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Standards of proficiency for nurses

Last Updated: 29/10/2026

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The proficiencies in this document specify the knowledge and skills that registered nurses must demonstrate when caring for people of all ages and across all care settings. They reflect what the public can expect nurses to know and be able to do to deliver safe, kind and effective nursing care.

They also provide a benchmark for nurses from overseas wishing to join the UK register, as well as for those who plan to return to practice after a period of absence.

The proficiencies are grouped under seven platforms, followed by two annexes. Together, these reflect what we expect a newly registered nurse to know and be capable of doing safely and proficiently at the start of their career.

Key components of the roles, responsibilities and accountabilities of registered nurses are described under each of the seven platforms. We believe that this approach provides clarity to the public and the professions about the core knowledge and skills that they can expect every registered nurse to demonstrate.

Download the Standard (English)

Download or read the English version PDF of the Standards of proficiency for nurses.

Safonau hyfedredd ar gyfer nyrsys cofrestredig

Fersiwn hwylus i'w hargraffu: Safonau Hyfedredd ar gyfer Nyrsys Cofrestredig

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ntroduction

ast Updated: 29/10/2026

he Nursing and Midwifery Council has a duty to review the standards of proficiency that we set for the professions we egulate on a regular basis. This is to ensure that our standards remain contemporary and fit for purpose to protect the ublic. In reviewing the standards, we have considered the changes that are taking place in society and health care, nd the implications these have for registered nurses of the future in terms of their role, knowledge and skill equirements.

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he role of the nurse in the 21st century
egistered nurses play a vital role in providing, leading and coordinating
are that is compassionate, evidence-based, and person-centred. They are accountable for their own actions and must e able to work autonomously, as an equal partner with a range of other professionals, and in interdisciplinary teams. In rder to respond to the impact and demands of professional nursing practice, they must be emotionally intelligent and esilient individuals who are able to manage their own personal health and wellbeing, and know when and how to ccess support.

egistered nurses make an important contribution to the promotion of health, health protection and the prevention of ill ealth. They do this by empowering people, communities and populations to exercise choice, take control of their own ealth decisions and behaviours, and by supporting people to manage their own care where possible.

egistered nurses provide leadership in the delivery of care for people of all ages and from different backgrounds, ultures and beliefs. They provide nursing care for people who have complex mental, physical, cognitive, and ehavioural care needs, those living with dementia, the elderly, and for people at the end of their life. They must be ble to care for people in their own home, in the community or hospital or in any health care settings where heir needs are supported and managed.

egistered nurses work in the context of continual change, challenging environments, different models of care delivery, hifting demographics, innovation, and rapidly evolving technologies. Increasing integration of health and social care ervices will require registered nurses to negotiate boundaries and play a proactive role in interdisciplinary teams. The onfidence and ability to think critically, apply knowledge and skills, and provide expert, evidence-based, direct nursing are therefore lies at the centre of all registered nursing practice.

bout our standards

ur standards of proficiency apply to all NMC registered nurses and should be read with our standards for education nd training. The standards for education and training set out our expectations regarding delivery of all pre-registration nd post-registration NMC approved nursing and midwifery education programmes.

ur standards for education and training apply to all Approved Education Institutions (AEIs) and are set out in three arts: Part one: Standards framework for nursing and midwifery education; Part two: Standards for student supervision nd assessment; and Part three: programme standards, which are the standards specific for each pre-registration or ost-registration programme. AEIs must comply with our standards to be approved to run any
MC approved programmes.

ogether, the standards for education and training aim to provide AEIs and their practice learning partners with the exibility to develop innovative approaches to education for nurses, midwives and nursing associates, while being

accountable for the local delivery and management of approved programmes in line with our standards. The relationship between the different sets of standards is shown in the diagram on the next page.



Legislative framework

Article 15(1) of the Nursing and Midwifery Order 2001 ('the Order')1 requires the Council to establish standards for education and training which are necessary to achieve the standards of proficiency for admission to the register, as required by Article 5(2) of the Order. The Standards for pre registration nursing programmes are established under the provision of Article 15(1) of the Order.

Article 5(2) of the Order requires the NMC to establish standards of proficiency necessary to be admitted to each part of the register and for safe and effective practice under that part of the register. The standards of proficiency have been established under this provision.

How the Standards of Proficiency for Nursing are structured

Reference: PFN Last Updated: 29/10/2026

The proficiencies are grouped under seven platforms, followed by two annexes. Together, these reflect what we expect a newly registered nurse to know and be capable of doing safely and proficiently at the start of their career.

Key components of the roles, responsibilities and accountabilities of registered nurses are described under each of the seven platforms. We believe that this approach provides clarity to the public and the professions about the core knowledge and skills that they can expect every registered nurse to demonstrate.

These proficiencies will provide new graduates into the profession with the knowledge and skills they need at the point of registration which they will build upon as they gain experience in practice and fulfil their professional responsibility to continuously update their knowledge and skills. For example, after they register with us, registered nurses will already be equipped to progress to the completion of a prescribing qualification.

The outcome statements for each platform have been designed to apply across all four fields of nursing practice (adult, children, learning disabilities, mental health) and all care settings. This is because registered nurses must be able to meet the person-centred, holistic care needs of the people they encounter in their practice who may be at any stage of life and who may have a range of mental, physical, cognitive or behavioural health challenges.

They must also be able to demonstrate a greater depth of knowledge and the additional more advanced skills required to meet the specific care needs of people in their chosen fields of nursing practice.

The annexes to these standards of proficiency are presented in two sections. The annexes provide a description of what registered nurses should be able to demonstrate they can do at the point of registration in order to provide safe nursing care.

Annexe A specifies the communication and relationship management skills required, and Annexe B specifies the nursing procedures that registered nurses must demonstrate that they are able to perform safely. As with the knowledge proficiencies, the annexes also identify where more advanced skills are required by registered nurses, working in a particular field of nursing practice.

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Annexe A specifies the communication and relationship management skills required, and Annexe B specifies the nursing procedures that registered nurses must demonstrate that they are able to perform safely. As with the knowledge proficiencies, the annexes also identify where more advanced skills are required by registered nurses, working in a particular field of nursing practice.

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Platform 1: Being an accountable professional

Reference: PFN-P1 Last Updated: 09/09/2026

In this guide

- Outcomes

Registered nurses act in the best interests of people, putting them first and providing nursing care that is person centred, safe and compassionate. They act professionally at all times and use their knowledge and experience to make evidence-based decisions about care. They communicate effectively, are role models for others, and are accountable for their actions. Registered nurses continually reflect on their practice and keep abreast of new and emerging developments in nursing, health and care.

Outcomes

The outcomes set out below reflect the proficiencies for accountable professional practice that must be applied across the standards of proficiency for registered nurses, as described in platforms 2-7, in all care settings and areas of practice.

At the point of registration, the registered nurse will be able to:

1.1understand and act in accordance with The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates, and fulfil all registration requirements

1.2understand and apply relevant legal, regulatory and governance requirements, policies, and ethical frameworks, including any mandatory reporting duties, to all areas of practice, differentiating where appropriate between the devolved legislatures of the United Kingdom

1.3understand and apply the principles of courage, transparency and the professional duty of candour, recognising and reporting any situations, behaviours or errors that could result in poor care outcomes

1.4demonstrate an understanding of, and the ability to challenge, discriminatory behaviour

1.5understand the demands of professional practice and demonstrate how to recognise signs of vulnerability in themselves or their colleagues and the action required to minimise risks to health

1.6understand the professional responsibility to adopt a healthy lifestyle to maintain the level of personal fitness and wellbeing required to meet people's needs for mental and physical care

1.7demonstrate an understanding of research methods, ethics and governance in order to critically analyse, safely use, share and apply research findings to promote and inform best nursing practice

1.8demonstrate the knowledge, skills and ability to think critically when applying evidence and drawing on experience to make evidence informed decisions in all situations

1.9understand the need to base all decisions regarding care and interventions on people's needs and

Platform 2: Promoting health and preventing ill health

Reference: Proficiency for Nurses - Platform 2 Last Updated: 29/10/2026

In this guide

- Outcomes

Outcomes

The proficiencies identified below will equip the newly registered nurse with the underpinning knowledge and skills required for their role in health promotion and protection and prevention of ill health.

At the point of registration, the registered nurse will be able to:

2.1understand and apply the aims and principles of health promotion, protection and improvement and the prevention of ill health when engaging with people

2.2demonstrate knowledge of epidemiology, demography, genomics and the wider determinants of health, illness and wellbeing and apply this to an understanding of global patterns of health and wellbeing outcomes

2.3understand the factors that may lead to inequalities in health outcomes

2.4identify and use all appropriate opportunities, making reasonable adjustments when required, to discuss the impact of smoking, substance and alcohol use, sexual behaviours, diet and exercise on mental, physical and behavioural health and wellbeing, in the context of people's individual circumstances

2.5promote and improve mental, physical, behavioural and other health related outcomes by understanding and explaining the principles, practice and evidence base for health screening programmes

2.6understand the importance of early years and childhood experiences and the possible impact on life choices, mental, physical and behavioural health and wellbeing

2.7understand and explain the contribution of social influences, health literacy, individual circumstances, behaviours and lifestyle choices to mental, physical and behavioural health outcomes

2.8explain and demonstrate the use of up to date approaches to behaviour change to enable people to use their strengths and expertise and make informed choices when managing their own health and making lifestyle adjustments

2.9use appropriate communication skills and strength-based approaches to support and enable people to make informed choices about their care to manage health challenges in order to have satisfying and fulfilling lives within the limitations caused by reduced capability, ill health and disability

2.10provide information in accessible ways to help people understand and make decisions about their health, life choices, illness and care

2.11promote health and prevent ill health by understanding and explaining to people the principles of pathogenesis, immunology and the evidence-base for immunisation, vaccination and herd immunity

2.12protect health through understanding and applying the principles of infection prevention and control, including communicable disease surveillance and antimicrobial stewardship and resistance.

Platform 3: Assessing needs and planning care

Last Updated: 29/10/2026

In this guide

- Outcomes

Registered nurses prioritise the needs of people when assessing and reviewing their mental, physical, cognitive, behavioural, social and spiritual needs.

They use information obtained during assessments to identify the priorities and requirements for person-centred and evidence-based nursing interventions and support. They work in partnership with people to develop person-centred care plans that take into account their circumstances, characteristics and preferences.

Outcomes

The proficiencies identified below will equip the newly registered nurse with the underpinning knowledge and skills required for their role in assessing and initiating person-centred plans of care.

At the point of registration, the registered nurse will be able to:

3.1demonstrate and apply knowledge of human development from conception to death when undertaking full and accurate person-centred nursing assessments and developing appropriate care plans

3.2demonstrate and apply knowledge of body systems and homeostasis, human anatomy and physiology, biology, genomics, pharmacology and social and behavioural sciences when undertaking full and accurate person-centred nursing assessments and developing appropriate care plans

3.3demonstrate and apply knowledge of all commonly encountered mental, physical, behavioural and cognitive health conditions, medication usage and treatments when undertaking full and accurate assessments of nursing care needs and when developing, prioritising and reviewing person-centred care plans

3.4understand and apply a person-centred approach to nursing care, demonstrating shared assessment, planning, decision-making and goal setting when working with people, their families, communities and populations of all ages

3.5demonstrate the ability to accurately process all information gathered during the assessment process to identify needs for individualised nursing care and develop person-centred evidence-based plans for nursing interventions with agreed goals

3.6effectively assess a person's capacity to make decisions about their own care and to give or withhold consent

3.7understand and apply the principles and processes for making reasonable adjustments

3.8understand and apply the relevant laws about mental capacity for the country in which you are practising when making decisions in relation to people who do not have capacity

3.9recognise and assess people at risk of harm and the situations that may put them at risk, ensuring prompt action is taken to safeguard those who are vulnerable

3.10demonstrate the skills and abilities required to recognise and assess people who show signs of self-harm and/or suicidal ideation

3.11undertake routine investigations, interpreting and sharing findings as appropriate

3.12interpret results from routine investigations, taking prompt action when required by implementing appropriate interventions, requesting additional investigations or escalating to others

3.13demonstrate an understanding of co-morbidities and the demands of meeting people's complex nursing and social care needs when prioritising care plans

3.14identify and assess the needs of people and families for care at the end of life, including requirements for palliative

care and decision making related to their treatment and care preferences

3.15demonstrate the ability to work in partnership with people, families and carers to continuously monitor, evaluate and reassess the effectiveness of all agreed nursing care plans and care, sharing decision-making and readjusting agreed goals, documenting progress and decisions made

3.16demonstrate knowledge of when and how to refer people safely to other professionals or services for clinical intervention or support.

