

Future specialist practice qualifications (SPQs): general practice nursing

Tuesday 25 May 2021, 1.30-2.30 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
01:34:40 PM BST	not sure the speech bubble function is showing... <i>Response: It is and we can see your comments in the background. The technology doesn't allow the comments to be shown publicly.</i>
01:36:22 PM BST	Thanks - just wanted you to know:) <i>Response: No problem. Just add your comments as you are doing, and the team will review them</i>
01:37:46 PM BST	England <i>Response: Welcome. Thank you for joining us.</i>
01:39:03 PM BST	Final year student <i>Response: Welcome. Thank you for joining us.</i>
01:40:02 PM BST	I work in an ICS-level training hub <i>Response: Welcome. Thank you for joining us.</i>
01:40:03 PM BST	im in NHS / I commissioning <i>Response: Welcome. Thank you for joining us.</i>
01:40:10 PM BST	Q2 - I am in Independent consultant working at NHSE/I National and London but have created educational standards in London for GPNs and also national report on GPN Educator roles. <i>Response: Welcome. Thank you for joining us.</i>
01:40:53 PM BST	I wonder if SPQ courses are too expensive to run for GPNs
01:41:11 PM BST	Interesting that only 6 out of 10 provide SPQ courses...
01:41:37 PM BST	student currently in GP Practice placement <i>Response: Welcome. Thank you for joining us.</i>
01:41:53 PM BST	MSc Health Studies <i>Response: Welcome. Thank you for joining us.</i>
01:42:55 PM BST	Other qualifications: Degree in Advanced Practice, Masters in Clinical Nurse Leadership <i>Response: Welcome. Thank you for joining us.</i>
01:43:56 PM BST	I have my masters in advanced practice but also have my SPQ - GPN <i>Response: Welcome. Thank you for joining us.</i>
01:44:40 PM BST	How have the NMC engaged with employers and people in receipt of the GPN service up to now? <i>Response: Yes, throughout the project</i>

Time Asked	Question Asked
01:45:50 PM BST	<p>I think that there are more similarities between all of the nurses working in community settings - and I think nurses working in any community setting should be working to the same standards. I think what you are proposing offers the opportunity for all branches of nursing in out of hospital settings to level up their standards and offer to patients and their carers. we need to modernise our offer of out of hospital care.</p> <p><i>Response: Thank you for your comment and for joining us today. Please do respond to our consultation and encourage your colleagues and networks to respond too.</i></p>
01:49:18 PM BST	<p>Why are there not five independent chairs for each of the five fields of SPQ practice? SCPHN had three independent chairs for each of the three fields -HV, SN and OHN?</p> <p><i>Response: There is a significant difference in the numbers of registrants with SPQs and those registered as SCPHNs. There are over 30,000 SCPHN registrants and approximately 19,600 registrants with SPQs. Over 15,000 of those with SPQs are district nurses, and so the numbers in each of the other four specialities (community children's nursing, community learning disabilities nursing, community mental health nursing and general practice nursing) are therefore much smaller.</i></p> <p><i>So, for the development of the SPQ standards, we decided to have one overarching group with an independent chair (from a community learning disability nursing and higher education background). We then held additional meetings to ensure we heard from each speciality, sometimes separately, and sometimes together.</i></p>
01:51:18 PM BST	<p>Why does the NMC consider that nurses working in social care, inclusion health, care homes as new and emerging roles. They are not? Why not use this opportunity to create specific standards for each of the existing five plus these?</p> <p><i>Response: Sorry we didn't explain this well enough. The point we were trying to make was that there are community roles which are not represented by the existing specialist practice qualifications, and new community roles are emerging all of the time. We hope the new proposed new community SPQ (with no field of practice specified) will be appropriate for nurses working in existing and emerging roles.</i></p>
01:55:52 PM BST	<p>Why does the NMC use the term 'bespoke' for standards - this is misleading - surely you should be using the term 'specific'?</p> <p>It infers that these 'bespoke' standards would need to be written for each individual nurse undertaking an annotated SPQ.</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
01:57:07 PM BST	<p>Interesting core and bespoke aspects of practice for GPNs - how do you see these fitting with a GP Contract which isn't necessarily orientated to take all of these into consideration?</p> <p><i>Response: The standards describe a level of knowledge and skills which surpass those required at pre-registration level and are aligned with the aspirations for the GPN role in the health and care strategies of the four countries of the UK. But do respond via the consultation – please let us know if there are any more that need to be added, any that you think are unnecessary, or any that need to be changed.</i></p>
01:57:53 PM BST	<p>Can it please be noted that a significant barrier to thr GPN SPQ has been the historical lack of funding. This has resulted in lower numbers of GPN's accessing SPQ programmes year on year. Subsequently, a number of HEI's have ceased to run a GPN SPQ. However this does not mean that it is not needed, it is not accessed as GPN's cannot get fundin, unlike their community nurse colleagues who work for a trust, GPN's work for small businesses.</p> <p><i>Response: This has been raised a number of times during the project, as a particular problem for nurses working in GP practices. 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, including GPs, to invest in them.</i></p>
01:57:53 PM BST	<p>These are all unique roles and whilst there are indeed core standards, Why are there no specific standards for each of the SPQ roles but there are for SCPHN?</p> <p><i>Response: For the SCPHN standards, the team began their work by developing a core set of standards that applied to all fields in SCPHN. While the expected that there may not be many core standards, actually there were more than expected. They then went on to identify bespoke standards for each of the SCPHN fields. SCPHN professionals work in very different settings – in the community, in schools, in industry and in the NHS – where the impacts on, and drivers for, public health and wellbeing are very different. This made high level standards for each role easier to define.</i></p> <p><i>The SPQ standards were developed in a similar way, starting with core, and then speaking to groups of practitioners from different fields to explore what was distinct and different. In this case, there was very little that could be identified, that all groups did not think was relevant to them also. It is important to emphasise that the consultation is an extension of this enquiry, and if there are specific standards for individual groups, that are not already in the pre-registration standards, and are at the level of regulatory standards, we will include them.</i></p>

