

# **Standards of proficiency for specialist community public health nurses**

## Introduction

The new NMC register, which opened on 1 August 2004, has three parts: nurses, midwives, and specialist community public health nurses. This booklet sets out the standards for specialist community public health nurses. These standards, which have been developed following extensive consultation, were approved by the Council in June 2004.

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# Section 1 – Background to the standards

## Introduction

The Nursing and Midwifery Council (NMC) is required by the Nursing and Midwifery Order 2001<sup>1</sup> (the Order) to establish and maintain a register of qualified nurses and midwives [Article 5(1)], and from time to time to establish standards of proficiency to be met by applicants to different parts of the register, being the standards it considers necessary for safe and effective practice [Article 5(2)(a)].

This booklet provides the standards of proficiency and standards of education required for specialist community public health nursing education programmes. These have been developed in support of the Nursing and Midwifery Council (Education, Registration and Registration Appeals) Rules 2004<sup>2</sup> (the Registration Rules).

## Establishment of the Nursing and Midwifery Council

The NMC was established under the Order and came into being on 1 April 2002 as the successor to the United Kingdom Central Council for Nursing, Midwifery and Health Visitors (UKCC) and the four National Boards for Nurses, Midwives and Health Visitors for England, Northern Ireland, Scotland and Wales (National Boards). In addition to the Registration Rules, new rules for fees, midwifery and fitness to practise<sup>3-5</sup> have also been developed. These all came into force on 1 August 2004.

## The NMC register

The NMC has determined that there shall be three parts to the register for nurses, midwives, and specialist community public health nurses.

## Development of these standards

The NMC decided to establish a part of the register for specialist community public health nurses because it took the view that this form of practice has distinct characteristics that require public protection. These include the responsibility to work with both individuals and a population, which may mean taking decisions on behalf of a community or population without having direct contact with every individual in that community.

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<sup>1</sup> *The Nursing and Midwifery Order 2001* (SI 2002/253). The Stationery Office, Norwich, [www.hmsso.gov.uk](http://www.hmsso.gov.uk)

<sup>2</sup> *Nursing and Midwifery Council (Education, Registration and Registration Appeals) Rules 2004* (SI 2004/1767). The Stationery Office, Norwich, [www.hmsso.gov.uk](http://www.hmsso.gov.uk)

<sup>3</sup> *Nursing and Midwifery Council (Fees) Rules 2004* (SI 2004/1654). The Stationery Office, Norwich, [www.hmsso.gov.uk](http://www.hmsso.gov.uk)

<sup>4</sup> *Nursing and Midwifery Council (Midwives) Rules 2004* (SI 2004/1764). The Stationery Office, Norwich, [www.hmsso.gov.uk](http://www.hmsso.gov.uk)

<sup>5</sup> *Nursing and Midwifery Council (Fitness to Practise) Rules 2004* (SI 2004/1761). The Stationery Office, Norwich, [www.hmsso.gov.uk](http://www.hmsso.gov.uk)

The primary purpose of standards for registration is to provide the mechanism through which the NMC can exercise its main function of protecting the public. There have been three public consultations about the register during the development phase and the NMC has taken into account views expressed by the public, employers, government and registrants.

The NMC is aware of the need to set standards that are workable and feasible within the context of practice, including the setting up of educational programmes to be followed by students, through which they can satisfy the standards for registration.

## **Guiding principles**

There are four key areas of principle:

- Preparation: fitness for practice
- Service: fitness for purpose
- Recognition: fitness for award
- Responsibility: fitness for professional standing.

These guiding principles establish the philosophy and values underpinning the NMC's requirements for programmes leading to entry to the register as a specialist community public health nurse. These principles provide the foundation for the standards of proficiency for entry to the register and should be reflected in the specialist community public health nursing programmes. The guiding principles relate to professional standards of proficiency and fitness for practice. As practice takes place in the real world of healthcare delivery, it is inextricably linked to other aspects of fitness that are: fitness for purpose, professional academic awards and professional standing.

### **Preparation: fitness for practice**

The primacy of practice underpins the requirements for standards of proficiency and must be reflected in all programmes of preparation for entry to the register.

### **Practice centred learning**

The primary aim in pre-registration specialist community public health nursing programmes is to ensure that students are prepared to practise safely and effectively to such an extent that the protection of the public is assured. On this basis, it is a fundamental principle that programmes of preparation are practice-centred and directed towards the achievement of professional proficiency.