Platform 4: Providing and evaluating care

Last Updated: 29/10/2026

In this guide

- Outcomes

Registered nurses take the lead in providing evidence-based, compassionate and safe nursing interventions. They ensure that care they provide and delegate is person-centred and of a consistently high standard.

They support people of all ages in a range of care settings. They work in partnership with people, families and carers to evaluate whether care is effective and the goals of care have been met in line with their wishes, preferences and desired outcomes.

Outcomes

The proficiencies identified below will equip the newly registered nurse with the underpinning knowledge and skills required for their role in providing and evaluating person-centred care.

At the point of registration, the registered nurse will be able to:

4.1demonstrate and apply an understanding of what is important to people and how to use this knowledge to ensure their needs for safety, dignity, privacy, comfort and sleep can be met, acting as a role model for others in providing evidence based care

4.2work in partnership with people to encourage shared decision making in order to support individuals, their families and carers to manage their own care when appropriate

4.3demonstrate the knowledge, communication and relationship management skills required to provide people, families and carers with accurate information that meets their needs before, during and after a range of interventions

4.4demonstrate the knowledge and skills required to support people with commonly encountered mental health, behavioural, cognitive and learning challenges, and act as a role model for others in providing high quality nursing interventions to meet people's needs

4.5demonstrate the knowledge and skills required to support people with commonly encountered physical health conditions, their medication usage and treatments, and act as a role model for others in providing high quality nursing interventions when meeting people's needs

4.6demonstrate the knowledge, skills and ability to act as a role model for others in providing evidence-based nursing care to meet people's needs related to nutrition, hydration and bladder and bowel health

4.7demonstrate the knowledge, skills and ability to act as a role model for others in providing evidence-based, person-centred nursing care to meet people's needs related to mobility, hygiene, oral care, wound care and skin integrity

4.8demonstrate the knowledge and skills required to identify and initiate appropriate interventions to support people with commonly encountered symptoms including anxiety, confusion, discomfort and pain

4.9demonstrate the knowledge and skills required to prioritise what is important to people and their families when providing evidence-based person-centred nursing care at end of life including the care of people who are dying, families, the deceased and the bereaved

4.10demonstrate the knowledge and ability to respond proactively and promptly to signs of deterioration or distress in mental, physical, cognitive and behavioural health and use this knowledge to make sound clinical decisions

4.11demonstrate the knowledge and skills required to initiate and evaluate appropriate interventions to support people who show signs of self-harm and/or suicidal ideation

4.12demonstrate the ability to manage commonly encountered devices and confidently carry out related nursing procedures to meet people's needs for evidence-based, person-centred care

4.13demonstrate the knowledge, skills and confidence to provide first aid procedures and basic life support

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Platform 5: Leading and managing nursing care and working in teams

Last Updated: 29/10/2026

In this guide

- Outcomes

Registered nurses provide leadership by acting as a role model for best practice in the delivery of nursing care.

They are responsible for managing nursing care and are accountable for the appropriate delegation and supervision of care provided by others in the team including lay carers. They play an active and equal role in the interdisciplinary team, collaborating and communicating effectively with a range of colleagues.

Outcomes

The proficiencies identified below will equip the newly registered nurse with the underpinning knowledge and skills required for their role in leading and managing nursing care and working effectively as part of an interdisciplinary team.

At the point of registration, the registered nurse will be able to:

5.1understand the principles of effective leadership, management, group and organisational dynamics and culture and apply these to team working and decision-making

5.2understand and apply the principles of human factors, environmental factors and strength-based approaches when working in teams

5.3understand the principles and application of processes for performance management and how these apply to the nursing team

5.4demonstrate an understanding of the roles, responsibilities and scope of practice of all members of the nursing and interdisciplinary team and how to make best use of the contributions of others involved in providing care

5.5safely and effectively lead and manage the nursing care of a group of people, demonstrating appropriate prioritisation, delegation and assignment of care responsibilities to others involved in providing care

5.6exhibit leadership potential by demonstrating an ability to guide, support and motivate individuals and interact confidently with other members of the care team

5.7demonstrate the ability to monitor and evaluate the quality of care delivered by others in the team and lay carers

5.8support and supervise students in the delivery of nursing care, promoting reflection and providing constructive feedback, and evaluating and documenting their performance

5.9demonstrate the ability to challenge and provide constructive feedback about care delivered by others in the team, and support them to identify and agree individual learning needs

5.10contribute to supervision and team reflection activities to promote improvements in practice and services

5.11effectively and responsibly use a range of digital technologies to access, input, share and apply information and data within teams and between agencies

5.12understand the mechanisms that can be used to influence organisational change and public policy, demonstrating the development of political awareness and skills.

Platform 6: Improving safety and quality of care

Last Updated: 29/10/2026

In this guide

- Outcomes

Registered nurses make a key contribution to the continuous monitoring and quality improvement of care and treatment in order to enhance health outcomes and people's experience of nursing and related care. They assess risks to safety or experience and take appropriate action to manage those, putting the best interests, needs and preferences of people first.

Outcomes

The proficiencies identified below will equip the newly registered nurse with the underpinning knowledge and skills required for their role in contributing to risk monitoring and quality of care improvement agendas.

At the point of registration the registered nurse will be able to:

6.1understand and apply the principles of health and safety legislation and regulations and maintain safe work and care environments

6.2understand the relationship between safe staffing levels, appropriate skills mix, safety and quality of care, recognising risks to public protection and quality of care, escalating concerns appropriately

6.3comply with local and national frameworks, legislation and regulations for assessing, managing and reporting risks, ensuring the appropriate action is taken

6.4demonstrate an understanding of the principles of improvement methodologies, participate in all stages of audit activity and identify appropriate quality improvement strategies

6.5demonstrate the ability to accurately undertake risk assessments in a range of care settings, using a range of contemporary assessment and improvement tools

6.6identify the need to make improvements and proactively respond to potential hazards that may affect the safety of people

6.7understand how the quality and effectiveness of nursing care can be evaluated in practice, and demonstrate how to use service delivery evaluation and audit findings to bring about continuous improvement

6.8demonstrate an understanding of how to identify, report and critically reflect on near misses, critical incidents, major incidents and serious adverse events in order to learn from them and influence their future practice

6.9work with people, their families, carers and colleagues to develop effective improvement strategies for quality and safety, sharing feedback and learning from positive outcomes and experiences, mistakes and adverse outcomes and experiences

Platform 7: Coordinating care

Last Updated: 29/10/2026

Annexe A: Communication and relationship management skills

Last Updated: 29/10/2026

In this guide

- 1. Underpinning communication skills for assessing, planning, providing and managing best practice, evidence-based nursing care
- 2. Evidence-based, best practice approaches to communication for supporting people of all ages, their families and carers in preventing ill health and in managing their care
- 3. Evidence-based, best practice communication skills and approaches for providing therapeutic interventions
- 4. Evidence-based, best practice communication skills and approaches for working with people in professional teams

The communication and relationship management skills that a newly registered nurse must be able to demonstrate to meet the proficiency outcomes outlined in the main body of this document are set out in this annexe.

Effective communication is central to the provision of safe and compassionate person-centred care. Registered nurses in all fields of nursing practice must be able to demonstrate the ability to communicate and manage relationships with people of all ages with a range of mental, physical, cognitive and behavioural health challenges.

This is because a diverse range of communication and relationship management skills is required to ensure that individuals, their families and carers are actively involved in and understand care decisions. These skills are vital when making accurate, culturally aware assessments of care needs and ensuring that the needs, priorities, expertise, and preferences of people are always valued and taken into account.

Where people have special communication needs or a disability, it is essential that reasonable adjustments are made to communicate, provide and share information in a manner that promotes optimum understanding and engagement, and facilitates equal access to high quality care.

The communication and relationship management skills within this annexe are set out in four sections. For the reasons above, these requirements are relevant to all fields of nursing practice and apply to all care settings. It is expected that these skills would be assessed in a student's chosen field of practice.

The skills outlined in Annexe A, Section 3: Evidence-based, best practice communication skills and approaches for providing therapeutic interventions, also apply to all registered nurses, but the level of expertise and knowledge required will vary depending on the chosen field of practice. Registered nurses must be able to demonstrate these skills to an appropriate level for their intended field(s) of practice.

At the point of registration, the registered nurse will be able to safely demonstrate the following skills:

1. Underpinning communication skills for assessing, planning, providing and managing best practice, evidence-based nursing care

1.1actively listen, recognise and respond to verbal and non-verbal cues

1.2use prompts and positive verbal and non-verbal reinforcement

1.3use appropriate non-verbal communication including touch, eye contact and personal space

1.4make appropriate use of open and closed questioning

1.5use caring conversation techniques

1.6check understanding and use clarification techniques

1.7be aware of own unconscious bias in communication encounters

1.8write accurate, clear, legible records and documentation

1.9confidently and clearly present and share verbal and written reports with individuals and groups

1.10analyse and clearly record and share digital information and data

1.11provide clear verbal, digital or written information and instructions when delegating or handing over responsibility or care

1.12recognise the need for, and facilitate access to, translator services and material.

2. Evidence-based, best practice approaches to communication for supporting people of all ages, their families and carers in preventing ill health and in managing their care

2.1share information and check understanding about the causes, implications and treatment of a range of common health conditions including anxiety, depression, memory loss, diabetes, dementia, respiratory disease, cardiac disease, neurological disease, cancer, skin problems, immune deficiencies, psychosis, stroke and arthritis

2.2use clear language and appropriate written materials, making reasonable adjustments where appropriate in order to optimise people's understanding of what has caused their health condition and the implications of their care and treatment

2.3recognise and accommodate sensory impairments during all communications

2.4support and manage the use of personal communication aids

2.5identify the need for and manage a range of alternative communication techniques

2.6use repetition and positive reinforcement strategies

2.7assess motivation and capacity for behaviour change and clearly explain cause and effect relationships related to common health risk behaviours including smoking, obesity, sexual practice, alcohol and substance use

2.8provide information and explanation to people, families and carers and respond to questions about their treatment and care and possible ways of preventing ill health to enhance understanding

2.9engage in difficult conversations, including breaking bad news, and support people who are feeling emotionally or physically vulnerable or in distress, conveying compassion and sensitivity.

3. Evidence-based, best practice communication skills and approaches for providing therapeutic interventions

3.1motivational interview techniques

3.2solution focused therapies

3.3reminiscence therapies

3.4talking therapies

3.5de-escalation strategies and techniques

3.6cognitive behavioural therapy techniques

3.7play therapy

3.8distraction and diversion strategies

3.9positive behaviour support approaches.

