· How can the NMC be confident that the Specialist Practice qualification is fit for purpose and will ensure patient safety when the standards are generic?</li> <li>· With regard to university accreditation - what standards of CCN proficiency would the NMC visitor independently judge the programme that is presented at a validation event with a university?</li> <li>· Are there any community qualified or experienced staff are on the steering committee for this piece of work?</li> </ul> <p><i>Response: The standards are not generic – instead there is a set of standards that can be applied to each field of community nursing practice. This is something we did successfully for future nurse and the four fields of nursing.</i></p> <p><i>Our draft programme standards include the requirement for education providers to enable students to achieve proficiency against all the standards of proficiency in their chosen area of community nursing practice with suitable theory and practice learning. AEs together with their practice partners will develop curricula that meet our standards. All necessary documentation will be reviewed by lay and registrant QA visitors <b>and</b> the respective university panel before making any judgements and recommendations to the NMC. NMC QA visitors will be prepared for their role, to ensure that our standards are being met. Further information on how we approve programmes and our QA framework can be found <a href="#">on our website</a>.</i></p> <p><i>We have a number of community qualified or experienced people on the <a href="#">steering group</a> representing all four countries.</i></p>

Time Asked	Question Asked
03:36:19 PM BST	<p>Why does the CCN SPQ not have child specific standards yet HV and SN do? Our role is more aligned with their role than adult community nursing specialities.</p> <p><i>Response: Our draft SPQ standards of proficiency do not specify different people or specific roles. Instead we use language that is inclusive that can be applied to people of all ages. For example we use 'people' rather than 'children and young people' and 'person-centred care' rather than 'child and family centred care'.</i></p> <p><i>The themes identified and reported on following our pre-consultation engagement were all considered. Some of the themes raised were deemed to be relevant to all of the SPQ groups and have been included, in the draft proficiencies, some of the other themes raised were already included in the pre-registration proficiencies. We have committed to looking at the need for any bespoke standards that are identified in the consultation responses.</i></p> <p><i>We agree that CCNs can and do work closely with HVs and SNs however HV and SN are fields of SCPHN practice and are open to nurses and midwives. This is why a different approach has been taken when structuring the draft SPQ standards.</i></p>
03:37:57 PM BST	<p>England – London</p> <p><i>Response: Welcome. Thank you for joining us.</i></p>
03:38:06 PM BST	<p>Ireland</p> <p><i>Response: Welcome. Thank you for joining us.</i></p>
03:38:56 PM BST	<p>Community</p> <p><i>Response: Welcome. Thank you for joining us.</i></p>
03:39:49 PM BST	<p>I work across CYP nursing in acute community and education</p> <p><i>Response: Welcome. Thank you for joining us.</i></p>
03:41:19 PM BST	<p>This course needs investment to wider the opportunity for Uni's to run the programme and for commissioning to support this qualification and recognise its importance and need for child focused standards</p> <p><i>Response: We do not have authority over funding for programmes and courses, but we do try and use our influence to promote continuous professional development, and we want our standards to be relevant in order to incentivise employers to invest in them</i></p>
03:41:48 PM BST	<p>Masters in Research</p> <p><i>Response: Welcome. Thank you for joining us.</i></p>
03:41:50 PM BST	<p>MSc leadership - Registered children's nurse with BSc Child nursing</p> <p><i>Response: Welcome. Thank you for joining us.</i></p>
03:41:51 PM BST	<p>BSc Hons Children's Nursing and PGCert in Healthcare Education</p> <p><i>Response: Welcome. Thank you for joining us.</i></p>
03:42:21 PM BST	<p>I'm currently studying CCN SPQ</p> <p><i>Response: Welcome. Thank you for joining us.</i></p>