### **Theory and practice integration**

Safe and effective practice requires a sound underpinning of the theoretical knowledge which informs practice and is in turn informed by that practice. Such knowledge must, therefore, be directly related to, and integrated with, practice in all programmes leading to registration on the specialist community public health nurses part of the register.

The standards of proficiency must, therefore, reflect a breadth of practice and of learning, at a level commensurate with the specialist nature of community public health nursing practice. This requires an ability to assess risk in complex situations; to develop effective relationships based on trust and openness; to work flexibly with other services in a range of settings; to deal with conflicting priorities and ambiguous situations; and knowing when to use different and sometimes contradictory theories and perspectives.

### **Evidence based practice and learning**

Within the complex and rapidly changing environment for specialist community public health nurses, it is essential that practice is informed by the best available evidence. This commitment is reflected in the standards of proficiency. It includes searching the evidence base, analysing, critiquing, using research and other forms of evidence in practice, and disseminating research findings and adapting practice where necessary. The ability to synthesise new knowledge into practice, applying it to all areas of work where it is relevant and likely to be effective, must be reflected throughout all programmes of preparation.

### **Service: fitness for purpose**

Specialist community public health nurses must relate to the changing health needs of the public and the communities they serve, responding to current and future need.

### **Practice orientation**

Orientation must be towards practice which is responsive to the needs of various client groups across different settings for public health practice. This will be reflected in the capacity to meet the ten key areas of public health practice and other principle-based activity which requires the practitioner to search for health needs, stimulate an awareness of health needs, influence policies affecting health and facilitate health-enhancing activities in the different settings. Specialist community public health nursing practice must not only reflect collaborative working with other health and social care workers, but must also enable the public, clients, service users and their carers to participate in the planning, delivery and evaluation of public health activities and programmes. These principles must be reflected in all programmes of preparation leading to entry to the register.

### **Management of community public health practice**

The specialist community public health function involves a capacity not only to participate actively in public health provision but also to accept responsibility for the effective and efficient management of that provision, practised within a safe environment. Specialist community public health nurses are responsible for organising practice for a defined population that may be neither differentiated by diagnosis nor actively receiving medical care, yet which may involve very vulnerable individuals. As well as the ability to make fine judgements based on risk assessments and to deal with contradictions in practice, specialist community public health nursing accepts accountability and takes responsibility for the delegation of aspects of practice to others, and effectively supervises and facilitates the work of team members. It also involves the capacity to work effectively within wider multi-disciplinary and multi-agency teams, to accept leadership roles within such teams, and to demonstrate overall competence in community public health practice.

## **Professional perspective**

Specialist community public health nursing practice starts from a health-focused perspective with health being treated as a positive resource and a life-long process, within an overall socio-cultural context. Provision of a service which is accessible and does not stigmatise any individual; which maintains an openness to other concepts of health and wellbeing and how others wish to live; and is central to the purpose of specialist community public health practice. Public health often operates at the 'pre-need' stage, by identifying and fulfilling self-declared and recognised, as well as unrecognised, health needs of individuals and social groups. Paying particular attention to disadvantaged or vulnerable populations, health inequalities and factors that contribute to health and wellbeing in the context of people's lives.

## **Service orientation**

Community public health provision is focused on social groups such as families and communities, and the individuals within these groups. It operates in a variety of settings, including homes, schools, workplaces and local areas. The service addresses factors that are likely to affect health and wellbeing, including the context and environment for health, and through leadership and influence, contributes to policies that affect health. Specialist community public health nurses act as an interface between groups and individuals in the population. These population-based approaches work to improve service provisions for communities, as well as collaborating with others and working to develop the capacity and confidence of groups and individuals to improve their own health and wellbeing.

## **Lifelong learning**

The rapidly changing nature of healthcare reflects a need for career-wide continuing professional development and the capacity not only to adapt to change but to identify the need for change and to initiate and lead it. The provision of safe and effective healthcare and appropriate responsiveness to the changing needs of services and patients or clients cannot be achieved by adhering to rigid professional boundaries. Programmes of education must prepare practitioners to work in a rapidly changing environment and to adapt to new systems of service delivery as they are introduced. The standards of proficiency must, therefore, include the capacity to extend the scope of practice and to address lifelong learning skills within all programmes of preparation.

## **Quality and excellence**

The practice centred standards essential in specialist community public health nursing practice are not separate and insular professional aspirations. They are instead directly linked to the wider goals of achieving clinical effectiveness within healthcare teams and agencies, with the ultimate aim of achieving high quality healthcare. In this respect, assuring the quality of community public health nursing practice is one of the fundamental underpinnings of clinical governance. It is, therefore, necessary that standards of proficiency encompass the capacity to contribute to this wider healthcare agenda and address quality issues within all programmes of preparation.