4. Evidence-based, best practice communication skills and approaches for working with people in professional teams

4.1Demonstrate effective supervision, teaching and performance appraisal through the use of:

4.1.1clear instructions and explanations when supervising, teaching or appraising others

4.1.2clear instructions and check understanding when delegating care responsibilities to others

4.1.3unambiguous, constructive feedback about strengths and weaknesses and potential for improvement

4.1.4encouragement to colleagues that helps them to reflect on their practice

4.1.5unambiguous records of performance

4.2Demonstrate effective person and team management through the use of:

4.2.1strengths-based approaches to developing teams and managing change

4.2.2active listening when dealing with team members' concerns and anxieties

4.2.3a calm presence when dealing with conflict

4.2.4appropriate and effective confrontation strategies

4.2.5de-escalation strategies and techniques when dealing with conflict

4.2.6effective coordination and navigation skills through:

4.2.6.1appropriate negotiation strategies

4.2.6.2appropriate escalation procedures

4.2.6.3appropriate approaches to advocacy.

Annexe B: Nursing procedures

Last Updated: 29/10/2026

In this guide

- Part 1: Procedures for assessing people's needs for person-centred care
- 1. Use evidence-based, best practice approaches to take a history, observe, recognise and accurately assess people of all ages:
- 2. Use evidence-based, best practice approaches to undertake the following procedures:
- Part 2: Procedures for the planning, provision and management of person-centred nursing care
- 3. Use evidence-based, best practice approaches for meeting needs for care and support with rest, sleep, comfort and the maintenance of dignity, accurately assessing the person's capacity for independence and self-care and initiating appropriate interventions
- 4. Use evidence-based, best practice approaches for meeting the needs for care and support with hygiene and the maintenance of skin integrity, accurately assessing the person's capacity for independence and self-care and initiating appropriate interventions
- 5. Use evidence-based, best practice approaches for meeting needs for care and support with nutrition and hydration, accurately assessing the person's capacity for independence and self-care and initiating appropriate interventions
- 6. Use evidence-based, best practice approaches for meeting needs for care and support with bladder and bowel health, accurately assessing the person's capacity for independence and self-care and initiating appropriate interventions
- 7. Use evidence-based, best practice approaches for meeting needs for care and support with mobility and safety, accurately assessing the person's capacity for independence and self-care and initiating appropriate interventions
- 8. Use evidence-based, best practice approaches for meeting needs for respiratory care and support, accurately assessing the person's capacity for independence and self-care and initiating appropriate interventions
- 9. Use evidence-based, best practice approaches for meeting needs for care and support with the prevention and management of infection, accurately assessing the person's capacity for independence and self-care and initiating appropriate interventions
- 10. Use evidence-based, best practice approaches for meeting needs for care and support at the end of life, accurately assessing the person's capacity for independence and self-care and initiating appropriate interventions
- 11. Procedural competencies required for best practice, evidence-based medicines administration and optimisation

The nursing procedures that a newly registered nurse must be able to demonstrate to meet the proficiency outcomes, outlined in the main body of this document, are set out in this annexe.

The registered nurse must be able to undertake these procedures effectively in order to provide compassionate, evidence-based person-centred nursing care. A holistic approach to the care of people is essential and all nursing procedures should be carried out in a way which reflects cultural awareness and ensures that the needs, priorities, expertise and preferences of people are always valued and taken into account.

Registered nurses in all fields of practice must demonstrate the ability to provide nursing intervention and support for people of all ages who require nursing procedures during the processes of assessment, diagnosis, care and treatment for mental, physical, cognitive and behavioural health challenges. Where people are disabled or have specific cognitive needs it is essential that reasonable adjustments are made to ensure that all procedures are undertaken safely.

The nursing procedures within this annexe are set out in two sections. These requirements are relevant to all fields of nursing practice although it is recognised that different care settings may require different approaches to the provision of care. It is expected that these procedures would be assessed in a student's chosen field of practice where practicable.

Those procedures outlined in Annexe B, Part I: Procedures for assessing needs for person-centred care, sections 1 and 2, also apply to all registered nurses, but the level of expertise and knowledge required will vary depending on the chosen field(s) of practice. Registered nurses must therefore be able to demonstrate the ability to undertake these procedures at an appropriate level for their intended field(s) of practice.

At the point of registration, the registered nurse will be able to safely demonstrate the following procedures:

Part 1: Procedures for assessing people's needs for person-centred care

1. Use evidence-based, best practice approaches to take a history, observe, recognise and accurately assess people of all ages:

1.1mental health and wellbeing status

1.1.1signs of mental and emotional distress or vulnerability

1.1.2cognitive health status and wellbeing

1.1.3signs of cognitive distress and impairment

1.1.4behavioural distress based needs

1.1.5signs of mental and emotional distress including agitation, aggression and challenging behaviour

1.1.6signs of self-harm and/or suicidal ideation

1.2physical health and wellbeing

1.2.1symptoms and signs of physical ill health

1.2.2symptoms and signs of physical distress

1.2.3symptoms and signs of deterioration and sepsis.

2. Use evidence-based, best practice approaches to undertake the following procedures:

2.1take, record and interpret vital signs manually and via technological devices

2.2undertake venepuncture and cannulation and blood sampling, interpreting normal and common abnormal blood profiles and venous blood gases

2.3set up and manage routine electrocardiogram (ECG) investigations and interpret normal and commonly encountered abnormal traces

2.4manage and monitor blood component transfusions

2.5manage and interpret cardiac monitors, infusion pumps, blood glucose monitors and other monitoring devices

2.6accurately measure weight and height, calculate body mass index and recognise healthy ranges and clinically significant low/high readings

2.7undertake a whole body systems assessment including respiratory, circulatory, neurological, musculoskeletal, cardiovascular and skin status

2.8undertake chest auscultation and interpret findings

2.9collect and observe sputum, urine, stool and vomit specimens, undertaking routine analysis and interpreting findings

2.10measure and interpret blood glucose levels

2.11recognise and respond to signs of all forms of abuse

2.12undertake, respond to and interpret neurological observations and assessments

2.13identify and respond to signs of deterioration and sepsis

2.14administer basic mental health first aid

2.15administer basic physical first aid

2.16recognise and manage seizures, choking and anaphylaxis, providing appropriate basic life support

2.17recognise and respond to challenging behaviour, providing appropriate safe holding and restraint.

Part 2: Procedures for the planning, provision and management of person-centred nursing care

3. Use evidence-based, best practice approaches for meeting needs for care and support with rest, sleep, comfort and the maintenance of dignity, accurately assessing the person's capacity for independence and self-care and initiating appropriate interventions

3.1observe and assess comfort and pain levels and rest and sleep patterns

3.2use appropriate bed-making techniques including those required for people who are unconscious or who have limited mobility

3.3use appropriate positioning and pressure-relieving techniques

3.4take appropriate action to ensure privacy and dignity at all times

3.5take appropriate action to reduce or minimise pain or discomfort

3.6take appropriate action to reduce fatigue, minimise insomnia and support improved rest and sleep hygiene.

4. Use evidence-based, best practice approaches for meeting the needs for care and support with hygiene and the maintenance of skin integrity, accurately assessing the person's capacity for independence and self-care and initiating appropriate interventions

4.1observe, assess and optimise skin and hygiene status and determine the need for support and intervention

4.2use contemporary approaches to the assessment of skin integrity and use appropriate products to prevent or manage skin breakdown

4.3assess needs for and provide appropriate assistance with washing, bathing, shaving and dressing

4.4identify and manage skin irritations and rashes

4.5assess needs for and provide appropriate oral, dental, eye and nail care and decide when an onward referral is needed

4.6use aseptic techniques when undertaking wound care including dressings, pressure bandaging, suture removal, and vacuum closures

4.7use aseptic techniques when managing wound and drainage processes

4.8assess, respond and effectively manage pyrexia and hypothermia.

5. Use evidence-based, best practice approaches for meeting needs for care and support with nutrition and hydration, accurately assessing the person's capacity for independence and self-care and initiating appropriate interventions

5.1observe, assess and optimise nutrition and hydration status and determine the need for intervention and support

5.2use contemporary nutritional assessment tools

5.3assist with feeding and drinking and use appropriate feeding and drinking aids

5.4record fluid intake and output and identify, respond to and manage dehydration or fluid retention

5.5identify, respond to and manage nausea and vomiting

5.6insert, manage and remove oral/nasal/gastric tubes

5.7manage artificial nutrition and hydration using oral, enteral and parenteral routes

5.8manage the administration of IV fluids

5.9manage fluid and nutritional infusion pumps and devices.

6. Use evidence-based, best practice approaches for meeting needs for care and support with bladder and bowel health, accurately assessing the person's capacity for independence and self-care and initiating appropriate interventions

6.1observe and assess level of urinary and bowel continence to determine the need for support and intervention assisting with toileting, maintaining dignity and privacy and managing the use of appropriate aids

6.2select and use appropriate continence products; insert, manage and remove catheters for all genders; and assist with self catheterisation when required

6.3manage bladder drainage

6.4assess bladder and bowel patterns to identify and respond to constipation, diarrhoea and urinary and faecal retention

6.5administer enemas and suppositories and undertake rectal examination and manual evacuation when appropriate

6.6undertake stoma care identifying and using appropriate products and approaches.

7. Use evidence-based, best practice approaches for meeting needs for care and support with mobility and safety, accurately assessing the person's capacity for independence and self-care and initiating appropriate interventions

7.1observe and use evidence-based risk assessment tools to determine need for support and intervention to optimise mobility and safety, and to identify and manage risk of falls using best practice risk assessment approaches

7.2use a range of contemporary moving and handling techniques and mobility aids

7.3use appropriate moving and handling equipment to support people with impaired mobility

7.4use appropriate safety techniques and devices.

8. Use evidence-based, best practice approaches for meeting needs for respiratory care and support, accurately assessing the person's capacity for independence and self-care and initiating appropriate interventions

8.1observe and assess the need for intervention and respond to restlessness, agitation and breathlessness using appropriate interventions

8.2manage the administration of oxygen using a range of routes and best practice approaches

8.3take and interpret peak flow and oximetry measurements

8.4use appropriate nasal and oral suctioning techniques

8.5manage inhalation, humidifier and nebuliser devices

8.6manage airway and respiratory processes and equipment.

9. Use evidence-based, best practice approaches for meeting needs for care and support with the prevention and management of infection, accurately assessing the person's capacity for independence and self-care and initiating appropriate interventions

9.1observe, assess and respond rapidly to potential infection risks using best practice guidelines

9.2use standard precautions protocols

9.3use effective aseptic, non-touch techniques

9.4use appropriate personal protection equipment

9.5implement isolation procedures

9.6use evidence-based hand hygiene techniques

9.7safely decontaminate equipment and environment

9.8safely use and dispose of waste, laundry and sharps

9.9safely assess and manage invasive medical devices and lines.

10. Use evidence-based, best practice approaches for meeting needs for care and support at the end of life, accurately assessing the person's capacity for independence and self-care and initiating appropriate interventions

10.1observe and assess the need for intervention for people, families and carers, identify, assess and respond appropriately to uncontrolled symptoms and signs of distress including pain, nausea, thirst, constipation restlessness, agitation, anxiety and depression

10.2manage and monitor effectiveness of symptom relief medication, infusion pumps and other devices

10.3assess and review preferences and care priorities of the dying person and their family and carers

10.4understand and apply organ and tissue donation protocols, advanced planning decisions, living wills and health and lasting powers of attorney for health

10.5understand and apply DNACPR (do not attempt cardiopulmonary resuscitation) decisions and verification of expected death

10.6provide care for the deceased person and the bereaved, respecting cultural requirements and protocols.

11. Procedural competencies required for best practice, evidence-based medicines administration and optimisation

11.1carry out initial and continued assessments of people receiving care and their ability to self-administer their own medications

11.2recognise the various procedural routes under which medicines can be prescribed, supplied, dispensed and administered; and the laws, policies, regulations and guidance that underpin them

11.3use the principles of safe remote prescribing and directions to administer medicines

11.4undertake accurate drug calculations for a range of medications

11.5undertake accurate checks, including transcription and titration, of any direction to supply or administer a medicinal product

11.6exercise professional accountability in ensuring the safe administration of medicines to those receiving care

11.7administer injections using intramuscular, subcutaneous, intradermal and intravenous routes and manage injection

equipment

1.8administer medications using a range of routes

1.9administer and monitor medications using vascular access devices and enteral equipment

1.10recognise and respond to adverse or abnormal reactions to medications

1.11undertake safe storage, transportation and disposal of medicinal products.