Time Asked	Question Asked
03:42:39 PM BST	My CCN SPQ was part of an Advanced Practice Programme <i>Response: Welcome. Thank you for joining us.</i>
03:43:21 PM BST	i am a general nurse and qualified school nurse also <i>Response: Welcome. Thank you for joining us.</i>
03:44:22 PM BST	How many CCN's were included within the discussion groups? <i>Response: CCNs were represented at several discussion groups. Eight were invited of whom five participated. We recently spoke to the new CCN forum and asked for their support during the post-consultation assimilation activity and they have agreed to provide input.</i>
03:45:03 PM BST	A number of the audience may have more than 1x relevant qualification - I have SPQ and MSc Advanced practice for example <i>Response: Thank you for joining us.</i>
03:46:30 PM BST	Why have the "bespoke standards" suggested from the thematic analysis from Pye Tait review not included for CCN within the current proposals? <i>Response: Thank you for this suggestion. The themes identified and reported on following our pre-consultation engagement were all considered. Some of the themes raised were deemed to be relevant to all of the SPQ groups and have been included, in the draft proficiencies, some of the other themes raised were already included in the pre-registration proficiencies. We have committed to looking at the need for any bespoke standards that are identified in the consultation responses.</i>
03:46:36 PM BST	Can you please confirm if 'members of the public who have used community nurses' are specifically families who have used CCN services please - as most members of the public will not have any idea about this discipline <i>Response: We have engaged with members of the public and advocacy groups who use community health and care services as part of our pre-consultation engagement. We invited 20 advocacy groups/users of service and six attended. We are doing more to engage with them throughout the consultation period including the qualitative consultation activities.</i>
03:48:46 PM BST	What level of patient engagement has taken place with families of children with complex health needs that have community children's nurses supporting them in the community? <i>Response: We invited advocacy groups that support children and families to virtual engagement events as part of our pre-consultation engagement but not all could attend. Please see our earlier response. If you can, please feel free to provide us with the specific name of groups and their contact details and we will make contact with them using <a href="mailto:PRSCOI@nmc-uk.org">PRSCOI@nmc-uk.org</a>.</i>

Time Asked	Question Asked
03:52:28 PM BST	<p>Surely autonomy rises to the level of advanced nursing. I think this should be the level of CCN SPQ.</p> <p><i>Response: We can only justify regulating any post-registration qualification if the proficiencies surpass the current pre-registration "Future nurse" standards. So these by definition these standards are at a more advanced level, but we have not yet explored formally the regulation of advanced practice, or what form that will take. We have committed to doing that next year, and this is why we say these standards are a "bridge" to that.</i></p>
03:54:50 PM BST	<p>How many CCNs were consulted in hte original consultation in comparison to the adult Community professionals, how can we be assured our Voice was loud enough and represented?</p> <p><i>Response: Throughout our engagement and development we have ensured all fields of SPQ practice were the given the same opportunity to engage with us and inform the development of the draft standards.</i></p>
03:56:26 PM BST	<p>These are too vague to cover CCNs and non specific</p> <p><i>Response: The draft proficiencies are one set of high level standards, which, through our programme standards, we will ensure are taught in the context of the different fields of community nursing.</i></p>
03:57:06 PM BST	<p>No, these are too vague and non specific</p> <p><i>Response: Please see response above.</i></p>
03:57:31 PM BST	<p>As a CCN within a major city Child protection is a major aspect of my caseload . I therefore feel that this needs to be included .</p> <p><i>Response: We have included safeguarding in the draft SPQ proficiencies, but please do tell us in your consultation response if there's anything further that should be included which is specific to children and young people.</i></p>
03:57:31 PM BST	<p>areas missing are those reflected within the SCHPN standards for HV and SN</p> <p><i>Response: Please do tell us the missing areas in your consultation response.</i></p>
03:58:02 PM BST	<p>Prescribing needs to be V300 - offered at Herts University currently</p> <p><i>Response: Thank you. We are aware that there are varying views on prescribing so we have included a specific consultation question on this area. Please do participate and formally share your views in the consultation.</i></p>
04:00:38 PM BST	<p>It's great to offer at MSc level</p> <p><i>Response: We are aware that there differing views, but do tell us your views formally in your response to the consultation.</i></p>