## **Recognition: fitness for award**

Education for practice must be established at the level and pace of learning appropriate to the demands of complex and professional practice and the leadership expected of specialist community public health nursing practitioners. It must be designed to meet the needs of the health services and communities and be structured to meet the specific needs of the profession.

### **Level of learning**

The level of learning must be such as to facilitate the achievement of knowledge, understanding and skill acquisition, and the development of critical thinking, problem-solving and reflective capacities essential to complex professional practice. The NMC has set the academic standard of learning essential for underpinning the achievement of the identified proficiencies to be at a minimum of a first degree.

### **Nature of learning**

Given the primacy of practice as the required focus of programmes of preparation, learning must involve the integration of relevant and sound theoretical knowledge with knowledge and experience derived from practice. The NMC values such learning as being the essence of professional education. Therefore, the NMC expects that the philosophy explicit in programmes of preparation reflects the value of practice-centred education.

### **Access and credit**

All programmes of preparation should value prior learning and, by doing so, provide wide access to programmes and advanced standing through appropriate accreditation of relevant prior learning and experience for a maximum of one-third of the programme.

### **Flexibility, integrity and progression**

Programmes of preparation should provide flexibility without compromising overall integrity and progression. This is achieved through modular design and the structuring of the programme and allows for maximum flexibility, including opportunities for stepping on or off the programme.

### **Educational quality**

Programmes of preparation must be established upon sound academic and professional quality assurance processes that address professional learning and, in particular, the standard of proficiency to be achieved. In this respect, the NMC recognises that specialist community public health nursing education must be academically rigorous. Educational quality will be achieved through partnership and collaboration involving all the key stakeholders, including service users, education purchasers, service providers, educational institutions, higher education quality assurance agencies and the NMC's statutory quality assurance system.

## **Responsibility: fitness for professional standing**

The NMC values the rights implicit in the social contract between the profession and society to participate in the healthcare of individuals, families and communities. Such rights also carry obligations. These include not only the responsibility to provide competent, safe and effective care from practitioners who can attest to their good health and good character but also, take responsibility for the highest standards of professional conduct and ethical practice.

### ***Adherence to The Code: professional standards of practice and behaviour for nurses and midwives*** (NMC, 2015)

An essential condition of entry to the profession is the acceptance and understanding of *The Code: Professional standards of practice and behaviour for nurses and midwives*<sup>6</sup> (NMC, 2015) that all registered nurses, midwives and specialist community public health nurses must uphold. The Code provides the foundation for the standards of proficiency and must be reflected at all stages of programmes of preparation.

### **Responsibility and accountability**

As members of a profession, registered specialist community public health nurses must take personal responsibility for their actions and omissions, and fully recognise their personal accountability. Each individual practitioner must be able to make sound decisions about their personal professional development; practising within the scope of their personal professional competence and extending this scope as appropriate; delegating aspects of care to others and accepting responsibility and accountability for such delegation; and working harmoniously and effectively with colleagues, the public, patients and clients and their carers, families and friends.

### **Ethical and legal obligations**

The Code requires all practitioners to conduct themselves and practise within an ethical framework based upon respect for the wellbeing of patients and clients. In settings where practice is delivered the ethical dilemmas are, by definition, complex. Practitioners must recognise their moral obligations and the need to accept personal responsibility for their own ethical choices, within specific situations, based on their own professional judgement. In making such choices, practitioners must be aware of, and adhere to, legal as well as professional requirements.

### **Respect for individuals and communities**

All members of the profession must demonstrate an inviolable respect for persons and communities, without prejudice, and irrespective of race, orientation and personal, group, political, cultural, ethnic or religious characteristics. The service must be provided without prejudice and in an anti-discriminatory fashion. No member of the profession should convey allegiance to any individual or group affiliations which oppose or threaten the human rights, safety or dignity of individuals or communities, irrespective of whether such individuals or groups are recipients of community public health services.

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<sup>6</sup> *The Code: Professional standards of practice and behaviour for nurses and midwives* (NMC, 2015). Nursing and Midwifery Council, London, [www.nmc.org.uk/code](http://www.nmc.org.uk/code)

## Section 2 – Standards of proficiency for specialist community public health nurses

### Introduction

This section presents the NMC standards of proficiency required for registration as a specialist community public health nurse. The NMC sets the standards for specialist community public health nursing programmes for the UK. Those who achieve the standards of proficiency are eligible to apply to enter the specialist community public health nurses' part of the register. The standards of proficiency define the overarching principles of being able to practise as a specialist community public health nurse. The context in which they are achieved defines the scope of professional practice within each practitioner's identified area of community public health nursing.

