

Standards for specialist education and practice

This document is now the UKCC's exclusive reference document specifying standards for specialist practice. **Any previous documentation, as detailed below, relating to specialist practice is no longer applicable:**

The future of professional practice - The Council's standards for education and practice following registration (March 1994)

Registrar's letter 20/1994

Registrar's letter 9/1995

Registrar's letter 14/1996

Registrar's letter 15/1996

Registrar's letter 11/1998

These standards remain current however please note:

The UKCC is now known as the Nursing and Midwifery Council (NMC)

References to the Code refer to the NMC Code 2015

Revalidation requirements replace post-registration education and practice (Prep) which ended on 31 March 2016

The term 'handicapped' has been removed from this document in alignment with the Equality Act 2010 (NMC 2015)

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Introduction to post-registration education and practice (PREP)

Post-registration education and practice standards (PREP) comprise the following components:

1 Maintenance of effective registration

The standards relating to the maintenance of effective registration are laid down in Statutory Instrument 1995 no 976 and *PREP and you* (page 6) 1997.

2 Preceptorship

Preceptorship is laid down in SLAIP.

3 Specialist nursing practice

4 Return to practice

The standards relating to return to practice are laid down in Statutory Instrument 1995 no 967 and *The PREP handbook 2001*.

5 Advanced nursing practice

Following a listening exercise to determine whether to set standards for advanced practice, the UKCC made the decision in March 1997 not to set standards ((CC/97/06) and Council minute 6/97 Professional Policy Affairs, Agendum 6).

Therefore there are no standards set for advanced practice. There is, however, an acknowledgement by the UKCC that all practitioners have the opportunity of advancing their practice.

6 Definition of specialist practice

There is a clear difference between practising within a speciality and holding the UKCC recordable qualification of specialist practitioner. Specialist practice is the exercising of **higher levels** of judgement, discretion and decision making in clinical care.

7 Such practice will demonstrate higher levels of clinical decision making and so enable the monitoring and improving of standards of care through:- supervision of practice; clinical audit; development of practice through research; teaching and the support of professional colleagues and the provision of skilled professional leadership.

8 Specialist practice will require the exercising of higher levels of judgement, discretion and decision making, focusing on four broad areas:

- 8.1 clinical practice;
- 8.2 care and programme management;
- 8.3 clinical practice development and
- 8.4 clinical practice leadership.

This higher level of practice can be exercised in **any** area of health care delivery. The standards to enable this are identified on page 9. In addition, the UKCC has determined specific community requirements (pages 13 to 22).

Recording the qualification of specialist practice

9 As stated, specialist practice is the exercising of higher levels of judgement, discretion and decision making in clinical care. This exercising of a higher level of judgement is based on **first level initial registration**. Therefore, any practitioner wishing to record on the UKCC register the qualification of specialist practitioner must meet the following requirements:-

9.1 An entry on the relevant and appropriate part of the register:

Part 1 or 12
Part 3 or 13
Part 5 or 14
Part 8 or 15
Part 10

Nurses on part 2 (EN (G)), 4 (EN (M)), 6 (EN (MH)) or 7 (EN SCOT/NI) of the register must have achieved the outcomes for first level registration **as well as** the outcomes for the specialist practitioner qualification in order to record the qualification.

9.2 Have completed a period of experience of sufficient length to have consolidated **pre-registration outcomes** and to have gained a deeper understanding in relevant professional practice.

9.3 Provide evidence that the specialist practice qualification is necessary for the assumption of higher order responsibility in clinical care and that it is relevant, required and responsive to health needs.

9.4 Have completed a programme of preparation that is:

- at no less than first degree level (this equates with the final year of a degree course);
- no less than an academic year (32 weeks minimum), full time or part time equivalent (including accreditation of prior learning) and
- made up of 50% theory and 50% practice.

and founded on principles that offer:

- a common core of preparation and specific modules. The core modules shall consist of no less than one third and no more than two thirds of the total programme;
- all modules having internal integrity and the capacity to be linked to other modules to form a coherent programme of learning;
- flexible modes of delivery;
- linkage to a higher education accreditation system and
- credit for appropriate prior learning and prior experiential learning.

Transitional arrangements: 1 November 1995 - 31 October 1998

- 10 It was agreed by the UKCC that the following would apply through a transitional period of introduction of specialist practice programmes.