Time Asked	Question Asked
01:58:54 PM BST	<p>A specific set of standards for GPN SPQ is very much still required. How can a generic set of standards reflect what GPN's specialise in? Is this not a contradiction in terms?</p> <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.</i></p>
02:01:42 PM BST	sorry yes thank you
02:03:13 PM BST	<p>If the NMC as regulator doesn't specify how long each programme will be - won't this lead to unwarranted variation?</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. So this is what we mean by an “outcome” standard. The standard is that the proficiencies have to be met, and AEs an providers can organise the course in whatever way they chose in order to do that. However, we know that this is controversial, and you can give an alternative view in your consultation response.</i></p>
02:03:29 PM BST	<p>Several practitioners have experienced difficulty navigating the consultation process. A key issue is the time required to view proficiencies and education standards in order to respond, which is challenging at this time in view of the Covid challenges for nurses in practice.</p> <p><i>Response: Please contact us if you would like to discuss this further. We did test the consultation before launching and made some changes as a result of that. It is also complex in that the questions are addressing several qualifications, but there is the option of answering in relation just one of them, if some people want to do that. We are operating this consultation in the same way as previous consultations on nursing standards and midwifery standards, and our recent consultation on nursing and midwifery programme standards. As you would expect, Covid-19 has affected our approach to engagement and the types of events we hold during consultation. The consultation will run for 16 weeks and you don't have to complete the consultation in one sitting, and can save as you go along.</i></p>

Time Asked	Question Asked
02:04:24 PM BST	<p>Please could the NMC provide a clear definition of each of the fields of the five SPQs to be annotated?</p> <p><i>Response: The SPQs are qualifications, and not roles or job descriptions. This is not our role as a professional regulator. We will however consider what clarity is needed in the introduction to the standards when finalising the overall standards document in the autumn as part of the post-consultation assimilation work.</i></p>
02:04:56 PM BST	<p>You ask about level of prescribing qualification needed for GPNs. In my experience, I found my independent prescribing qualification enabled me to fully care for my caseload in a much more rewarding way which made more sense for my patients and nursing team. Prior to achieving it, I was very frustrated having to continually consult a GP who could be much less experienced than me in the particular field of practice e.g. contraception and asthma. As nursing still struggles with hierarchical approaches, it is important that we identify areas where effective nursing alleviates workload in the rest of the team rather than adding to it.</p> <p><i>Response: Thank you for your comment. We look forward to receiving comments formally in the consultation.</i></p>
02:05:17 PM BST	<p>But there are so many universal elements of a community nursing programme. This may also help with supporting learners in the community. At the moment educational support for GPNs is very varied and fragmented. Unis might communicate with ICSs in a different way about learner support and placement partners.</p> <p><i>Response: Thank you for your comment. We have asked a number of questions about this area in the consultation, and look forward to receiving your comments formally.</i></p>
02:09:40 PM BST	<p>These standards assume that nurses will have roles based in one specific context but I believe that they are increasingly likely to work across settings if we are to use the opportunity of ICSs to work in a more integrated way around the needs of the person not the workforce. We could see nurses using both 'DN' and 'GPN' skills in the same role. I strongly believe that a SPQ should be generic for ALL community settings; we need to work together and not create separatist categories.</p> <p><i>Response: Our experience when drafting the standards illustrated this point, in that there were many commonalities in terms of the knowledge and skills required across many community roles, and the emphasis on community teams also supports this concept. We hope that the core standards will achieve this, but if there are any specific standards identified, they can be included.</i></p>