Glossary for proficiency in Nursing

Last Updated: 29/10/2026

The following terms and their accompanying explanations relate to the context of the standards of proficiency for registered nurses.

Abuse:

is something that may harm another person, or endanger their life, or violate their rights. The person responsible for the abuse may be doing this on purpose or may not realise the harm that they are doing. The type of abuse may be emotional, physical, sexual, psychological, material or financial, or may be due to neglect.

Contraindications:

a condition or factor that serves as a reason to withhold a certain medical treatment due to the harm that it would cause the patient.

Determinants of health:

includes the social and economic environment, the physical environment and the person's individual characteristics and behaviours.

Genomics:

branch of molecular biology concerned with the structure, function, evolution, and mapping of genomes.

Health literacy:

the degree to which individuals can obtain, process, and understand basic health information and services needed to make appropriate health decisions.

Human factors:

environmental, organisational and job factors, and human and individual characteristics, which influence behaviour at work in a way which can affect health and safety.

Interventions:

any investigations, procedures, or treatments given to a person.

People:

individuals or groups who receive services from nurses, midwives and nursing associates, healthy and sick people, parents, children, families, carers, representatives, also including educators and students and other within and outside the learning environment.

Person-centred:

an approach where the person is at the centre of the decision making processes and the design of their care needs, their nursing care and treatment plan.

Strength-based approaches:

strength-based practice is a collaborative process between the person supported by services and those supporting them, working together to reach an outcome that draws on the person's strengths and assets.

Vulnerable people:

Those who at any age are at a higher risk of harm than others. Vulnerability might be in relation to a personal characteristic or a situation. The type of harm may be emotional, physical, sexual,psychological, material or financial, or may be due to neglect.

What we do

Our vision is safe, effective and kind nursing and midwiferythat improves everyone's health and wellbeing. As the independent regulator of more than 808,000* nursing and midwifery professionals, we have an important role to play in making this a reality.

Our core role is to regulate. First, we promote high professional standards or nurses and midwives across the UK, and nursing associates in England. Second, we maintain the register of professionals eligible to practise. Third, we investigate concerns about nurses, midwives and nursing associates – something that affects a tiny minority of professionals each year. We believe in giving professionals the chance to address concerns, but we'll always take action when needed.

To regulate well, we support our professions and the public. We create resources and guidance that are useful throughout people's careers, helping them to deliver our standards in practice and address new challenges. We also support people involved in our investigations, and we're increasing our visibility so people feel engaged and empowered to shape our work.

Regulating and supporting our professions allows us to influence health and social care. We share intelligence from our regulatory activities and work with our partners to support workforce planning and sector-wide decision-making.We use our voice to speak up for a healthy and inclusive working environment for our professions.

Standards of proficiency for nursing associates

Last Updated: 29/10/2026

The standards of proficiency presented here represent the standards of knowledge and skills that a nursing associate will need to meet in order to be considered by the NMC as capable of safe and effective nursing associate practice. These standards have been designed to apply across all health and care settings.

- About our Standards
- Platform 1: Being an accountable professional
- Platform 2: Promoting health and preventing ill health
- Platform 3: Provide and monitor care
- Platform 4: Working in teams
- Platform 5: Improving safety and quality of care
- Platform 6: Contributing to integrated care
- Annexe A: Communication and relationship management skills
- Annexe B: Procedures to be undertaken by the nursing associate
- Glossary

About our Standards

Last Updated: 29/10/2026

The proficiencies serve a number of purposes:

- They set out for patients and the public what nursing associates know and can do when they join the NMC register.
- The standards help nursing associates by providing clarity about their role. Read alongside the nursing standards of proficiency, they demonstrate the synergies and differences between the two roles.
- For nurses and other health and care professionals, the standards provide clarity on the knowledge and skills they can reasonably expect all nursing associates to have and this will help inform safe decisions about delegation.
- Employers understand what nursing associates can contribute to the health and wellbeing of patients and people and those who use services, and can make effective decisions about whether and how to use the role.
- Educators must develop and deliver programmes that equip nursing associates with the skills, knowledge and behaviours needed to meet these standards of proficiency when they qualify.

Nursing associate is a new role introduced into the health and care workforce in England from 2019[1]. It is a generic role (not defined by a field of nursing) but within the discipline of nursing. Nursing associates are intended to bridge a gap between health and care assistants, and registered nurses.

While the nursing associate role is new, it is particularly important that the public, health and care professionals, and employers can develop an understanding of what nursing associates know and can do.

Nursing associates are members of the nursing team, who have gained a Foundation Degree, typically involving two years of higher education. They are not nurses; nursing is a graduate entry profession and those joining the nursing part of the NMC register require a degree. Nurses also develop additional skills and knowledge within a specific field of nursing.

Nursing associates are a new profession, accountable for their practice. These proficiencies set out what pre-registration training will equip nursing associates to know and do. Once they are practising, nursing associates can undertake further education and training and demonstrate additional knowledge and skills, enhancing their competence as other registered professionals routinely do. The roles played by nursing associates will vary from setting to setting, depending on local clinical frameworks, and it may also be shaped by national guidance.

Nursing associates provide care for people of all ages and from different backgrounds, cultures and beliefs. They provide care for people who have mental, physical, cognitive and behavioural care needs, those living with dementia, the elderly and for people at the end of their life. They must be able to care for people in their own home, in the community or hospital or in any health care settings where their needs are supported and managed. They work in the context of continual change, challenging environments, different models of care delivery, shifting demographics, innovation and rapidly evolving technologies. Increasing integration of health and social care services will require nursing associates to play a proactive role in multidisciplinary teams.

We have designed these proficiencies to align with the latest standards of proficiency for nurses:

- To allow people to understand the differences between the two roles
- To enable education providers to facilitate educational progression from nursing associate to nurse
- To demonstrate how the nursing associate role can support the registered nurse, to allow registered nurses to deliver the NMC's standards of proficiency.

The outcome statements for each platform have been designed to apply across all health and care settings. At the point of registration, nursing associates are required to meet all outcome statements and to demonstrate an awareness of how requirements vary across different health and care settings. As the nursing associate role is generic, students may demonstrate proficiencies in any appropriate context, and there is no expectation that they must be demonstrated in every health and care setting.

In common with all of our regulatory standards and guidance, these proficiencies will be subject to periodic review. The current version of our proficiencies can always be found on our website.

Our standards of proficiency apply to all NMC registered nurses and should be read with our standards for education

and training. The standards for education and training set out our expectations regarding delivery of all pre-registration and post-registration NMC approved nursing and midwifery education programmes.

Our standards for education and training apply to all Approved Education Institutions (AEIs) and are set out in three parts: Part one: Standards framework for nursing and midwifery education; Part two: Standards for student supervision and assessment; and Part three: programme standards, which are the standards specific for each pre-registration or post-registration programme. AEIs must comply with our standards to be approved to run any NMC approved programmes. Together, the standards for education and training aim to provide AEIs and their practice learning partners with the flexibility to develop innovative approaches to education for nurses, midwives and nursing associates, while being accountable for the local delivery and management of approved programmes in line with our standards. The relationship between the different sets of standards is shown in the diagram on the next page.

Standards diagram 1.png

Legistlative framework

Article 15(1) of the Nursing and Midwifery Order 2001 ('the Order')[2] requires the Council to establish standards for education and training which are necessary to achieve the standards of proficiency for admission to the register, as required by Article 5(2) of the Order. The Standards for pre-registration nursing associate programmes are established under the provision of Article 15(1) of the Order. Article 5(2) of the Order requires the NMC to establish standards of proficiency necessary to be admitted to each part of the register and for safe and effective practice under that part of the register. The standards of proficiency have been established under this provision.

. The nursing associate role was introduced and regulated in England from 2019. If other countries of the UK decide to use and regulate the role in future it will require a change to our legislation, and the updating of our standards.

. SI 2002/253.

Being an accountable professional

Reference: PFN Last Updated: 29/10/2026

In this guide

- Outcomes:

Nursing associates act in the best interests of people, putting them first and providing nursing care that is person-centred, safe and compassionate. They act professionally at all times and use their knowledge and experience to make evidence based decisions and solve problems. They recognise and work within the limits of their competence and are responsible for their actions.

Outcomes:

The outcomes set out below reflect the proficiencies for accountable practice that must be applied across all standards of proficiency for nursing associates, as described in platforms 2-6.

At the point of registration, the nursing associate will be able to:

1.1understand and act in accordance with The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates, and fulfil all registration requirements

1.2understand and apply relevant legal, regulatory and governance requirements, policies, and ethical frameworks, including any mandatory reporting duties, to all areas of practice

1.3understand the importance of courage and transparency and apply the Duty of Candour, recognising and reporting any situations, behaviours or errors that could result in poor care outcomes

1.4demonstrate an understanding of, and the ability to challenge or report, discriminatory behaviour

1.5understand the demands of professional practice and demonstrate how to recognise signs of vulnerability in themselves or their colleagues and the action required to minimise risks to health

1.6understand the professional responsibility to adopt a healthy lifestyle to maintain the level of personal fitness and wellbeing required to meet people's needs for mental and physical care

1.7describe the principles of research and how research findings are used to inform evidence-based practice

1.8understand and explain the meaning of resilience and emotional intelligence, and their influence on an individual's ability to provide care

1.9communicate effectively using a range of skills and strategies with colleagues and people at all stages of life and with a range of mental, physical, cognitive and behavioural health challenges

1.10demonstrate the skills and abilities required to develop, manage and maintain appropriate relationships with people, their families, carers and colleagues

1.11provide, promote, and where appropriate advocate for, non-discriminatory, person-centred and sensitive care at all times. Reflect on people's values and beliefs, diverse backgrounds, cultural characteristics, language requirements, needs and preferences, taking account of any need for adjustments

1.12recognise and report any factors that may adversely impact safe and effective care provision

1.13demonstrate the numeracy, literacy, digital and technological skills required to meet the needs of people in their care to ensure safe and effective practice

1.14demonstrate the ability to keep complete, clear, accurate and timely records

1.15take responsibility for continuous self-reflection, seeking and responding to support and feedback to develop professional knowledge and skills

.16act as an ambassador for their profession and promote public confidence in health and care services

.17safely demonstrate evidence based practice in all skills and procedures stated in Annexes A and B.

Promoting health and preventing ill health

Reference: PFN Last Updated: 29/10/2026

In this guide

- Outcomes:

Nursing associates play a role in supporting people to improve and maintain their mental, physical, behavioural health and wellbeing. They are actively involved in the prevention of and protection against disease and ill health, and engage in public health, community development, and in the reduction of health inequalities.

Outcomes:

The proficiencies identified below will equip the newly registered nursing associate with the underpinning knowledge and skills required for their role in health promotion and protection and prevention of ill health.

At the point of registration, the nursing associate will be able to:

2.1understand and apply the aims and principles of health promotion, protection and improvement and the prevention of ill health when engaging with people

2.2promote preventive health behaviours and provide information to support people to make informed choices to improve their mental, physical and behavioural health and wellbeing

2.3describe the principles of epidemiology, demography, and genomics and how these may influence health and wellbeing outcomes

2.4understand the factors that may lead to inequalities in health outcomes

2.5understand the importance of early years and childhood experiences and the possible impact on life choices, mental, physical and behavioural health and wellbeing

2.6understand and explain the contribution of social influences, health literacy, individual circumstances, behaviours and lifestyle choices to mental, physical and behavioural health outcomes

2.7explain why health screening is important and identify those who are eligible for screening

2.8promote health and prevent ill health by understanding the evidence base for immunisation, vaccination and herd immunity

2.9protect health through understanding and applying the principles of infection prevention and control, including communicable disease surveillance and antimicrobial stewardship and resistance.