Article 5(2)(a) of the Order requires the NMC to:

'establish the standards of proficiency necessary to be admitted to the different parts of the register being the standards it considers necessary for safe and effective practice under that part of the register.'

The parts of the register are nurses, midwives and specialist community public health nurses. The NMC decided to establish a part of the register for specialist community public health nursing, because it took the view that this form of practice has distinct characteristics that require public protection. These include the responsibility to work with both individuals and a population, which may mean taking decisions on behalf of a community or population without having direct contact with every individual in that community. The NMC has previously used the term competency to describe "...the skills and ability to practise safely and effectively without the need for direct supervision" (*Fitness for practice*, 1999<sup>7</sup>). The standards of proficiency were developed from previous competencies used for community healthcare nursing and health visiting and, following consultation, the framework has been expanded to include the ten key standards for public health. The standards of proficiency apply for entry to the specialist community public health nurses' part of the NMC register.

### The context of practice

The standards of proficiency apply for entry to the specialist community public health nurses' part of the NMC register. They must be achieved within the context of the practice route followed by the student. This provides comparability of proficiency at the point of entry to the register, whilst ensuring that the specific knowledge, skills and proficiencies pertaining to each field of specialist community public health nursing are achieved for safe and effective practice.

The specialist community public health nursing programme should be designed to prepare the student, on registration, to apply knowledge, understanding and skills when performing to the standards required in employment; and to provide the specialist practice required to contribute safely and effectively to maintaining and improving the health of the public and communities, so assuming the responsibilities and accountabilities necessary for public protection.

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<sup>7</sup> *Fitness for practice: The UKCC Commission for Nursing and Midwifery Education* (1999). Nursing and Midwifery Council, London, [www.nmc.org.uk](http://www.nmc.org.uk)

Specialist community public health nursing programmes are developed from the premise that students are being prepared to enter a practice-based profession at a level beyond initial registration as a nurse or midwife. Programmes are practice-centred, recognising that:

- evidence should inform practice through the integration of relevant knowledge
- students are actively involved in the delivery of community public health, under supervision
- The Code applies to all practice interventions
- skills and knowledge are transferable
- research underpins practice
- lifelong learning and continuing professional development is important.

The standards of proficiency expressed will be achieved under the direction of a registered specialist community public health nurse. Standards of proficiency to enter the register will be achieved within the context of the specified practice route.

These standards of proficiency underpin the ten key principles of public health practice in the context of specialist community public health nursing. They are grouped into four domains:

- search for health needs
- stimulation of awareness of health needs
- influence on policies affecting health
- facilitation of health-enhancing activities.

## Standards of proficiency for entry to the register

Principle	Domain Search for health needs
Surveillance and assessment of the population's health and wellbeing	<p>Collect and structure data and information on the health and wellbeing and related needs of a defined population.</p> <p>Analyse, interpret and communicate data and information on the health and wellbeing and related needs of a defined population.</p> <p>Develop and sustain relationships with groups and individuals with the aim of improving health and social wellbeing.</p> <p>Identify individuals, families and groups who are at risk and in need of further support.</p> <p>Undertake screening of individuals and populations and respond appropriately to findings.</p>

Principle	Domain Stimulation of awareness of health needs
Collaborative working for health and wellbeing	<p>Raise awareness about health and social wellbeing and related factors, services and resources.</p> <p>Develop, sustain and evaluate collaborative work.</p>
Working with, and for, communities to improve health and wellbeing	<p>Communicate with individuals, groups and communities about promoting their health and wellbeing.</p> <p>Raise awareness about the actions that groups and individuals can take to improve their health and social wellbeing.</p> <p>Develop capacity and confidence of individuals and groups, including families and communities, to influence and use available services, information and skills, acting as advocate where appropriate.</p> <p>Work with others to protect the public's health and well being from specific risks.</p>

<b>Principle</b>	<b>Domain Influence on policies affecting health</b>
Developing health programmes and services and reducing inequalities	Work with others to plan, implement and evaluate programmes and projects to improve health and wellbeing.  Identify and evaluate service provision and support networks for individuals, families and groups in the local area or setting.
Policy and strategy development and implementation to improve health and wellbeing	Appraise policies and recommend changes to improve health and wellbeing.  Interpret and apply health and safety legislation and approved codes of practice with regard for the environment, wellbeing and protection of those who work with the wider community.  Contribute to policy development.  Influence policies affecting health.
Research and development to improve health and wellbeing	Develop, implement, evaluate and improve practice on the basis of research, evidence and evaluation.