Time Asked	Question Asked
04:00:53 PM BST	<p>I've read the Pye tate analysis - I think there is so much missing from the general standards. Children are not little adults. Working with Parents and carers of children is entirely different to working in adult nursing. Children's safeguarding is completely different. Delegation to a range of services is completely different - schools home care hospice and education of families and other carers. The evidence base for CCN is weak and would need completely differnt approach while teaching to adult nursing. Post reg CCN must be taught at a university which teaches undergraduate Children's nursing, as only they will have the knowledge skills and experience of the point of registration for children's nurses and will know the expectations of post reg children's nursing practice.</p> <p><i>Response: The draft standards apply to all the fields of community nursing practice, but this still means that the standards will need to be taught in the context of community children's nursing, and students will need to learn and be assessed as proficient within the context of community children's nursing. Having one set of standards that applies to all fields does not mean that students from all fields should be taught or assessed against the same things. The draft programme standards also need to be consider in line with the proficiencies so please look at those too.</i></p> <p><i>There are specific questions in the consultation that seek further views on this area and depending on the results they may be added, but we need people to be specific about the areas of knowledge and skills that need to be added.</i></p>
04:01:54 PM BST	<p>Should be masters level - but with no requirement for 1st degree.</p> <p><i>Response: We are aware that there differing views, but do tell us your views formally in your response to the consultation.</i></p>
04:01:55 PM BST	<p>There is such a high risk the CCN programmes will be diluted within adults and die out which will ahve a huge impact on our current and future workforce and the long term health outcomes for CYP</p> <p><i>Response: Our draft programme standards include the requirement for education providers to enable students to achieve proficiency against all the standards of proficiency in their chosen area of community nursing practice with suitable theory and practice learning. AElS together with their practice partners will develop curricula that meet our standards for each (and every) route being put forward. It will still be the decision of each university whether they want to develop and run the CCN route within the SPQ programme, as it is now.</i></p>
04:05:49 PM BST	<p>FNFM has no evidence base as yet to support it's success. Possible dilution and inconsistent CYP nursing capability as a result.</p> <p><i>Response: Thank you for your comment. Please do participate and formally share your views in the consultation.</i></p>

Time Asked	Question Asked
04:07:26 PM BST	<p>When HV and School nursing SPQ are so similar to much of the work CCN's do, why do they have bespoke?</p> <p><i>Response: Thank you for your comments. Health visiting and school nursing are not SPQs, they are fields of Specialist Community Public Health Nursing (SCPHN) practice. If you think that some of the content within those proficiencies are specific to CCN, please do say more about this when responding to the consultation.</i></p> <p><i>We have asked questions in the consultation on what additional standards may be needed and depending on the results they may be added, but we need people to be specific about which areas of knowledge and skills are required for CCN. Please do respond to the consultation.</i></p>
04:08:43 PM BST	<p>The approach to advocacy for each is very different. Just because a word is mentioned does not mean the same for each branch or population.</p> <p><i>Response: Thank you for this comment, we agree and this is why the draft programme standards specify that programmes and content must be tailored to the student's intended SPQ field of practice and route. Please do participate and formally share what additional standards are needed.</i></p>
04:09:41 PM BST	<p>How are you intending to bridge the gap between the grassroots community organisations e.g. DKMS and Anthony Nolan, that work with children, in terms of MDT and collaborative and partnership working? Will this be explored in a MDT module across all community nursing sectors? There needs to be an emphasis of more intergrated working in the community standards.</p> <p><i>Response: We have included in the draft standards the need to be able to work collaboratively with other teams, agencies and with others in the community such as the third (voluntary) sector. It would be for the universities and their practice partners to design and develop the programme and the intended modules.</i></p>
04:10:42 PM BST	<p>The specific standards for SCHPN should be included for CCN</p> <p><i>Response: Thank you for your comment. Please see earlier comment.</i></p>

Time Asked	Question Asked
04:11:24 PM BST	<p>How will you maintain benchmarking of standards for CCNs across the UK to ensure consistency? CCNs work very differently to other SPQs, so require bespoke standards, like the SCPHNs to safeguard their proficiencies. For example End of life care is facilitated very differently to District Nursing, with different professional boundaries.</p> <p><i>Response: Our draft programme standards include the requirement for education providers to enable students to achieve proficiency against all the standards of proficiency in their chosen area of community nursing practice with suitable theory and practice learning. AEs together with their practice partners will develop curricula that meet our standards for all the intended routes they are seeing approval for. All necessary documentation will be reviewed by lay and registrant QA visitors <b>and</b> the respective university panel before making any judgements and recommendations to the NMC. NMC QA visitors will be prepared for their role, to ensure that our standards are being met. Further information on how we approve programmes and our QA framework can be found <a href="#">on our website</a>.</i></p>
04:12:34 PM BST	<p>What do you think the benefits are for having more generic standards as oppose to specific standards?</p> <p><i>Response: To clarify the standards are not generic –instead there is a set of standards that can be applied to each field of community nursing practice. In this case the standards would need to be applied to CCN. This approach is something we did successfully for future nurse and the four fields of nursing.</i></p> <p><i>Our draft programme standards include the requirement for education providers to enable students to achieve proficiency against all the standards of proficiency in their chosen area of community nursing practice with suitable theory and practice learning. AEs together with their practice partners will develop curricula that meet our standards.</i></p> <p><i>This means that universities will seek approval of one new SPQ programme but identify and provide documentation for the student journey for each route they are putting forward, where shared learning is deemed to be appropriate and where field-specific learning is necessary.</i></p> <p><i>We know there are only 11 CCN SPQ programmes in approval and only 8 were running in 2019/20 academic year, often with small student numbers. We hope that the proposals we are making and the draft standards will encourage more CCN routes to be developed.</i></p>