Provide and monitor care

Last Updated: 29/10/2026

In this guide

- Outcomes:

Nursing associates provide compassionate, safe and effective care and support to people in a range of care settings. They monitor the condition and health needs of people within their care on a continual basis in partnership with people, families, and carers. They contribute to ongoing assessment and can recognise when it is necessary to refer to others for reassessment.

Outcomes:

The proficiencies identified below will equip the newly registered nursing associate with the underpinning knowledge and skills required for their role in providing and monitoring care.

At the point of registration, the nursing associate will be able to:

3.1demonstrate an understanding of human development from conception to death, to enable delivery of safe and effective person-centred care

3.2demonstrate and apply knowledge of body systems and homeostasis, human anatomy and physiology, biology, genomics, pharmacology, and social and behavioural sciences when delivering care

3.3recognise and apply knowledge of commonly encountered mental, physical, behavioural and cognitive health conditions when delivering care

3.4demonstrate the knowledge, communication and relationship management skills required to provide people, families and carers with accurate information that meets their needs before, during and after a range of interventions

3.5work in partnership with people, to encourage shared decision-making, in order to support individuals, their families and carers to manage their own care when appropriate

3.6demonstrate the knowledge, skills and ability to perform a range of nursing procedures and manage devices, to meet people's need for safe and effective person-centred care

3.7demonstrate and apply an understanding of how and when to escalate to the appropriate professional for expert help and advice

3.8demonstrate and apply an understanding of how people's needs for safety, dignity, privacy, comfort and sleep can be met

3.9demonstrate the knowledge, skills and ability required to meet people's needs related to nutrition, hydration and bladder and bowel health

3.10demonstrate the knowledge, skills and ability to act as required to meet people's needs related to mobility, hygiene, oral care, wound care and skin integrity

3.11demonstrate the ability to recognise when a person's condition has improved or deteriorated by undertaking health monitoring. Interpret, promptly respond, share findings, and escalate as needed

3.12demonstrate the knowledge and skills required to support people with commonly encountered symptoms including anxiety, confusion, discomfort and pain

3.13demonstrate an understanding of how to deliver sensitive and compassionate end of life care to support people to plan for their end of life, giving information and support to people who are dying, their families and the bereaved. Provide care to the deceased

3.14understand and act in line with any end of life decisions and orders, organ and tissue donation protocols, infection protocols, advanced planning decisions, living wills and lasting powers of attorney for health

3.15understand the principles of safe and effective administration and optimisation of medicines in accordance with ocal and national policies

3.16demonstrate the ability to recognise the effects of medicines, allergies, drug sensitivity, side effects, contraindications and adverse reactions

3.17recognise the different ways by which medicines can be prescribed

3.18demonstrate the ability to monitor the effectiveness of care in partnership with people, families and carers. Document progress and report outcomes

3.19demonstrate an understanding of co-morbidities and the demands of meeting people's holistic needs when prioritising care

3.20understand and apply the principles and processes for making reasonable adjustments

3.21recognise how a person's capacity affects their ability to make decisions about their own care and to give or withhold consent

3.22recognise when capacity has changed and understand where and how to seek guidance and support from others o ensure that the best interests of those receiving care are upheld

3.23recognise people at risk of abuse, self-harm and/or suicidal ideation and the situations that may put them and others at risk

3.24take personal responsibility to ensure that relevant information is shared according to local policy and appropriate mmediate action is taken to provide adequate safeguarding and that concerns are escalated.

Working in teams

Reference: PFN Last Updated: 29/10/2026

In this guide

- Outcomes:

Nursing associates play an active role as members of interdisciplinary teams, collaborating and communicating effectively with nurses, a range of other health and care professionals and lay carers.

Outcomes:

The proficiencies identified below will equip the newly registered nursing associate with the underpinning knowledge and skills required to understand and apply their role to work effectively as part of an interdisciplinary team.

At the point of registration, the nursing associate will be able to:

4.1demonstrate an awareness of the roles, responsibilities and scope of practice of different members of the nursing and interdisciplinary team, and their own role within it

4.2demonstrate an ability to support and motivate other members of the care team and interact confidently with them

4.3understand and apply the principles of human factors and environmental factors when working in teams

4.4demonstrate the ability to effectively and responsibly access, input, and apply information and data using a range of methods including digital technologies, and share appropriately within interdisciplinary teams

4.5demonstrate an ability to prioritise and manage their own workload, and recognise where elements of care can safely be delegated to other colleagues, carers and family members

4.6demonstrate the ability to monitor and review the quality of care delivered, providing challenge and constructive feedback, when an aspect of care has been delegated to others

4.7support, supervise and act as a role model to nursing associate students, health care support workers and those new to care roles, review the quality of the care they provide, promoting reflection and providing constructive feedback

4.8contribute to team reflection activities, to promote improvements in practice and services

4.9discuss the influence of policy and political drivers that impact health and care provision.

mproving safety and quality of care

ast Updated: 29/10/2026

n this guide

- Outcomes:

lursing associates improve the quality of care by contributing to the continuous monitoring of people's experience of are. They identify risks to safety or
xperience and take appropriate action, putting the best interests, needs and preferences of people first.

Outcomes:

he proficiencies identified below will equip the newly registered nursing associate with the underpinning knowledge nd skills required for their role in contributing to risk monitoring and quality of care.

t the point of registration, the nursing associate will be able to:

.1understand and apply the principles of health and safety legislation and regulations and maintain safe work and care nvironments

.2participate in data collection to support audit activity, and contribute to the implementation of quality improvement trategies

.3accurately undertake risk assessments, using contemporary assessment tools

.4respond to and escalate potential hazards that may affect the safety of people

.5recognise when inadequate staffing levels impact on the ability to provide safe care and escalate concerns ppropriately

.6understand and act in line with local and national organisational frameworks, legislation and regulations to report isks, and implement actions as instructed, following up and escalating as required

.7understand what constitutes a near miss, a serious adverse event, a critical incident and a major incident

.8understand when to seek appropriate advice to manage a risk and avoid compromising quality of care and health utcomes

.9recognise uncertainty, and demonstrate an awareness of strategies to develop resilience in themselves. Know how o seek support to help deal with uncertain situations

.10understand their own role and the roles of all other staff at different levels of experience and seniority in the event f a major incident.

Contributing to integrated care

Reference: PFN Last Updated: 29/10/2026

In this guide

- Outcomes:

Nursing associates contribute to the provision of care for people, including those with complex needs. They understand the roles of a range of professionals and carers from other organisations and settings who may be participating in the care of a person and their family, and their responsibilities in relation to communication and collaboration.

Outcomes:

The proficiencies identified below will equip the newly registered nursing associate with the underpinning knowledge and skills required for their role in contributing to integrated care to meet the needs of people across organisations and settings.

At the point of registration, the nursing associate will be able to:

6.1understand the roles of the different providers of health and care. Demonstrate the ability to work collaboratively and in partnership with professionals from different agencies in interdisciplinary teams

6.2understand and explore the challenges of providing safe nursing care for people with complex co-morbidities and complex care needs

6.3demonstrate an understanding of the complexities of providing mental, cognitive, behavioural and physical care needs across a wide range of integrated care settings

6.4understand the principles and processes involved in supporting people and families with a range of care needs to maintain optimal independence and avoid unnecessary interventions and disruptions to their lives

6.5identify when people need help to facilitate equitable access to care, support and escalate concerns appropriately

6.6demonstrate an understanding of their own role and contribution when involved in the care of a person who is undergoing discharge or a transition of care between professionals, settings or services.

Annexe A: Communication and relationship management skills

Last Updated: 29/10/2026

In this guide

- 1. Underpinning communication skills for providing and monitoring care:
- 2. Communication skills for supporting people to prevent ill health and manage their health challenges:
- 3. Communication skills and approaches for providing therapeutic interventions:
- 4. Communication skills for working in professional teams:
- 5. Demonstrate effective supervision skills by providing:

In order to meet the proficiency outcomes outlined in the main body of this document, nursing associates must be able to demonstrate the communication and relationship manag

At the point of registration, the nursing associate will be able to safely demonstrate the following skills:

1. Underpinning communication skills for providing and monitoring care:

1.1actively listen, recognise and respond to verbal and non-verbal cues

1.2use prompts and positive verbal and non-verbal reinforcement

1.3use appropriate non-verbal communication including touch, eye contact and personal space

1.4make appropriate use of open and closed questioning

1.5speak clearly and accurately

1.6use caring conversation techniques

1.7check understanding and use clarification techniques

1.8be aware of the possibility of own unconscious bias in communication encounters

1.9write accurate, clear, legible records and documentation

1.10clearly record digital information and data

1.11provide clear verbal, digital or written information and instructions when sharing information, delegating or handing over responsibility for care

1.12recognise the need for translator services and material

1.13use age appropriate communication techniques.

2. Communication skills for supporting people to prevent ill health and manage their health challenges:

2.1effectively share information and check understanding about:

- preventative health behaviours that help people to make lifestyle choices and improve their own health and wellbeing
- a range of common conditions including: anxiety, depression, memory loss, diabetes, dementia, respiratory disease, cardiac disease, neurological disease, cancer, skin problems, immune deficiencies, psychosis, stroke and arthritis in accordance with care plans

2.2clearly and confidently explain to the individual and family how their lifestyle choices may influence their health. This includes the impact of common health risk behaviours including smoking, diet, sexual practice, alcohol and substance use

2.3use appropriate materials, making reasonable adjustments where appropriate to support people's understanding of what may have caused their health condition and the implications of their care and treatment

2.4use repetition and positive reinforcement strategies

2.5recognise and accommodate sensory impairments during all communications

2.6support and monitor the use of personal communication aids

2.7address and respond to people's questions, recognising when to refer to others in order to provide accurate responses

2.8identify the need for and manage a range of alternative communication techniques

2.9engage in difficult conversations with support from others, helping people who are feeling emotionally or physically vulnerable or in distress, conveying compassion and sensitivity.

3. Communication skills and approaches for providing therapeutic interventions:

3.1identify the need for and use appropriate approaches to develop therapeutic relationships with people

3.2demonstrate the use of a variety of effective communication strategies:

- reassurance and affirmation
- de-escalation strategies and techniques
- distraction and diversion strategies
- positive behaviour support approaches.

4. Communication skills for working in professional teams:

Demonstrate effective skills when working in teams through:

4.1active listening when receiving feedback and when dealing with team members' concerns and anxieties

4.2timely and appropriate escalation

4.3being a calm presence when exposed to situations involving conflict

4.4being assertive when required

4.5using de-escalation strategies and techniques when dealing with conflict.

5. Demonstrate effective supervision skills by providing:

5.1clear instructions and explanations when supervising others

5.2clear instructions and checking understanding when delegating care responsibilities to others

5.3clear constructive feedback in relation to care delivered by others

5.4encouragement to colleagues that helps them to reflect on their practice.

Procedures to be undertaken by the nursing associate

Last Updated: 29/10/2026

In this guide

- Part 1: Procedures to enable effective monitoring of a person's condition
- Part 2: Procedures for provision of person-centred nursing care
- 3. Provide care and support with hygiene and the maintenance of skin integrity:
- 4. Provide support with nutrition and hydration:
- 5. Provide support with maintaining bladder and bowel health:
- 6. Provide support with mobility and safety:
- 7. Provide support with respiratory care:
- 8. Preventing and managing infection:
- 9. Meeting needs for care and support at the end of life:
- 10. Procedural competencies required for administering medicines safely:

In order to meet the proficiency outcomes outlined in the main body of this document, nursing associates must be able to carry out the procedures described in this annexe at the point of their registration.