Using the title - specialist practitioner

In order to use the **title** of specialist practitioner, the practitioner will be required by the UKCC to:

- 10.1 be on parts 1, 3, 5, 8, 9, 10, 11, 12, 13, 14 or 15 of the UKCC's register;
- 10.2 have a post registration clinical recordable qualification following a course of four months or more in length, or a recordable school nurse qualification; **relevant** to your area of practice;
- 10.3 have on record that you and your employer are confident that you have the skills and knowledge to practice safely and effectively as defined within The Code and
- 10.4 have consolidated by appropriate experience your post registration recordable qualification.

Recording the qualification - specialist practitioner

- 10.5 In order to **record the qualification** of specialist practitioner, practitioners will be required by the UKCC to meet the requirement as laid down on pages 3 and 4. The **only** exception to these requirements is that where no **previous** post registration clinical recordable qualification existed in the United Kingdom, it is then acceptable for the programme to be at diploma rather than degree level.

For this and only this exception, the recording of the specialist practitioner qualification is acceptable. Otherwise the use of the title only is acceptable.

Preparation for specialist practice

- 11 As stated earlier, the preparation for specialist practice will concentrate on four broad areas; clinical practice; care and programme management; clinical practice leadership and clinical practice development.

The practitioner should achieve the following outcomes in each area:

Clinical practice

- 11.1 assess health, health related and nursing needs of patients or clients, their families and other carers by identifying and initiating appropriate steps for effective care for individuals and groups;
- 11.2 set, implement and evaluate standards and criteria of nursing intervention by planning and providing and evaluating specialist clinical nursing care across a range of care provision to meet the health needs of individuals and groups requiring specialist nursing;
- 11.3 assess and manage critical and clinical events to ensure safe and effective care;
- 11.4 support and empower patients and clients, their families and other carers to influence and participate in decisions concerning their care by providing information on a range of specialist nursing care and services;
- 11.5 facilitate learning in relation to identified health needs for patients, clients and carers;
- 11.6 provide counselling and psychological support for individuals and their carers;
- 11.7 act independently within a multi-disciplinary/multi-agency context and
- 11.8 support and empower patients, clients and their carers to influence and use available services, information and skills to the full and to participate in decisions concerning their care.

Care and programme management

- 11.9 supervise and manage clinical practice to ensure safe and effective holistic research-based care;

- 11.10 initiate and contribute to strategies designed to promote and improve health and prevent disease in individuals and groups by identifying and selecting from a range of health and social agencies, those that will assist and improve care and
- 11.11 recognise ethical and legal issues which have implications for nursing practice and take appropriate action.

Clinical practice leadership

- 11.12 lead and direct the professional team clinically, to ensure the implementation and monitoring of quality assured standards of care by effective and efficient management of finite resources;
- 11.13 identify individual potential in registered nurses and specialist practitioners, through effective appraisal systems. As a clinical expert advise on educational opportunities that will facilitate the development and support of their specialist knowledge and skills to ensure they develop their clinical practice and
- 11.14 ensure effective learning experiences and opportunity to achieve learning outcomes for students through preceptorship, mentorship, counselling, clinical supervision and provision of an educational environment.

Clinical practice development

- 11.15 create an environment in which clinical practice development is fostered, evaluated and disseminated;
- 11.16 identify specialist learning activities in a clinical setting that contribute to clinical teaching and assessment of learning in a multi-disciplinary environment within scope of expertise and knowledge base;
- 11.16 initiate and lead practice developments to enhance the nursing contribution and quality of care;
- 11.17 identify, apply and disseminate research findings relating to specialist nursing practice and
- 11.18 explore and implement strategies for quality assurance and quality audit. Determine criteria against which they should be judged, how success might be measured and who should measure success.

12 Content of education for common core

In order to achieve the outcomes, the content of the programme of education should include:

- 12.1 health promotion, health education and health need identification;
- 12.2 biological, behavioural, sociological and environmental studies;
- 12.3 nature and causation of disease and/or conditions and their physical, emotional and social consequences;
- 12.4 advanced pharmacological studies and nurse prescribing from a nursing formulary, where the legislation permits;
- 12.5 diagnostic, therapeutic, resuscitative and technological procedures and techniques;
- 12.6 ethics of professional practice and relevant literature/legislation;
- 12.7 problem solving and decision making;
- 12.8 preventative strategies and intervention techniques for abuse and violence;
- 12.9 negotiation and person-effectiveness skills;
- 12.10 counselling, support, communication and related therapeutic techniques;
- 12.11 quality assurance - evaluation of standards and outcomes of clinical nursing care;
- 12.12 leadership, management and resource management skills;
- 12.13 health economics and policy;
- 12.14 research methodology and implications for practice;
- 12.15 appreciation of information technology and its application to practice;
- 12.16 approaches to education and teaching skills and
- 12.17 clinical supervision of practice, peer review and peer assessment techniques.