Time Asked	Question Asked
04:12:58 PM BST	<p>The SPQ title needs to be protected.  <i>Response: SPQ is not a protected title. Other nurses can work as CCNs or other community nurses without the SPQ. We do not have independent powers to protect any title that we wish to.</i></p>
04:13:01 PM BST	<p>The point is SCPHN standards are very applicable to CCN also. HV and School nurses almost always pull back when CCN's become involved.  <i>Response: Thank you for your comment. Please see earlier response.</i></p>
04:13:27 PM BST	<p>how many CCN's were present?  <i>Response: Throughout our engagement and development we have sought to engage with representatives from all the existing fields of community nursing SPQs including CCNs. Although smaller in number to some of the other fields of community nursing practice, we were able to listen to the views of CCNs and intend for this to continue throughout the consultation.</i></p>
04:13:59 PM BST	<p>We need to recognise non profit organisations and charities in our community nursing work.  <i>Response: Thank you for your comment. We have included this aspect in the draft standards of proficiency.</i></p>
04:14:00 PM BST	<p>For community children nurse as the DN and school nurses.  <i>Response: Thank you for your comment. Please see earlier response and do respond to the consultation and let us know your views.</i></p>
04:14:20 PM BST	<p>We do the same as HV and SN so its important we have similar standards to them. we are more aligned that with adult Community practitioners  <i>Response: Thank you for your comment. Please see earlier response.</i></p>
04:14:46 PM BST	<p>more aligned with HV and Sn than adults  <i>Response: Thank you for your comment. Please see earlier response.</i></p>
04:16:07 PM BST	<p>CCNs work in schools and homes often alongside other HCPs like the SN and HV. Often the CCN will be the leader of care and the HV or SN will reduce visits and await the outcome of the CCN care. The CCN role is a significant SPQ where we cross over all other community areas, which needs to be part of the standards and proficiencies.  <i>Response: Thank you for your comment. Please do participate and formally share your responses to the consultation.</i></p>

Time Asked	Question Asked
04:16:43 PM BST	<p>This about atient safety. Vulnerable children are so often forgotten about and the 'message' here is they are not imporant enough to have specific standards. Looking for commonality is not enough. The differences in approach to care is as, if not more important.</p> <p><i>Response: Thank you for your comment. Our draft standards adopt language that is inclusive that can be applied to people of all ages. For example we use 'people' rather than 'children and young people' and 'person-centred care' rather than 'child and family centred care'. Children and young people deserve care that is evidence based, kind and safe. We expect universities and their partners to develop CCN routes that recognises the unique evidence base required to meet the individual needs of children and young people who receive care in the community. QA visitors and university panels will be scrutinising the documentation as part of the programme approval process and we would expect public and service user involvement in the development of the curricula. If the views of children and young people and their families had not contributed to this new programme route then we would not approve it. If there is more that the standards should be stating, please do tell us what it is as part of your formal response to the consultation.</i></p>
04:16:52 PM BST	<p>We need more investment into the course</p> <p><i>Response: We can use our influence with others but cannot control funding of programmes and routes.</i></p>
04:17:57 PM BST	<p>Is it the NMC role to increase the viability of the SPQ programmes?</p> <p><i>Response: No. It is our role to ensure that our regulation is not unnecessary or overly burdensome, in a way that would either prevent or deter education providers from running programmes. 8 of the 11 CCN programmes we have approved were running in the 2019/20 academic year, and often with small student numbers. There are a number of reasons for this, but if there is believed to be a need for an SPQ in Community Children's Nursing, we need to play our part in encouraging that, using the levers that we have. We do not have levers in relation to mandating job titles or funding for professional development. But we can make sure that the way we regulate does not deter programmes and routes from running. We and others can use our influence to support AElS and practice learning partners to develop innovative programmes that in turn may increase the viability of SPQ programmes.</i></p>
04:18:03 PM BST	<p>This is exactly why CCN's need specific standards - it is also vital to reduce the post code lottery and incese the specialist evidence base for CCN</p> <p><i>Response: Specific standards alone will not achieve this. Specific standards exist now. Thank you for your comment. Please do participate and formally share your views in the consultation.</i></p>