Nursing associates are required to demonstrate an awareness of how requirements for procedures may vary across different health and care settings. As the nursing associate role is generic, students may demonstrate the ability to carry out procedures in any appropriate context, and there is no expectation that this must be demonstrated in every health and care setting. Ideally students will demonstrate skills in a practice setting, but where necessary some procedures may be demonstrated through simulation.

Nursing associates are expected to apply evidence-based best practice across all procedures. The ability to carry out these procedures safely, effectively and with sensitivity and compassion (while demonstrating the communication and relationship management skills described in Annexe A) is crucial to the provision of person-centred care. These procedures must be demonstrated with an awareness of variations required for different practice settings and for people across their lifespan. They must be carried out in a way that reflects cultural awareness and ensures that the needs, priorities, expertise and preferences of people are always valued and taken into account.

At the point of registration, the nursing associate will be able to safely demonstrate the following procedures:

Part 1: Procedures to enable effective monitoring of a person's condition

1. Demonstrate effective approaches to monitoring signs and symptoms of physical, mental, cognitive, behavioural and emotional distress, deterioration and improvement:

1.1accurately measure weight and height, calculate body mass index and recognise healthy ranges and clinically significant low/high readings

1.2use manual techniques and devices to take, record and interpret vital signs including temperature, pulse, respiration (TPR), blood pressure (BP) and pulse oximetry in order to identify signs of improvement, deterioration or concern

1.3undertake venepuncture and routine ECG recording

1.4measure and interpret blood glucose levels

1.5collect and observe sputum, urine, stool and vomit specimens, interpreting findings and reporting as appropriate

1.6recognise and escalate signs of all forms of abuse

1.7recognise and escalate signs of self-harm and/or suicidal ideation

1.8undertake and interpret neurological observations

1.9recognise signs of mental and emotional distress including agitation, or vulnerability

1.10administer basic mental health first aid

1.11recognise emergency situations and administer basic physical first aid, including basic life support.

Part 2: Procedures for provision of person-centred nursing care

2. Provide support in meeting the needs of people in relation to rest, sleep, comfort and the maintenance of dignity:

2.1observe and monitor comfort and pain levels and rest and sleep patterns

2.2use appropriate bed-making techniques, including those required for people who are unconscious or who have limited mobility

2.3use appropriate positioning and pressure relieving techniques

2.4take appropriate action to ensure privacy and dignity at all times

2.5appropriate action to reduce or minimise pain or discomfort

2.6support people to reduce fatigue, minimise insomnia and take appropriate rest.

3. Provide care and support with hygiene and the maintenance of skin integrity:

3.1observe and reassess skin and hygiene status using contemporary approaches to determine the need for support and ongoing intervention.

3.2identify the need for and provide appropriate assistance with washing, bathing, shaving and dressing

3.3identify the need for and provide appropriate oral, dental, eye and nail care and suggest to others when an onward referral is needed

3.4prevent and manage skin breakdown through appropriate use of products

3.5Identify and manage skin irritations and rashes

3.6monitor wounds and undertake wound care using appropriate evidence-based techniques.

4. Provide support with nutrition and hydration:

4.1use contemporary nutritional assessment tools

4.2assist with feeding and drinking and use appropriate feeding and drinking aids

4.3record fluid intake and output to identify signs of dehydration or fluid retention and escalate as necessary

4.4support the delivery of artificial nutrition and hydration using oral and enteral routes.

5. Provide support with maintaining bladder and bowel health:

5.1observe and monitor the level of urinary and bowel continence to determine the need for ongoing support and intervention, the level of independence and self-management of care that an individual can manage

5.2assist with toileting, maintaining dignity and privacy and use appropriate continence products

5.3care for and manage catheters for all genders

5.4recognise bladder and bowel patterns to identify and respond to incontinence, constipation, diarrhoea and urinary and faecal retention.

6. Provide support with mobility and safety:

6.1use appropriate risk assessment tools to determine the ongoing need for support and intervention, the level of independence and self-care that an individual can manage

6.2use appropriate assessment tools to determine, manage and escalate the ongoing risk of falls

6.3use a range of contemporary moving and handling techniques and mobility aids

6.4use appropriate moving and handling equipment to support people with impaired mobility.

7. Provide support with respiratory care:

7.1manage the administration of oxygen using a range of routes and approaches

7.2take and be able to identify normal peak flow and oximetry measurements

7.3use appropriate nasal and oral suctioning techniques

7.4manage inhalation, humidifier and nebuliser devices.

8. Preventing and managing infection:

8.1observe and respond rapidly to potential infection risks using best practice guidelines

8.2use standard precautions protocols

8.3use aseptic, non-touch techniques

8.4use appropriate personal protection equipment

8.5implement isolation procedures

8.6use hand hygiene techniques

8.7safely decontaminate equipment and environment

8.8safely handle waste, laundry and sharps.

9. Meeting needs for care and support at the end of life:

9.1recognise and take immediate steps to respond appropriately to uncontrolled symptoms and signs of distress including pain, nausea, thirst, constipation, restlessness, agitation, anxiety and depression

9.2review preferences and care priorities of the dying person and their family and carers, and ensure changes are communicated as appropriate

9.3provide care for the deceased person and the bereaved respecting cultural requirements and protocols.

10. Procedural competencies required for administering medicines safely:

10.1continually assess people receiving care and their ongoing ability to self-administer their own medications. Know when and how to escalate any concerns

10.2undertake accurate drug calculations for a range of medications

10.3exercise professional accountability in ensuring the safe administration of medicines to those receiving care

10.4administer medication via oral, topical and inhalation routes

10.5administer injections using subcutaneous and intramuscular routes and manage injection equipment

10.6administer and monitor medications using enteral equipment

10.7administer enemas and suppositories

10.8manage and monitor effectiveness of symptom relief medication

10.9recognise and respond to adverse or abnormal reactions to medications, and when and how to escalate any concerns

10.10undertake safe storage, transportation and disposal of medicinal products.

Glossary

Reference: PFN Last Updated: 29/10/2026

The following terms and their accompanying explanations relate to the context of the standards of proficiency for nursing associates.

Abuse: is something that may harm another person, or endanger their life, or violate their rights. The person responsible for the abuse may be doing this on purpose or may not realise the harm that they are doing. The type of abuse may be emotional, physical, sexual, psychological, material or financial, or may be due to neglect.

Candour: being open and honest with patients when things go wrong.

Contraindications: a condition or factor that serves as a reason to withhold a certain medical treatment due to the harm that it would cause the patient.

Demography: the study of statistics such as births, deaths, income, or the incidence of disease, which illustrate the changing structure of human populations.

Evidence based care: making sure that any care and treatment is given to people, by looking at what research has shown to be most effective. The judgment and experience of the nurse and the views of the person should also be taken into account when choosing which treatment is most likely to be successful for an individual patient.

Genomics: branch of molecular biology concerned with the structure, function, evolution, and mapping of genomes.

Health literacy: the degree to which individuals can obtain, process, and understand basic health information and services needed to make appropriate health decisions.

Human factors: environmental, organisational and job factors, and human and individual characteristics, which influence behaviour at work in a way which can affect health and safety.

People: individuals or groups who receive services from nurses, midwives and nursing associates, healthy and sick people, parents, children, families, carers, representatives, also including educators and students and other within and outside the learning environment.

Person-centred: an approach where the person is at the centre of the decision making processes and the design of their care needs, their nursing care and treatment plan.

Vulnerable people: those who at any age are at a higher risk of harm than others. Vulnerability might be in relation to a personal characteristic or a situation. The type of harm may be emotional, physical, sexual, psychological, material or financial, or may be due to neglect.

Standards of proficiency for midwives

Last Updated: 29/10/2026

The Nursing and Midwifery Council has a duty to review the standards of proficiency that we set for the professions we regulate on a regular basis. This is to ensure that standards remain contemporary and fit for purpose. In reviewing these standards, new evidence and the changes that are taking place in society, midwifery, maternity and neonatal care services have been considered, along with the implications these have for the role of midwives of the future.

The standards of proficiency in this document specify the knowledge, understanding and skills that midwives must demonstrate at the point of qualification, when caring for women across the maternity journey, newborn infants, partners and families across all care settings. They reflect what the public can expect midwives to know and be able to do in order to deliver safe, effective, respectful, kind, compassionate, person-centred midwifery care.

They also provide a benchmark for midwives from overseas wishing to join the UK register, as well as for those who plan to return to practice after a period of absence.

- Introduction to the Standards of Proficiency for Midwives
- About our Standards
- How to read these standards of proficiency
- Domain 1: Being an accountable, autonomous, professional midwife
- Domain 2: Safe and effective midwifery care: promoting and providing continuity of care and carer
- Domain 3: Universal care for all women and newborn infants
- Domain 4: Additional care for women and newborn infants with complications
- Domain 5: Promoting excellence: the midwife as colleague, scholar and leader
- Domain 6: The midwife as skilled practitioner

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Midwifery globally

Midwifery is a global profession. Childbearing women, newborn infants, and families share similar needs wherever they ve and midwives make a vital contribution to their survival, health and wellbeing across the world. The World Health Organisation has stated that ‘strengthening midwifery education is a key step to improving quality of care and reducing maternal and newborn mortality and morbidity’.

hese standards of proficiency are in alignment with the International Confederation of Midwives’ definition of the midwife:

A midwife is a person who has successfully completed a midwifery education programme that is based on the ICM Essential Competencies for Midwifery Practice and the framework of the ICM Global Standards for Midwifery Education nd is recognised in the country where it is located; who has acquired the requisite qualifications to be registered nd/or legally licensed to practice midwifery and use the title ‘midwife’; and who demonstrates competency in the ractice of midwifery’.

The role and scope of the midwife in the 21st century

he role of the midwife is to provide skilled, knowledgeable, respectful, and compassionate care for all women, ewborn infants and their families. Midwives work across the continuum from pre-pregnancy, pregnancy, labour and irth, postpartum, and the early weeks of newborn infants’ life.

his includes women’s future reproductive health, wellbeing, and decisions and in promoting very early child evelopment and the parents’ transition to parenthood. Midwives respect and enable the human rights of women and hildren, and their priority is to ensure that care always focuses on the needs, views, preferences, and decisions of the oman and the needs of the newborn infant.

Midwives are fully accountable as the lead professional for the care and support of women and newborn infants, and artners and families. They provide care based on the best available evidence, and keep up to date with current nowledge and skills, thereby helping to ensure that their care is responsive to emerging evidence and future evelopments. They work in partnership with women, enabling their views, preferences, and decisions, and helping to trengthen their capabilities.

Midwives optimise normal physiological processes, and support safe physical, psychological, social, cultural and piritual situations, working to promote positive outcomes and to anticipate and prevent complications.

Midwives make a vital contribution to the quality and safety of maternity care. They combine clinical knowledge, understanding, and skills with interpersonal and cultural competence. They make an important contribution to population health and understand social and health inequalities, and how to work to mitigate them through good midwifery care. They provide health education, health promotion and health protection to promote psychological and physical health and wellbeing and prevent complications. Evidence shows the positive contribution midwives make to the short and long-term
health and wellbeing of women, newborn infants, and families. Midwives provide and evaluate care in partnership with women, and their partners and families if appropriate, referring to and collaborating with other health and social care professionals as needed.

Midwives are ideally placed to anticipate and to recognise any changes that may lead to complications and additional care needs; these maybe physical, psychological, social, cultural, or spiritual, and include perinatal loss and end of life care. When such situations arise, the
midwife is responsible for recognising these and for immediate response, management, and escalation, involving, collaborating with and referring to interdisciplinary and multiagency colleagues. In such circumstances, the midwife has specific responsibility for continuity and coordination of care, providing ongoing midwifery care as part of the multidisciplinary team,
and acting as an advocate to ensure that care always focuses on the needs, views, preferences, and decisions of the woman and the needs of the newborn infant.