<b>Principle</b>	<b>Domain Facilitation of health-enhancing activities</b>
Promoting and protecting the population's health and wellbeing	Work in partnership with others to prevent the occurrence of needs and risks related to health and wellbeing.  Work in partnership with others to protect the public's health and wellbeing from specific risks.
Developing quality and risk management within an evaluative culture	Prevent, identify and minimize risk of interpersonal abuse or violence, safeguarding children and other vulnerable people, initiating the management of cases involving actual or potential abuse or violence where needed.
Strategic leadership for health and wellbeing	Apply leadership skills and manage projects to improve health and wellbeing.  Plan, deliver and evaluate programmes to improve the health and wellbeing of individuals and groups.
Ethically managing self, people and resources to improve health and wellbeing	Manage teams, individuals and resources ethically and effectively.

## **Section 3 – Standards of education for specialist community public health nursing programmes**

### **Introduction**

This section provides the standards for education for specialist community public health nursing programmes, in accordance with the Nursing and Midwifery Order, Article 15(1)(a) of the Order which requires the NMC to establish:

‘the standards of education and training necessary to achieve the standards of proficiency it has established under article 5(2).’

### **Standard 1 – Length of programme**

Programmes are required to have an overall length of 52 weeks (of which 45 are programmed weeks). They may be delivered full time, or part-time. There is no maximum time limit within which the programme must be completed and programme providers must ensure that they have in place processes to manage interruptions to the study of programmes for whatever reason.

#### **Guidance**

In order to ensure that sufficient time is spent in practice to achieve the standards of proficiency for safe and effective practice, the NMC will not accept less than 45 programmed weeks. Clear progression points should be provided within the programme, to allow opportunities for students to step on and off programmes. Such decisions should be made using appropriate Accredited Prior (Experiential) Learning (AP(E)L) processes.

#### **Rationale**

- Specifying an overall programme length rather than imposing a minimum time limit within which the programme must be completed promotes consistency and allows for flexibility.
- AP(E)L procedures and step-on, step-off opportunities are encouraged where flexibility is needed.

### **Standard 2 – Structure of programme**

Programmes will comprise practical and theoretical learning that is transferable to different settings, clients and areas of practice, addressing the common principles of community public health. In addition, programmes should distinguish common core learning and opportunities for students to learn how this is applied through different roles and in different settings.

## Guidance

Periods of theory and practice should be distributed throughout the programme. Programmes should explicitly identify aspects of knowledge and learning needed for a range of settings, clients, and areas of practice, ensuring the student has a spread of experience across specialist community public health practice.

## Rationale

- To be safe and competent across all fields, students would need to have an equal length and depth of practice experience in each area of practice and to be assessed in each of them.
- The balance proposed, of requiring experience in all fields, but not assessing students for competence in all fields, is intended to reduce the burden of implementation by opening up the opportunity for simulated experience such as workshops, films, discussions, etc.
- In most cases, it is presumed that students will continue to be sponsored by employers to follow a particular practice route. However, the standard encourages flexibility and the possibility of change to be built into programmes.

## Standard 3 – Balance of practice and theory

The balance between practice and theory in the programmes will be 50% practice and 50% theory across the whole programme. A consolidating period of practice equivalent to at least 10 weeks at the end of the programme is required to enable students to consolidate their education and competence in the practice field.

## Guidance

The programme should provide the opportunity to experience practice in a range of different settings and areas of practice, to enable students to develop understanding of the breadth of specialist community public health nursing practice. The length of placements should be sufficient to enable students to achieve the standards of proficiency required, whilst also gaining a broad understanding of different settings for the delivery of specialist community public health nursing practice.

## Rationale

- Students will have a total of 45 programmed weeks, with 50% theory and 50% practice.
- If a particular practice route is required by the commissioner (see below) the whole period of consolidated practice at the end of the programme (10 weeks) must take place in that defined area of practice, to ensure application in the particular field.

## **Standard 4 – Defined areas of practice**

Where a particular practice route is required students must have completed their consolidated practice experience (minimum of 10 weeks) and at least half the remaining practice time (minimum of 6.3 weeks) in settings and with clients that are central to the responsibilities for that defined area of practice. At least half the theoretical learning must have been applied to those core settings and clients.