Time Asked	Question Asked
04:18:45 PM BST	<p>The challenge is that in the CCN world the numbers will never be high - we pull from a small pool and struggle to release without backfill - this needs addressing</p> <p><i>Response: Yes we agree. We can use our influence with others but cannot control workforce and funding of roles. We can propose a different regulatory model for programme approval and monitoring, as that is the thing that we can change directly which may have an impact.</i></p>
04:18:51 PM BST	<p>to ensure they get the right person delivering the safest care.</p> <p><i>Response: Thank you for your comment.</i></p>
04:18:53 PM BST	<p>Against what standards of proficiency for CCN will the appropriateness of the learning outcomes be assessed at the point of approval of an SPQ programme with CCN annotation?</p> <p><i>Response: Our draft programme standards include the requirement for education providers to enable students to achieve proficiency against all the standards of proficiency in their chosen area of community nursing practice with suitable theory and practice learning. AEs together with their practice partners will develop curricula that meet our standards for each of the intended routes they are seeking approval for. All necessary documentation will be reviewed by lay and registrant QA visitors and the respective university panel before making any judgements and recommendations to the NMC. NMC QA visitors will be prepared for their role, to ensure that our standards are being met. Further information on how we approve programmes and our QA framework can be found <a href="#">on the NMC website</a>.</i></p>
04:19:58 PM BST	<p>CCN programmes run in accordance with HEE funding. If there was more money put into the programmes for more places, then the provision would be extended to accommodate this need. We have our biggest cohort this year and last year with 13. It is the government that drives the funding and numbers.</p> <p><i>Response: Thank you for your comment. We can use our influence with others but cannot control funding of programmes and routes.</i></p>
04:20:11 PM BST	<p>But who represented CCN as we don't have a public/national forum?</p> <p><i>Response: We have engaged with CCNs in each of the four UK countries having sought input from the four CNO representatives in relation to each of the fields of community nursing practice. We have also received nominations from the RCN in relation to children and young people and heard from educators whose focus is on children and young people's nursing. Names that we were given by our steering group members were invited to attend standards discussion groups, but not everyone was available to attend.</i></p>

Time Asked	Question Asked
04:20:45 PM BST	<p>How will this consultation ensure the views of diverse groups who access CCNs services are captured in other ways than the questionnaire which is available in English and Welsh only?</p> <p><i>Response: Pye Tait (the independent research company) will be undertaking a series of focus group sessions to ensure we capture the experience of diverse groups.</i></p>
04:22:34 PM BST	<p>Quality improvement would be good to include - generally.</p> <p><i>Response: Yes, we agree and this has been included in the draft proficiencies.</i></p>
04:24:21 PM BST	<p>i would love to work in the community as a childrens nurse but posts are rarely advertised and I have even asked about banking for the community nursing team but they do not have bank staff which i feel is a great shame.</p> <p><i>Response: We can appreciate the problems you are facing. This situation is due to a number of factors, and it is not something that our standards alone can change. We can use our influence with others but cannot determine how workforce planning, attracting new professionals and recruitment is undertaken.</i></p>
04:24:37 PM BST	<p>i am in Northern Ireland.</p> <p><i>Response: Welcome. Thank you for joining us.</i></p>
04:24:52 PM BST	<p>Is the NMC satisfied that having no specific standards for each of the annotated qualifications will not present a risk to patient safety and diminish public protection as ten expert community nursing organisations have already raised as an issue?</p> <p><i>Response: There is currently no regulatory requirement for any community nurse to have an SPQ. We do not have the powers in law to mandate that. The responsibility to ensure that people are suitably qualified to undertake their roles lies with the employer, and to some extent, with individual registrants who need to abide by The Code.</i></p> <p><i>In relation to specific standards, the draft set of standards can be applied to each field of community nursing practice. This is something we did successfully for future nurse and the four fields of nursing.</i></p> <p><i>Our draft programme standards include the requirement for education providers to enable students to achieve proficiency against all the standards of proficiency in their chosen area of community nursing practice with suitable theory and practice learning. AEs together with their practice partners will develop curricula that meet our standards. We have asked consultation question, so please respond to consultation with your comments.</i></p>