Standards for specialist community nursing education and practice

13 Common core learning outcomes

Whilst the content of the programme of education should be adapted to the relevant area of community nursing practice, the following are pertinent to all areas.

The nurse should achieve the following core outcomes:

Clinical nursing practice

- 13.1 assess the health and health related needs of patients, clients, their families and other carers and identify and initiate appropriate steps for effective care for individuals, groups and communities;
- 13.2 plan, provide and evaluate skilled nursing care in differing environments with varied resources. Specialist community nurses must be able to adapt to working in people's homes and also small institutions, health centres, surgeries, schools and places of work;
- 13.3 support informal carers in a partnership for the giving of care. The majority of care in the community is given by informal carers. They need guidance, support and resources to carry out tasks so that there is continuity of care for the patient;
- 13.4 assess and manage care needs in a range of settings. These are complex activities which call for informed judgement to distinguish between health and social needs recognising that the distinction is often a fine, but critical, one;
- 13.5 provide counselling and psychological support for individuals and their carers;
- 13.6 facilitate learning in relation to identified health needs for patients, clients and their carers;
- 13.7 prescribe from a nursing formulary, where the legislation permits;
- 13.8 act independently within a multi-disciplinary/multi-agency context and

13.9 support and empower patients, clients and their carers to influence and use available services, information and skills to the full and to participate in decisions concerning their care.

Care and programme management

- 13.10 advise on the range of services available to assist with care. The services may be at local, regional or national levels. Knowledge of these services will need to be kept up-to-date and advice given to people on how to access and use them;
- 13.11 recognise ethical and legal issues which have implications for nursing practice and take appropriate action;
- 13.12 identify the social, political and economic factors which influence patient/client care and impact on health;
- 13.13 stimulate an awareness of health and care needs at both individual and structural levels. Activities will include work with individuals, families, groups and communities and will relate to those who are well, ill, dying." or disabled. Those who are able should be assisted to recognise their own health needs in order to decide on action appropriate to their own lifestyle. Those who are not able will require skilled and sensitive help;
- 13.14 identify and select from a range of health and social agencies, those which will assist and improve the care of individuals, groups and communities;
- 13.15 search out and identify evolving health care needs and situations hazardous to health and take appropriate action. This is a continuous activity and involves being pro-active, it must not be dependent on waiting for people to request care;
- 13.16 initiate and contribute to strategies designed to promote and improve health and prevent disease in individuals, groups and communities;
- 13.17 empower people to take appropriate action to influence health policies. Individuals, families and groups must have a say in how they live their lives and must know about the services they need to help them to do so and
- 13.18 provide accurate and rigorously collated health data to employing authorities and purchasers through health profiles in order to inform health policies and the provision of health care.

Clinical practice leadership

- 13.19 act as a source of expert advice in clinical nursing practice to the primary health care team and others;

- 13.20 lead and clinically direct the professional team to ensure the implementation and monitoring of quality assured standards of care by effective and efficient management of finite resources;
- 13.21 identify individual potential in registered nurses and specialist practitioners, through effective appraisal system. As a clinical expert advise on educational opportunities that will facilitate the development and support their specialist knowledge and skills to ensure they develop their clinical practice and
- 13.22 ensure effective learning experiences and opportunity to achieve learning outcomes for students through preceptorship, mentorship, counselling, clinical supervision and provision of an educational environment.

Clinical practice development

- 13.23 initiate and lead practice developments to enhance the nursing contribution and quality of care;
- 13.24 identify, apply and disseminate research findings relating to specialist nursing practice;
- 13.25 undertake audit review and appropriate quality assurance activities;
- 13.26 create an environment in which clinical practice development is fostered, evaluated and disseminated and
- 13.27 explore and implement strategies for staff appraisal, quality assurance and quality audit. Determine criteria against which they should be judged, how success might be measured and who should measure success.

14 Content of programme of education

The content of the programme of education should be adapted to the area of specialist practice as appropriate:

- 14.1 health promotion, education and health need identification;
- 14.2 biological, behavioural, sociological and environmental studies;
- 14.3 development of the individual;
- 14.4 nature and causation of disease and/or conditions and their physical, emotional and social consequences;
- 14.5 advanced pharmacology studies and nurse prescribing from a nursing formulary, where the legislation permits;

- 14.6 diagnostic, therapeutic, resuscitative and technological procedures and techniques;
- 14.7 ethics of professional practice and relevant literature/legislation;
- 14.8 care and case management;
- 14.9 problem solving and decision making;
- 14.10 preventative strategies and intervention techniques for abuse and violence;
- 14.11 negotiation and person-effectiveness skills;
- 14.12 counselling, supportive, communicative and related therapeutic techniques;
- 14.13 quality assurance - evaluation of standards and outcomes of nursing, health and care interventions;
- 14.14 leadership, management and resource management skills;
- 14.15 health economics and policy;
- 14.16 community development skills;
- 14.17 research approaches, methodology and techniques and application to practice;
- 14.18 appreciation of information technology and its application to practice;
- 14.19 approaches to education and teaching skills and
- 14.20 clinical supervision of practice, peer review and peer assessment techniques.