Students must, additionally, spend at least three weeks gaining experience in the settings, and with clients, considered either important or that may be a potential area of responsibility, even if not central to the defined area of practice.

### **Guidance**

Experiences should be planned to enable students to understand the context for practice in all community public health settings, which may be achieved through exposure, observation, discussion and simulation, particularly for those settings identified as potentially important, but not central to a defined area of practice.

Students must demonstrate that they have achieved the standards of proficiency across all the settings and clients identified as central to the defined area of practice. Practice experience should be organised so that students are able to take responsibility under supervision, in their defined area of practice, during the final period of consolidated practice.

### **Rationale**

Although this distinction is made only in relation to settings and clients for practice experience, the standard makes it clear that an equivalent distinction is required in theoretical learning, where there may be wider differences. A health visitor needs in-depth knowledge of child protection, normal development, family law and nutrition, for example, whilst a public health nurse needs in-depth knowledge of how communicable diseases are spread and risk management in the context of environmental pollution.

## **Standard 5 – Academic standard of programme**

The minimum academic standard of specialist community public health programmes remains that of a first degree.

### **Guidance**

It is a matter for programme providers and commissioners to determine higher academic levels where appropriate.

### **Rationale**

Degree-level preparation is well established across current specialist level programmes. This is set at a minimum to allow the flexibility for educational institutions to extend into post-graduate provision if they wish.

## Standard 6 – Content of curriculum

The content of the curriculum for specialist community public health nursing programmes should be that which will enable the achievement of the standards of proficiency sufficient for safe and effective practice for entry to the register as a specialist community public health nurse. Where a student intends to work in a particular area of practice, content must enable sufficient learning to take place within that area to ensure safe and effective practice. The outcomes and standards for proficiency should be read in conjunction with the guiding principles.

### Guidance

**Content:** Curricula should provide opportunities to gain contemporary knowledge and skills within the changing context of community public health. The curriculum needs to prepare students for future practice roles and responsibilities, providing foundation knowledge and skills that will enable further development through lifelong learning.

**Programme design:** Programmes should reflect the requirements of the NMC, commissioners, service providers and academic award.

**Programme leaders:** The NMC would expect the designated lead for specialist community public health nursing to be registered with the NMC on that part of the register and to have a teaching qualification recorded with the NMC, together with relevant academic qualifications appropriate to the level of the programme.

### Rationale

Programme content should be sufficient to ensure that students understand both their own areas of competence and the limits to them, so they can seek suitable advice and training when expanding their scope of practice or collaborating across disciplines and boundaries.

## Standard 7 – Student Support

The NMC requires educators to be prepared to meet the outcomes defined in its *Standards to support learning and assessment in practice* (2008)<sup>8</sup>. Students should be supported in both academic and practice learning environments by appropriately qualified teachers. It is expected that teachers in the practice field, as well as those leading academic programmes, will hold qualifications and experience relevant for the area of practice in which they are supporting students, as they will be required to contribute to summative assessments.

<sup>8</sup> *Standards to support learning and assessment in practice* (2008). Nursing and Midwifery Council, London, [www.nmc.org.uk](http://www.nmc.org.uk)

## Guidance

'Appropriately qualified teachers' will be those who hold practice qualifications in the same area of practice as the qualification sought by the students they are supporting, and who meet the standards for teaching required by the NMC.

Audits of both the academic and practice learning environments should identify the number and nature of students that may be effectively supported by a single, appropriately qualified teacher.

## Rationale

- Students should be supported in both academic and practice learning environments by teachers who are 'appropriately qualified'. Guidance about what constitutes an 'appropriately qualified teacher' is given along with an expectation that the academic and practice areas be audited to identify how many students can be supported by a single practitioner.
- This guidance is intended to provide programme planners and those approving programmes on behalf of the NMC, with a strong steer about the expectations held by the NMC about the nature of student support to be considered 'appropriate'; that is, for example, someone with the same practice qualification and who meets the recognised NMC standards for teachers when setting up and running programmes. Given the shortage of qualified teachers who are also school nurses, occupational health nurses, and public health nurses, precise ratios cannot be given for those areas of practice. However, the NMC will expect that each student will have unlimited access to a practitioner with an appropriate qualification and experience in their chosen area of practice.
- The level of qualification held by teachers in the practice setting needs to take into account that the practice teacher must co-ordinate a sophisticated programme of student experience in the practice field through the entirety of the programme, a function carried out by university lecturers in pre-registration nursing and midwifery programmes, and contribute in large measure to summative assessment and the decision of whether or not to register the student.