Midwives provide safe, respectful, empowering, and equitable care irrespective of social context and setting and including wider reproductive health services. In all settings, the midwife is responsible for creating an environment that is safe, respectful, kind, nurturing, and empowering.

Critical thinking, problem solving, positive role modelling, and leadership development are fundamental components of safe and effective midwifery practice. Midwives play a leading role in enabling effective management and team working, promoting continuous improvement, and encouraging a learning culture. Midwives recognise their own strengths, as well as the strengths of others. They take responsibility for their own continuing professional development and know how they can contribute to others' development and education, including students and colleagues. They have the ability to develop in their careers in directions that can include practice, education, research, management, leadership, and policy settings. They continue to develop and refine their knowledge, skills, resourcefulness, flexibility and strength, self-care, critical and strategic thinking, emotional intelligence, and leadership skills throughout their career.

About our Standards

Reference: PFN Last Updated: 29/10/2026

These standards of proficiency apply to all NMC midwives. They should be read with our standards for education and training, which set out our expectations regarding provision of all pre-registration and post-registration NMC approved midwifery education programmes.

These standards apply to all approved education providers and are set out in three parts; Part one: the standards framework for nursing and midwifery education, Part two: the standards for student supervision and assessment, and Part three: programme standards, which are the standards specific for each pre-registration or post-registration programme.

These standards of proficiency meet the ICM Essential Competencies for Midwifery Practice set by the International Confederation of Midwives. They have been informed by the Unicef UK Baby Friendly Initiative University Standards.

Approved Education Institutions (AEIs) must comply with our standards to be approved to run any NMC approved programmes. Together, the standards for education and training aim to provide AEIs and their practice learning partners with the flexibility to develop innovative approaches to education for midwives, while being accountable for the local provision and management of approved pre-registration midwifery programmes in line with our standards. The relationship between the different sets of standards is shown in the diagram below.

Standards diagram 1.png

Legislative framework

Article 15(1) of the Nursing and Midwifery Order 2001 ('the Order')[1] requires the Council to establish standards for education and training which are necessary to achieve the standards of proficiency for admission to the register, as required by Article 5(2) of the Order. The standards for nursing and midwifery education are established under the provision of Article 15(1) of the Order.

Article 5(2) of the Order requires the NMC to establish standards of proficiency necessary to be admitted to each part of the register and for safe and effective practice under that part of the register. The standards of proficiency have been established under this provision.

The evidence

Our standards of proficiency have been developed through an extensive and rigorous process of evidence review and consultation, and consideration of the changing context in which midwives work. They reflect contemporary national and international evidence on the health, wellbeing, needs, views and preferences of women and the needs of the newborn infant.

Our standards of proficiency have drawn on the evidence-informed definition of midwifery and the framework for quality maternal and newborn care from The Lancet Series on Midwifery 2014 in helping to shape the scope and content and ensure a consistent focus on the needs, views, preferences, and decisions of women and the needs of newborn infants across the whole continuum of care.

The definition of midwifery from The Lancet Series on Midwifery

Midwifery is defined as 'skilled, knowledgeable, and compassionate care for childbearing women, newborn infants, and families across the continuum throughout pre-pregnancy, pregnancy, birth, postpartum, and the early weeks of life. Core characteristics include optimising normal biological, psychological, social, and cultural processes of reproduction and early life; timely prevention and management of complications; consultation with and referral to other services; respect for women's individual circumstances and views; and working in partnership with women to strengthen women's own capabilities to care for themselves and their families'[2]

Standards diagram 2 .png

Renfrew, McFadden, Bastos, Campbell et al The Lancet: 384, 1129-1145, 2014 (used with permission)

SI 2002/253
Renfrew, McFadden, Bastos, Campbell et al The Lancet 384, 1129-1145, 2014.

How to read these standards of proficiency

Reference: PFN Last Updated: 29/10/2026

The standards of proficiency are stated as outcomes that each midwife must achieve at the point of registration.

The standards of proficiency are grouped under six Domains. These domains inter-relate and build on each other, and should not be seen separately. Together these reflect what we expect a midwife to know, understand and be capable of doing safely and proficiently, at the start of their career. This approach aims to provide clarity to the public and the professions about their knowledge, understanding and skills they can expect every midwife to demonstrate.

The Domains

1 Being an accountable, autonomous, professional midwife

2 Safe and effective midwifery care: promoting and providing continuity of care and carer

3 Universal care for all women and newborn infants

- A The midwife's role in public health, health promotion and health protection
- B The midwife's role in assessment, screening and care planning
- C The midwife's role in optimising normal physiological processes and working to promote positive outcomes and prevent complications

4 Additional care for women and newborn infants with complications

- A The midwife's role in first line assessment and management of complications and additional care needs
- B The midwife's role in caring for and supporting women and newborn infants requiring medical, obstetric, neonatal, mental health, social care, and other services

5 Promoting excellence: the midwife as colleague, scholar and leader

- A Working with others: the midwife as colleague
- B Developing knowledge, positive role modelling and leadership: the midwife as scholar and leader

6 The midwife as skilled practitioner

- Communication, sharing information and relationship management skills: shared skills for Domains 1, 2, 3, 4 and 5
- Being an accountable, autonomous, professional midwife: skills for Domain 1
- Safe and effective midwifery care: promoting and providing continuity of care and carer: skills for Domain 2
- Assessment, screening, planning, care and support across the continuum: shared skills for Domains 3 and 4
- Evidence-based medicines administration and optimisation: shared skills for Domains 3 and 4
- Universal care for all women and newborn infants: skills for Domain 3
- Additional care for women and newborn infants with complications: skills for Domain 4
- Promoting excellence: the midwife as colleague, scholar and leader: skills for Domain 5

Key themes

Several key themes run throughout the Domains, and include:

- evidence-based care and the importance of staying up-to-date with current knowledge
- the physical, psychological, social, cultural, and spiritual safety of women and newborn infants
- communication and relationship building, working in partnership with women
- enabling and advocating for the human rights of women and children
- enabling and advocating for the views, preferences, and decisions of women, partners and families
- working across the whole continuum of care and in all settings, and understanding the woman's and newborn infant's whole maternity journey
- providing continuity of care and carer
- optimising the normal processes of reproduction and early life
- ensuring that women, partners and families have all the information needed to fully inform their decisions
- the importance of physical, psychological, social, cultural, and spiritual factors
- anticipating, preventing, and responding to complications and additional care needs
- public health, health promotion, and health protection
- understanding and working to mitigate health and social inequalities
- interdisciplinary and multiagency working
- protecting, promoting and supporting breastfeeding
- the impact of pregnancy, labour and birth, postpartum, infant feeding, and the early weeks of life on longer-term health and wellbeing
- taking personal responsibility for ongoing learning and development.

Being an accountable, autonomous, professional midwife

Reference: PFN Last Updated: 29/10/2026

In this guide

- Outcomes

Midwives are fully accountable as the lead professional for the care and support of childbearing women and newborn infants, and partners and families. Respecting human rights, they work in partnership with women, enabling their views, preferences, and decisions, and helping to strengthen their capabilities. They promote safe and effective care, drawing on the best available evidence at all times. They communicate effectively and with kindness and compassion.

Outcomes

At the point of registration, the midwife will be able to:

1.1understand and act in accordance with The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates, and fulfil all registration requirements

1.2understand and act in accordance with relevant legal, regulatory, and governance requirements, policies, and ethical frameworks including any mandatory reporting duties, differentiating where appropriate between the devolved legislatures of the United Kingdom

1.17demonstrate knowledge and understanding of the range of factors affecting women, newborn infants, partners, and families and the impact these factors may have, including but not limited to:

1.17.1health and social inequalities and their determinants

1.17.2historical and social developments and trends

1.17.3cultural and media influences on public and professional understanding

1.21understand and respect the woman's right to decline consent, and demonstrate the ability to provide appropriate care and support in these circumstances

1.22be able to advocate for the woman when her decision is outside of clinical guidance, in order to minimise risk and maintain relationships

1.23demonstrate the skills of numeracy, literacy, digital, media, and technological literacy needed to ensure safe and effective midwifery practice

1.24understand the importance of effective record keeping, and maintain consistent, complete, clear, accurate, secure, and timely records to ensure an account of all care given is available for review by the woman and by all professionals involved in care

1.25act as an ambassador, uphold public trust and promote confidence in midwifery and health and care services

1.26understand the professional responsibility to maintain the level of personal health, fitness, and wellbeing required to meet the needs of women, newborn infants and families for psychological and physical care

1.27take responsibility for continuous self-reflection, seeking and responding to all support and feedback to develop their professional knowledge, understanding, and skills.

Safe and effective midwifery care: promoting and providing continuity of care and carer

Reference: PFN Last Updated: 29/10/2026

In this guide

- Outcomes

Midwives promote continuity of care, and work across the continuum from pre-pregnancy, pregnancy, labour and birth, postpartum, and the early weeks of newborn infants' life. They work in the woman's home, hospitals, the community, midwifery led units and all other environments where women require care by midwives. The midwife is responsible for creating an
environment that is safe, respectful, kind, nurturing, and empowering, ensuring that the woman's experience ofcare during her whole maternity journey is seamless.

Outcomes

At the point of registration, the midwife will be able to:

2.1demonstrate knowledge and understanding of the health and social care system and of different settings for midwifery and maternity care, and the impact of these on women, newborn infants, partners and families

2.2demonstrate knowledge and understanding of different ways of organising midwifery and maternity care, and the potential positive and negative impact of these on safety and effectiveness, and on women, their newborn infants, partners and families

2.3demonstrate knowledge and understanding of the range of factors affecting the provision of safe and effective midwifery and maternity services and their impact on quality of care

2.4demonstrate the ability to work in and across a range of health and social care settings and with other health and social care staff to promote continuity of care and carer

2.5demonstrate the ability to provide continuity of midwifery carer across the whole continuum of care and in diverse settings for women and newborn infants with and without complications and additional care needs

2.6demonstrate the ability to ensure that the needs of women and newborn infants are considered together as a priority in all settings, even when women and infants have to be cared for separately

2.7demonstrate and apply knowledge and understanding of the social context in which women and their families live to inform, support, and assist in meeting their needs and preferences

2.8demonstrate knowledge and understanding of ways of identifying and reaching out to women who may find it difficult to access services, and of adapting care provision to meet their needs

2.9understand the need to work with other professionals, agencies, and communities to share knowledge of the needs of women, newborn infants, partners and families when considering the impact of the social determinants of health on public health and wellbeing

2.10work with other professionals, agencies, and communities to promote, support and protect breastfeeding, including protection for women to breastfeed in all settings

2.11demonstrate the ability to be the coordinator of care within the wider interdisciplinary and multiagency teams, arranging a seamless transfer of care when midwifery care is complete

2.12demonstrate an understanding of the need for an ongoing focus on the promotion of public health and wellbeing of women and newborn infants, their partners and families across all settings.

Universal care for all women and newborn infants

Reference: PFN Last Updated: 29/10/2026

In this guide

- A. The midwife's role in public health, health promotion and health protection
- B. The midwife's role in assessment, screening and care planning
- C. The midwife's role in optimising normal physiological processes and working to promote positive outcomes and prevent complications

Midwives work in partnership with women to care for and support all childbearing women, newborn infants, and their families. They make an important contribution to population health, promoting psychological and physical health and wellbeing. Midwives optimise normal physiological processes, and support safe psychological, social, cultural and spiritual situations, working to promote positive outcomes and to anticipate and prevent complications.