Time Asked	Question Asked
04:26:59 PM BST	<p>My concern is the prescribing component. Current CCN role does not actively embrace this however other CNS community roles working in specialised CNS roles would need this. How can this be captured if the standards are to be generic?</p> <p><i>Response: We understand there are differing views about prescribing, and so have included questions about prescribing in the consultation. There are those who do not think that prescribing is necessary. Others are of the view that looking forward, specialist practice roles will further expand to meet additional needs of children and young people in the community. Prescribing proficiency will then be something that specialist practitioners will need in order to ensure that the care provided and impact of these roles is maximised, and valued by children, families and employers. Please respond to consultation with your views.</i></p>
04:27:23 PM BST	<p>How do you become an NMC visitor?</p> <p><i>Response: Our QA function is delivered on our behalf by Mott McDonald, please see <a href="#">information online for information on how to become a NMC visitor</a>.</i></p>
04:27:25 PM BST	<p>Advanced practice does not feature heavily in the standards, yet many CCNs are working at advanced practice level. It is recognised that advanced practice will be further explored by the NMC in terms of regulation. It will be important to capture this in the standards.</p> <p><i>Response: We can only justify regulating any post-registration qualification if the proficiencies surpass the current pre-registration "Future nurse" standards. So these by definition these standards are at a more advanced level, but we have not yet explored formally the regulation of advanced practice, or what form that will take. We have committed to doing that next year, and this is why we say these standards are a "bridge" to that.</i></p>
04:27:37 PM BST	<p>can we have a link for where we can apply to become a NMC visitor? thanks</p> <p><i>Response: Please see the response above.</i></p>
04:27:49 PM BST	yes

Time Asked	Question Asked
04:28:03 PM BST	<p>I understand that the university will be fielding the employers and expert external panel members etc - but can the NMC say how the assessment of CCN specific standards of proficiency and learning outcomes will be consistently assessed -so there is no unwarranted variation of a CCN qualifying in one part of the country and a CCN in another?</p> <p><i>Response: Our draft programme standards include the requirement for education providers to enable students to achieve proficiency against all the standards of proficiency in their chosen area of community nursing practice with suitable theory and practice learning. AEs together with their practice partners will develop curricula that meet our standards. All necessary documentation will be reviewed by lay and registrant QA visitors and the respective university panel before making any judgements and recommendations to the NMC. NMC QA visitors will be prepared for their role, to ensure that our standards are being met. Further information on how we approve programmes and our QA framework can be found here. Currently any programme we approve must meet our standards however each university will develop their own curricula that meets our standards and is in line with local and national requirements. This means that there is no national curricula and some difference is seen.</i></p>
04:28:17 PM BST	<p>I think there is lots to be supportive of in the standards, but they do not reflect the required capability of CCN's specific standards would address. Children have their own laws for a reason. Their nurses must have specific standards, written by children's nurses also. I'll take a look and submit suggestions for improvement separately</p> <p><i>Response: Thank you. Our draft programme standards include the requirement for education providers to enable students to achieve proficiency against all the standards of proficiency in their chosen area of community nursing practice with suitable theory and practice learning. AEs together with their practice partners will develop curricula that meet our standards for each intended field of practice route being put forward –so those students studying for the SPQ in CCN would be looking at legislation that focuses on children and young people and legislation as it pertains to children and young people. This level of detail will be seen in the programme and module specifications that NMC QA visitors and the university panel will see during the approval process. Please do respond formally to the consultation and encourage others in your networks to do so too.</i></p>
04:28:41 PM BST	*separately
04:29:28 PM BST	<p>Could the NMC please refer to the specific standards as specific rather than bespoke please? Bespoke is a very misleading term.</p> <p><i>Response: Thank you for this suggestion. We will consider this when finalising the standards after the consultation closes.</i></p>

Time Asked	Question Asked
04:29:36 PM BST	<p>Interesting which questions were addressed today.</p> <p><i>Response: Not all questions can be discussed during the webinar due to the limited time available time for Q&amp;A session. We will answer all the questions and publish them on our website.</i></p>
04:29:47 PM BST	<p>thank you</p> <p><i>Response: Thank you for joining us today.</i></p>