## Standard 8 – Nature of programme

The programme should be arranged so that teaching and learning of both core principles and those specific to particular practice routes are integrated through the whole programme at a level beyond initial registration as a nurse or midwife. This will provide opportunities for appropriate shared learning between areas of community public health.

## Guidance

**Programme of learning experiences:** The programme should provide varied experiences appropriate to the range, level and context of the programme. In particular, students should be able to access inter-professional learning and working. Experiences of the whole range of settings and clients relevant to community public health should be provided during the programme.

**Teaching and learning strategies:** A variety of approaches should be used which may include simulation, but ensuring that the whole consolidated practice period and at least half of the rest of the practice experience is completed in settings that are central to the practice route.

## Rationale

If required, specified practice routes will ensure that students have sufficient in-depth understanding to enable them to be fit to practise in particular defined areas of practice.

## Standard 9 – Knowledge underpinning practice

In order to provide a knowledge base for practice, contemporary theoretical perspectives and public health standards should be explored.

## Guidance

The curriculum should reflect contemporary knowledge and enable development of evidence based practice. Strategies for integrating knowledge and skills gained in both academic and practice environments should be evident.

## Rationale

This provides a unifying framework for incorporating the public health standards into specialist community public health nursing education.

## Standard 10 – Assessment

A range of assessment strategies should be used throughout the programme to test knowledge and standards of proficiency in all aspects of the specialist community public health nursing curriculum. These must include at least one timed examination under invigilated conditions. This requirement excludes any examinations that may be required for nurse prescribing associated with health visiting.

## Guidance

The principle of an examination is for the student to demonstrate their own learning under invigilated conditions. It may be defined as topic seen or an unseen piece of work that appropriately tests the student's theoretical knowledge, practical skills and attitudes, demonstrating their nursing abilities to achieve the standards of proficiency for specialist community public health nursing practice. The form may vary, for example, for students with specific needs, such as those with dyslexia; or to meet practice needs, such as the use of Objective Structured Clinical Examinations.

## **Rationale**

On balance, the implementation of an invigilated examination is considered a useful addition to the standard and a benchmark for public protection.

## **Standard 11 – Student status and supernumerary status**

Students undertaking programmes of preparation for specialist community public health nursing practice will be directed throughout by the approved educational institution; and shall have supernumerary status to enable them to achieve the required standards of proficiency.

In this instance supernumerary status means, in relation to a student, that she shall not as part of her programme of preparation be employed by any person or body under a contract of service to provide specialist community public health nursing care.

Where part time students are being employed at the same time as undertaking a programme of preparation, provision must be made to ensure that students are able to obtain suitable learning experiences for a period equivalent to 50% of the programme.

### **Guidance**

Experiences should be educationally led and the supernumerary status of students maintained. Registrants acting as educators at any level are responsible for ensuring that public protection is paramount and are accountable for their decisions to delegate work to students.

Audits of learning experiences should be carried out to ensure, particularly where students are learning part time, that their supernumerary status is maintained as far as possible during the period of practice experience and that, at the very least, appropriate learning opportunities are available.

## **Rationale**

In some places it is difficult for students to obtain employer support to attend programmes. Some students aim to support studies by working as a junior team member whilst attending the programme part-time. It remains important for these students to gain strong support for their practice experience, and programme leaders are specifically asked to ensure the experiences are appropriately accounted for in such circumstances.

## Glossary of terms

**Collaborative working** includes working with:

- others working in health and social care
- those working in social security, benefits, education, housing and the environment
- those working in advice, guidance and counselling services
- employers and employees in a range of different sectors
- voluntary agencies
- community networks
- legal and judicial agencies.

**A community** is a group of people living or working in a geographically defined area (geographical community) or who have a characteristic, cause, need or experience in common (community of interest). A community is one form of group.

**Empowerment** is a process through which people gain greater control over decisions and actions affecting their health. It may be a social, cultural, psychological or political process through which individuals and social groups are able to express their needs, present their concerns, devise strategies for involvement in decision-making, and achieve political, social and cultural action to meet those needs<sup>9</sup>.