Standards for specialist community nursing education and practice - general practice nursing

15 Standards for entry

The nurse should have an entry on either parts 1, 2, 7, 8,12 or 15 of the register.

16 Specific learning outcomes

The nurse should achieve the following specific outcomes as applied to general practice nursing:

Specialist clinical practice

- 16.1 assess, plan, provide and evaluate specialist clinical nursing care to meet the care needs of individuals and groups in the practice population;
- 16.2 assess, diagnose and treat specific diseases in accordance with agreed medical/nursing protocols;
- 16.3 provide direct access to specialist nursing care for undifferentiated patients within the practice population and
- 16.4 undertake diagnostic, health screening, health surveillance and therapeutic techniques applied to individuals and groups within the practice population.

Care and programme management

- 16.6 develop a profile of the practice population in order to initiate and contribute to strategies designed to promote and improve health and prevent disease in individuals and groups;
- 16.6 initiate and carry out programmes of health screening and
- 16.7 manage programmes of care for patients with chronic diseases.

Standards for specialist community nursing education and practice - community mental health nursing

17 Standards for entry

The nurse should have an entry on either parts 3, 4, 7 or 13 of the register.

18 Specific learning outcomes

The nurse should achieve the following specific outcomes as applied to the area of community mental health nursing practice:

Clinical nursing practice

18.1 assess, plan, provide and evaluate specialist clinical mental health nursing care to meet the immediate, long term and rehabilitative care needs of patients/clients with a mental health problem/illness in the community and

18.2 assess and manage clinical emergencies and critical events, including the management of challenging and violent behaviour, to ensure effective care and safety.

Care and programme management

18.3 initiate health promotion and education to facilitate emotional, cognitive and behavioural well being and

18.4 play a key role in care management and identify and select from a range of health and social agencies, those which will assist and improve the mental health care of individuals and groups.

Standards for specialist community nursing education and practice - community learning disabilities nursing

19 Standards for entry

The nurse should have an entry on either parts 5, 6, 7, or 14 of the register.

20 Specific learning outcomes

The nurse should achieve the following specific outcomes as applied to the area of learning disabilities nursing practice:

Clinical nursing practice

- 20.1 assess, plan, provide and evaluate specialist clinical nursing care to meet care needs for this client group, their families and carers in order to develop clients' personal capacities and their skills in self-advocacy and self-reliance for their health and social status and
- 20.2 assess and manage clinical emergencies and critical events, including the management of challenging and violent behaviour, to ensure affective care and safety,

Care and programme management

- 20.3 play a key role in care management and identify and select from a range of health and social agencies, those which will assist and improve the care of individuals and groups and
- 20.4 initiate strategies to maximise the potential for independent living and minimise the affects of disability amongst people with learning disabilities living in the community.

Standards for specialist community nursing education and practice - community children's nursing

21 Standards for entry

The nurse should have an entry on either parts 8 or 15 of the register.

22 Specific learning outcomes

The nurse should achieve the following specific outcomes as applied to the area of community children's nursing practice:

Clinical nursing practice

22.1 assess, plan, provide and evaluate specialist clinical nursing care to meet care needs of acutely and chronically ill children at home and

22.2 assess, diagnose and treat specific diseases in accordance with agreed medical/nursing protocols.

Care and programme management

22.3 initiate and contribute to strategies designed to promote and improve health and prevent diseases in children, their families and community;

22.4 initiate action to identify and minimise risk to children and ensure child protection and safety and

22.5 initiate management of potential or actual physical or psychological abuse of children and potentially violent situations and settings.

**Standards for specialist community nursing education and practice -
health nursing/health visiting**

public

23 Standards for entry

The nurse should have an entry on either parts 1, 2, 3, 4, 5, 6, 7, 8, 10, 12, 13, 14 or 15 of the register.

If a registerable health visiting qualification is required the registrant must also meet the entry requirements as laid down in the Health Visitors Rules (see Annexe 1).