Time Asked	Question Asked
02:09:40 PM BST	<p>Why is the consultation so difficult to navigate and takes so long to complete for so many busy community nurses. I have also been told that they do not understand the questions asked?</p> <p><i>Response: Please contact us if you would like to discuss this further or need help. We did test the consultation before launching and made some changes as a result of that. It is also complex in that the questions are addressing several qualifications, but there is the option of answering in relation just one of them, if some people want to do that. We are operating this consultation in the same way as previous consultations on nursing standards and midwifery standards, and our recent consultation on nursing and midwifery programme standards. As you would expect, Covid-19 has affected our approach to engagement and the types of events we hold during consultation. The consultation will run for 16 weeks and you don't have to complete the consultation in one sitting, and can save as you go along.</i></p>
02:12:13 PM BST	<p>Will we as registrants be able to see the full Pye Tait analysis of the consultation?</p> <p><i>Response: We will be producing a consultation report and this will be available to all on our website.</i></p>
02:13:57 PM BST	<p>what will happen to GPN who currently practising</p> <p><i>Response: We do not have the powers to mandate that any general practice nurse needs to hold one of our qualifications. We also do not have the powers to "protect the title". Therefore, from our point of view, you can have a job title of GPN without our qualification. However, we hope that employers will see the benefits of their GPN having the additional skills that this qualification will provide. If someone already has the GPN SPQ, they will retain it. When they next revalidate, they may want to consider their CPD needs in relation to their current practice, and the new standards.</i></p>
02:14:35 PM BST	<p>What will happen to the GPN foundation programme will this continue for NQN</p> <p><i>Response: we know that people have found this foundation programme beneficial as it attracts, targets and supports new registrants to work in the community for the first time. As we do not set standards for such programmes this is not a decision for us to make.</i></p>
02:15:08 PM BST	<p>Is the SPQ transferrable from community back into secondary care</p> <p><i>Response: Once you have a qualification, this is added to your registration details displayed on the register. There are elements of all qualifications and learning which will benefit future roles someone may go onto. Equally, employers are sometimes quite specific over the qualifications that they require for particular roles, this would be for employers to decide.</i></p>
02:15:29 PM BST	I agree !

Time Asked	Question Asked
02:18:45 PM BST	<p>The SPQ HEI programmes have depleted due to the lack of funding and investment not due to the lack of need in practice!</p> <p><i>Response: Yes we agree. We do not have authority over funding for programmes and courses, or to insist that people working in these roles have to have this qualification, 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>
02:20:12 PM BST	<p>Thank you for this piece of work. GPN's are quite unique in that we are employed by private business which makes</p> <p><i>Response: Thank you for joining us today.</i></p>
02:21:34 PM BST	<p>a difficult situation when recruiting into this level of qualification especially around Pay and conditions which is a completely different conversation Masters qualifications = higher level pay reimbursements</p> <p><i>Response: yes agreed. It is good that pay is a positive driver in terms of people wanting to gain qualifications and skills, and that these then offer direct benefit the communities nurses work in - however when employers have decisions to make on where to allocate their available resources and budgets it is really important that the benefits and impact of additional qualifications, knowledge and skills is made really explicit.</i></p>
02:21:47 PM BST	<p>The other areas of community nursing are not smaller! Surely the NMC should have worked harder to see these other groups at the table and fully represented.</p> <p><i>Response: They are smaller in terms of numbers of people on the register who have these qualifications now. But we did meet with each speciality group, as explained above. Plus – not everyone we invite attends. But please feel free to send through names of other groups we can engage with during the development of the standards. Please email us at PRSCOI@nmc-uk.org.</i></p>
02:22:50 PM BST	<p>We cannot reduce nursing to a set of tasks though. I am continually trying to explain to practices that nurses are especially good at planning care for an individual in their context i.e. personalised care and shared decision making which are such high profile in the ICS right now.</p> <p><i>Response: If you look at the draft standards, you will see that they are not a set of tasks. We have included personalised care and decision making in the draft proficiencies. We look forward to receiving your formal response to the consultation.</i></p>
02:24:33 PM BST	<p>Context is everything!</p> <p><i>Response: Thank you for your response.</i></p>
02:24:35 PM BST	<p>There are huge areas of overlap between DN and GPN roles.</p> <p><i>Response: Thank you for your comment. We look forward to receiving your formal response to the consultation – do tell us more about this aspect.</i></p>