**Factors that affect health and social wellbeing** are the range of personal, social, economic and environmental factors that determine the health status of individuals or populations. They include:

- an individual's age, sex, family history or ethnic background
- biological factors such as disability, genetics, infections, etc.
- behavioural factors such as diet and nutrition, smoking, use of drugs and alcohol, sexual behaviour, exercise, etc.
- environmental factors such as housing, air quality, noise, pollution, exposure to contamination, emissions or infestations, potential contact with disease carriers or noxious substances, etc.
- positive factors such as the degree of social inclusion, the quality and nature of social support, networks, relationships and education; training and employment; income, availability and accessibility of services, transport, technology, etc.
- risk factors such as poverty (relative and absolute); crime (perceived and actual); exposure to abuse, bullying, racism, social exclusion or poor physical environment.

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<sup>9</sup> *Health Promotion Glossary* (1998). World Health Organisation (WHO), Geneva

The term **'group'** includes:

- families (one form of social group) – partners, relatives and friends, whether living in the same household or not
- those brought together by a common interest (e.g. work groups, user groups and community action groups); see 'A community'
- those brought together by a common aspect (e.g. disability, age, gender and faith, or by living or working in the same social area); see 'A community'.

**Facilitation** involves enabling groups and individuals to develop their knowledge, skills, confidence and resources in relation to:

- their own health and social wellbeing
- needs related to health and social wellbeing such as promoting independence, managing diseases, making decisions related to protection and prevention
- addressing factors that affect their health and social wellbeing
- managing the changes and transitions in their lives such as parenthood, ageing, caring, increasing disability, lack of employment, bereavement and de-industrialisation in communities.

## **Health and wellbeing**

Health is a “state of complete physical, social and mental wellbeing, and not merely the absence of disease or infirmity. Within the context of health promotion, health has been considered less as an abstract state and more as a means to an end which can be expressed in functional terms as are source which permits people to lead an individually, socially and economically productive life. Health is a resource for everyday life, not the object of living. It is a positive concept emphasising social and personal resources as well as physical capabilities.”<sup>10</sup>

## **Individuals**

Community public health practice is directed at individuals, families and groups in a population undifferentiated by diagnosis, including babies and children, young people, people of working age and older people.

## **Interpersonal violence includes:**

Family and intimate partner violence, which includes child abuse, domestic violence and abuse of the elderly, usually but not exclusively taking place in the home between individuals known to each other; and community violence, which generally takes place outside the home between individuals who are not related and who may or may not know each other; it includes youth violence, bullying and violence in institutions such as schools, workplaces, prisons and nursing homes<sup>11</sup>.

<sup>10</sup> *Ottawa Charter for Health Promotion* (1986). World Health Organisation (WHO), Geneva

<sup>11</sup> *World Report on Violence and Health* (2002). World Health Organisation (WHO), Geneva

**Needs** include those related to:

- social health and wellbeing
- emotional health and wellbeing
- mental health and wellbeing
- physical health and wellbeing
- recognised and hitherto unrecognised needs.

**Policies** may:

- be directed specifically at health and wellbeing
- be indirect, but have an impact on health and wellbeing, such as employment, housing, transport, education.

**Programmes or projects** may be:

- designed to increase social inclusion and reduce inequalities such as targeting services to particular groups, community development
- those designed to increase social inclusion and promote health and social wellbeing for individuals such as, breastfeeding support, well-woman/man, smoking cessation, parenting classes, etc.
- designed to prevent ill health, such as prescribing, the control of infection, disease prevention and the prevention of communicable disease.

**Public health** is the “science and art of promoting health, preventing disease, and prolonging life through the organised efforts of society”<sup>12</sup>. It is a social and political concept aimed at improving health, prolonging life and improving the quality of life among whole populations through health promotion, disease prevention and other forms of health intervention. As in the ‘new public health’, practitioners in this field draw on a comprehensive understanding of the ways in which lifestyles and living conditions determine health status, and a recognition of the need to mobilise resources and make sound investments in policies, programmes and services which create, maintain and protect health by supporting healthy lifestyles and creating supportive environments for health<sup>13</sup>.

**Settings** are the place or social context in which people engage in daily activities in which environmental, organisational and personal factors interact to affect health and wellbeing<sup>13</sup>.

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<sup>12</sup> *Public Health in England: The Report of the Committee of Inquiry into the Future Development of the Public Health Function (Acheson Report)* (1988). Acheson D, HMSO, London

<sup>13</sup> *Health Promotion Glossary* (1998). World Health Organisation (WHO), Geneva

References to the Code have been updated to The Code (NMC, 2015)

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23 Portland Place, London W1B 1PZ  
Telephone 020 7637 7181 Fax 020 7436 2924 [www.nmc.org.uk](http://www.nmc.org.uk)

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