24 Specific learning outcomes

The nurse should achieve the following specific outcomes applied to the area of public health nursing - health visiting:

Clinical nursing practice

- 24.1 assess, plan, provide and evaluate specialist health care interventions to meet health and health-related needs of individuals, families, groups and communities;
- 24.2 undertake diagnostic, health screening, health surveillance and therapeutic techniques applies to individual family and community health maintenance and
- 24.3 initiate action to identify and minimise risk and ensure child protection and safety, working in partnership with families.

Care and programme management

- 24.4 build health alliances with other agencies for health gain;
- 24.5 search out health-related learning needs of individuals, families, groups and communities and stimulate an awareness of needs at local/national levels;
- 24.6 empower individuals, their carers, families and groups to influence and use available services, information and skill to the full and act as advocate where appropriate;
- 24.7 identify appropriate resources to meet needs, plan and initiate measures to promote health and to prevent disease;

- 24.8 support and empower individuals, families and communities to take appropriate action to influence health care and health promotional activities by means of a community development approach;
- 24.9 initiate the management of cases involving potential or actual physical or psychological abuse and potentially violent situations and settings;
- 24.10 work with key personnel in health and other agencies to address and/or achieve agreed health goals and local policies;
- 24.11 collect and interpret health data and develop and initiate strategies to promote and improve individual and community health and evaluate the outcomes and
- 24.12 establish and evaluate case load and workload profiles and devise programmes of care and monitor strategies of intervention.

Standards for specialist community nursing education and practice - occupational health nursing

25 Standards for entry

The nurse should have an entry on either parts 1, 2, 3, 4, 7, 12 or 13 of the register.

26 Specific learning outcomes

26.1 The nurse should achieve the following specific outcomes as applied to the area of occupational health nursing:

Clinical nursing practice

26.2 assess, plan, provide and evaluate specialist clinical nursing care to meet nursing and occupational health needs;

26.3 assess, manage and provide care in clinical emergencies, critical and environmental incidents to ensure care and safety and

26.4 promote the appropriate and effective use of occupational health services in the work place.

Care and programme management

26.6 search out the health and health-related learning needs of the work-force and identify and initiate appropriate steps for health promotion, health maintenance, effective care for individuals and groups within organisations;

26.7 build health alliances with other agencies for health gain and

26.8 interpret and apply health and safety legislation and approved codes of practice with regard for the environment, well-being and protection of those who work and the wider community.

Standards for specialist community nursing education and practice - community nursing in the home/district nursing

27 Standards for entry

The nurse should have an entry on either parts 1, 2, 7 or 12 of the register.

28 Specific learning outcomes

The nurse should achieve the following specific outcomes as applied to district nursing:

Clinical nursing practice

- 28.1 assess the health and health-related needs of patients, clients, their families and other carers and identify and initiate appropriate steps for effective care for individuals and groups;
- 28.2 assess, diagnose and treat specific diseases in accordance with agreed nursing/medical protocols and
- 28.3 assess, plan, provide and evaluate specialist clinical nursing care to meet care needs of individual patients in their own homes.

Care and programme management

- 28.4 contribute to strategies designed to promote and improve health and prevent disease in individuals and groups;
- 28.5 manage programmes of care for patients with chronic disease and
- 28.6 play a key role in care management as appropriate.

Standards for specialist community nursing education and practice - school nursing

29 Standards for entry

The nurse should have an entry on either parts 1, 2, 3, 4, 5, 6, 7, 8, 12, 13, 14 or 15 of the register and normally have completed a period of professional practice.

30 Specific learning outcomes

The nurse should achieve the following specific outcomes applied to the area of school nursing:

Clinical nursing practice

- 30.1 assess, plan, provide and evaluate specialist nursing to meet health and health-related needs of children and adolescents at school and their families and carers;
- 30.2 undertake diagnostic, health screening, health surveillance and therapeutic techniques applied to individual children, adolescent and family health maintenance and
- 30.3 initiate action to identify and minimise risk and ensure child protection and safety working in partnership with families.

Care and programme management

- 30.4 build health alliances with other agencies for health gain;
- 30.5 search out health-related learning needs of children, adolescents and their families and stimulate an awareness of needs at local/national levels;
- 30.6 empower children, adolescents and their families to influence and use available services, information and skills to the full and act as advocate where appropriate;
- 30.7 identify appropriate resources to meet needs, plan and initiate measures to promote health and to prevent disease;
- 30.8 initiate the management of cases involving potential or actual physical or psychological abuse and potentially violent situations or settings;

- 30.9 collect and interpret health data and contribute to the development of strategies to promote and improve children, adolescent and family health and evaluate their outcomes and
- 30.10 establish and evaluate caseload and workload profiles and devise programmes of care and monitor strategies of intervention.

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