Time Asked	Question Asked
02:25:55 PM BST	<p>It will help highlight the role of GPN and the specialist area of work but i worry for those who will feel left behind who are doing many of these roles within their practice already</p> <p><i>Response: Thank you for your comment. Yes, this is linked to the issues raised above about the employment of GPN's and the issues around funding and CPD. We look forward to receiving your formal response to the consultation.</i></p>
02:26:37 PM BST	<p>Do you think it will become increasily more difficult to separate/define advanced practice and specialist practice?</p> <p><i>Response: Some evidence suggests that is the case now but hopefully the nursing profession will be able to come to a consensus in years to come.as advanced practice becomes more widespread. In relation to these draft standards, the content reflects the components of advanced practice (clinical practice, leadership, research and education) and surpasses the knowledge and skill in those areas which is expected at initial registration. The NMC has made a commitment to explore whether the regulation of advanced practice is needed in our 2020-2025 strategy. This will require a large scale evidence review, engagement, collaboration with other regulators, and consultation. In developing these draft standards, we have reviewed a number of advanced practice frameworks to ensure that there is alignment, and this is what we mean by these standards forming a 'bridge' to advanced practice. But it is also worth saying that prescribing, and the high level advanced practice frameworks that are currently in existence across the UK, are not specialty based. Specialty requirements are encompassed at the level of the curriculum.</i></p>
02:28:04 PM BST	<p>These qaulifications are not finite as even if you have a SPQ you still need to do training specific to GPN's</p> <p><i>Response: All of our standards assume that further development occurs with ongoing CPD and experience following qualification. But 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, this is so that the qualification and annotation in GP Nursing can be achieved.</i></p>
02:29:06 PM BST	<p>Will there be honory SPQ for Nurses already working at this level ?</p> <p><i>Response: People have to undertake one of our approved programmes to achieve an SPQ qualification and annotation. But many courses allow for recognition of prior learning against the GPN SPQ qualification taking account of an individual's experience in GPN and other non NMC formal learning that took place.</i></p>
02:29:07 PM BST	<p>Thank you very much. A very informative session. Hopefully the consultation will invite a balance of views for a sensible outcome for patient care</p> <p><i>Response: Thank you for joining us today, and we look forward to your formal response to the consultation.</i></p>
02:30:20 PM BST	<p>Thank you.</p> <p><i>Response: Thank you for joining us today.</i></p>

Time Asked	Question Asked
02:30:52 PM BST	<p>yes I have heard this too paperwork is too long could it be shortened ?</p> <p><i>Response: Please contact us if you would like to discuss this further or need help. We did test the consultation before launching and made some changes as a result of that. It is also complex in that the questions are addressing several qualifications, but there is the option of answering in relation just one of them, if some people want to do that. We are operating this consultation in the same way as previous consultations on nursing standards and midwifery standards, and our recent consultation on nursing and midwifery programme standards. As you would expect, Covid-19 has affected our approach to engagement and the types of events we hold during consultation. The consultation will run for 16 weeks and you don't have to complete the consultation in one sitting, and can save as you go along.</i></p>
02:31:39 PM BST	<p>GPNs are overwhelmed and this might deter them from responding</p> <p><i>Response: We are operating this consultation in the same way as previous consultations on nursing standards and midwifery standards, and our recent consultation on nursing and midwifery programme standards. As you would expect, Covid-19 has affected our approach to engagement and the types of events we hold during consultation. The consultation will run for 16 weeks and you don't have to complete the consultation in one sitting, and can save as you go along.</i></p>
02:31:47 PM BST	<p>thank you for the information, much appreciated. I have to leave now</p> <p>x</p> <p><i>Response: Thank you for joining us today</i></p>
02:31:53 PM BST	<p>Most practitioners are engaged with Covid challenges, so time limited!</p> <p><i>Response: Please contact us if you would like to discuss this further or need help. We did test the consultation before launching and made some changes as a result of that. It is also complex in that the questions are addressing several qualifications, but there is the option of answering in relation just one of them, if some people want to do that. We are operating this consultation in the same way as previous consultations on nursing standards and midwifery standards, and our recent consultation on nursing and midwifery programme standards. As you would expect, Covid-19 has affected our approach to engagement and the types of events we hold during consultation. The consultation will run for 16 weeks and you don't have to complete the consultation in one sitting, and can save as you go along.</i></p>