A. The midwife's role in public health, health promotion and health protection

3.A outcomes

At the point of registration, the midwife will be able to:

3.1demonstrate knowledge and understanding of the woman's lived experiences in everyday life, enabling access to public health, social care and community resources as needed

3.2understand epidemiological principles and critically appraise and interpret current evidence and data on public health strategies, health promotion, health protection, and safeguarding, and use this evidence to inform conversations with women, their partners, and families, as appropriate to their needs and preferences

3.3demonstrate the ability to share information on public health, health promotion and health protection with women, enabling them to make evidence-informed decisions, and providing support for access to resources and services

3.4demonstrate the ability to offer information and access to resources and services for women and families in regard to sexual and reproductive health and contraception

3.5understand the importance of birth to public health and wellbeing across the life course

3.6understand the importance of human milk and breastfeeding to public health and wellbeing, and demonstrate how to protect, promote and enable breastfeeding with the woman, her partner and family

3.7demonstrate the ability to offer information and access to resources and services for women and families in regard to violence, abuse, and safeguarding

3.8understand and demonstrate how to support and provide parent education and preparation for parenthood, both for individuals and groups

3.9promote and support parent and newborn mental health and wellbeing, positive attachment and the transition to parenthood

3.10demonstrate effective health protection through understanding and applying the principles of infection prevention and control, communicable disease surveillance, and antimicrobial resistance and stewardship.

B. The midwife's role in assessment, screening and care planning

3.B outcomes

At the point of registration, the midwife will be able to:

3.11demonstrate knowledge and understanding of anatomy, physiology, genetics, and genomics of adolescent girls and women and the reproductive system for adolescent boys and men

3.12demonstrate knowledge and understanding of normal changes to anatomy, physiology, and epigenetics of the adolescent girl/woman during:

3.12.1pregnancy

3.12.2labour

3.12.3birth

3.12.4postpartum

3.13demonstrate knowledge and understanding of anatomy, physiology, and epigenetics of:

3.13.1fetal development

3.13.2adaptation to life

3.13.3the newborn infant

3.13.4very early child development

3.14demonstrate knowledge and understanding of anatomy, physiology, and epigenetics of infant feeding

3.15demonstrate knowledge and understanding of the implications of infant feeding for maternal and child health and or very early child development

3.16demonstrate knowledge and understanding of psychological, behavioural, and cognitive factors for:

3.16.1adolescents and adults

3.16.2newborn infants

3.17demonstrate knowledge and understanding of changes to psychological, behavioural, and cognitive factors during:

3.17.1pregnancy, labour, birth and postpartum

3.17.2infant feeding and relationship building

3.17.3the transition to parenthood and positive family attachment

3.18demonstrate knowledge and understanding of pharmacology and the ability to recognise the positive and adverse effects of medicines across the continuum of care; to include allergies, drug sensitivities, side effects, contraindications, incompatibilities, adverse reactions, prescribing errors and the impact of polypharmacy and over the counter medication usage

3.19demonstrate knowledge and understanding of the principles of safe and effective administration and optimisation of prescription and non-prescription medicines and midwives exemptions, demonstrating the ability to progress to a prescribing qualification following registration

3.20demonstrate knowledge and understanding of national screening and diagnostic tests for women and newborn infants, and associated ethical dilemmas

3.21demonstrate knowledge and understanding of the importance of optimising normal physiological processes, supporting safe, physical, psychological, social and cultural situations, and working to promote positive outcomes and to anticipate and prevent complications

3.22demonstrate knowledge and understanding that women's circumstances vary widely, and the importance of supporting, promoting and protecting any individual needs and preferences that they themselves identify

3.23in partnership with the woman, use evidence-based, best practice approaches to plan and carry out ongoing integrated assessment, individualised care planning and evaluation for both the woman and the newborn infant, based on sound knowledge and understanding of normal processes and recognition of deviations from these.

C. The midwife's role in optimising normal physiological processes and working to

promote positive outcomes and prevent complications

.C outcomes

t the point of registration, the midwife will be able to:

.24identify how factors in the care environment can impact on normal physiological processes and how the midwife an work to promote and protect a positive environment, both physical and emotional

.25use evidence-based, best practice approaches and work in partnership with the woman to provide care for the voman and the newborn infant across the continuum that optimises normal processes, manages common symptoms nd problems, and anticipates and prevents complications, drawing on the findings of assessment, screening and care lanning

.26understand when additional care or support is needed and demonstrate how to consult and make referrals for dditional care or support needs when necessary

.27understand and demonstrate how to provide culturally sensitive and individualised care for all women, their artners and families, irrespective of their social situation.

Additional care for women and newborn infants with complications

Last Updated: 29/10/2026

In this guide

- A. The midwife's role in first line assessment and management of complications and additional care needs
- B. The midwife's role in caring for and supporting women and newborn infants requiring medical, obstetric, neonatal, mental health, social care, and other services

Midwives are ideally placed to recognise any changes that may lead to complications. The midwife is responsible for immediate emergency response and first line management and in ensuring timely collaboration with and referral to interdisciplinary and multiagency colleagues. The midwife has specific responsibility for continuity and coordination of care, providing ongoing midwifery care as part of the interdisciplinary team, and acting as an advocate for women and newborn infants to ensure that they are always the focus of care.

A. The midwife's role in first line assessment and management of complications and additional care needs

4.A outcomes

At the point of registration, the midwife will be able to:

4.1demonstrate knowledge and understanding that the complications and additional care needs of women, newborn infants, partners and families may relate to physical, psychological, social, cultural, and spiritual factors

4.2identify and use reports and data on local, national, and international prevalence and risk to develop knowledge and awareness of complications and additional care needs that may affect women, newborn infants, and families

4.3demonstrate knowledge and understanding of pre-existing, current and emerging complications and additional care needs that affect the woman, including their potential impact on the woman's health and wellbeing; and the ability to recognise and provide any care, support or referral that may be required as a result of any such complications or needs

4.4demonstrate knowledge, understanding, and the ability to recognise complications and additional care needs in regard to:

4.4.1embryology and fetal development

4.4.2adaptation to life

4.4.3the newborn infant

4.4.4very early child development

4.4.5the transition to parenthood and positive family attachment

4.5demonstrate knowledge, understanding, and the ability to recognise complications and additional care needs of the woman and/or newborn infant, in regard to infant feeding and the implications of feeding for very early child development

4.6use evidence-based, best practice approaches to respond promptly to signs of compromise and deterioration in the woman, fetus, and newborn infant, and to make clinical decisions based on need and best practice evidence; and act on those decisions

4.7use evidence-based, best practice approaches to the management of emergency situations

4.8use evidence-based, best practice approaches for the first-line management of complications and additional care needs of the woman, fetus and/or newborn infant; including support, referral, interdisciplinary and multiagency team working, escalation and follow-up, as needed.

3. The midwife's role in caring for and supporting women and newborn infants requiring medical, obstetric, neonatal, mental health, social care, and other services

4.B outcomes

At the point of registration, the midwife will be able to:

4.9demonstrate the ability to work in collaboration with the interdisciplinary and multiagency teams while continuing to provide midwifery care needed by women and newborn infants

4.10use evidence-based, best practice approaches to keep mothers and newborn infants together whenever possible when providing midwifery care, even when complications and additional care needs occur

4.11demonstrate knowledge and understanding of how to work in collaboration with the interdisciplinary and multiagency teams to provide respectful, kind, compassionate end of life care for the woman and/or newborn infant, and their partner and family, and follow up with the family, ensuring continuity of care.

Promoting excellence: the midwife as colleague, scholar and leader

Last Updated: 29/10/2026

In this guide

- A. Working with others: the midwife as colleague
- B. Developing knowledge, positive role modelling and leadership: the midwife as scholar and leader

Midwives make a critically important contribution to the quality and safety of maternity care, avoiding harm and promoting positive outcomes and experiences. They play a leading role in enabling effective team working, and promoting continuous improvement. Midwives recognise their own strengths, as well as the strengths of others. They take responsibility for engaging in continuing professional development and know how they can support and supervise others, including students and colleagues. They recognise that their careers may develop in practice, education, research, management, leadership, and policy settings.

A. Working with others: the midwife as colleague

5.A outcomes:

At the point of registration, the midwife will be able to:

5.1demonstrate knowledge of quality improvement methodologies, and the skills required to actively engage in evidence-informed quality improvement processes to promote quality care for all

5.2demonstrate an understanding of how to identify, report and critically reflect on near misses, critical incidents, major incidents, and serious adverse events

5.3demonstrate knowledge and understanding of how to work with women, partners, families, advocacy groups, and colleagues to develop effective improvement strategies for quality and safety, sharing feedback and learning from positive and adverse outcomes and experiences

5.4understand and apply the principles of human factors, environmental factors, and strength-based approaches when working with colleagues

5.5understand the relationship between safe staffing levels, effective team working, appropriate skill mix, and the safety and quality of care

5.6recognise risks to public protection and quality of care and know how to escalate concerns in line with local/national escalation guidance and policies

5.7demonstrate the ability to act safely in situations where there is an absence of good quality evidence

5.8demonstrate understanding of why interdisciplinary team working and learning matters, and the importance of participating in a range of interdisciplinary learning opportunities

5.9contribute to team reflection activities to promote improvements in practice and service

5.10demonstrate knowledge and understanding of the principles and methods of sustainable health care

5.11demonstrate knowledge and understanding of change management and the ability to collaborate in, implement, and evaluate evidence-informed change at individual, group, and service level

5.12effectively and responsibly use a range of digital and other technologies to access, record, share and apply data within teams and between agencies

5.13demonstrate the ability to develop the strength, resourcefulness, and flexibility needed to work in stressful and difficult situations, and to develop strategies to contribute to safe and effective practice; this must include:

5.13.1individual and team reflection, problem solving, and planning

5.13.2effective and timely communication with colleagues and senior staff

5.13.3collaborating to ensure safe and sustainable systems and processes

5.13.4the ability to advocate for change

5.13.5the use of strength-based approaches

5.13.6responding to unpredictable situations

5.14demonstrate how to recognise signs of vulnerability in themselves or their colleagues and the actions required to minimise risks to health or wellbeing of self and others

5.15demonstrate awareness of the need to manage the personal and emotional challenges of work and workload, uncertainty, and change; and incorporate compassionate self-care into their personal and professional life.

3. Developing knowledge, positive role modelling and leadership: the midwife as scholar and leader

5.B outcomes:

At the point of registration, the midwife will be able to:

5.16demonstrate knowledge and understanding of the importance of current and ongoing local, national and international research and scholarship in midwifery and related fields, and how to use this knowledge to keep updated, to inform decision-making, and to develop practice

5.17demonstrate knowledge and understanding of the importance of midwives' contribution to the knowledge base for practice and policy through research, audit and service evaluation, engagement and consultation

5.18demonstrate the ability and commitment to develop as a midwife, to understand career pathways that may include practice, management, leadership, education, research, and policy, and to recognise the need to take responsibility for engaging in ongoing education and professional development opportunities

5.19safely and effectively lead and manage midwifery care, demonstrating appropriate prioritising, delegation, and assignment of care responsibilities to others involved in providing care

5.20demonstrate positive leadership and role modelling, including the ability to guide, support, motivate, and interact with other members of the interdisciplinary team

5.21support and supervise students in the provision of midwifery care, promoting reflection, providing constructive feedback, and evaluating and documenting their performance.

The midwife as skilled practitioner

Last Updated: 29/10/2026

In this guide

- Proficiency Outcomes
- Communication, sharing information and relationship management: shared skills for Domains 1, 2, 3, 4 and 5
- Approaches for building relationships and sharing information with women, their partners and families that ensures that women's needs, views, preferences, and decisions can be supported in all circumstances

Midwives are skilled, autonomous practitioners who apply knowledge safely and effectively, to optimise outcomes for all women and newborn infants. They combine clinical knowledge, understanding, skills, and interpersonal and cultural competence, to provide quality care that is tailored to individual circumstances. They assess, plan, provide, and evaluate care in partnership with women, referring to and collaborating with other health and social care professionals as needed. They continue to enhance their midwifery practice for the benefit of women, newborn infants, partners, and families.

Proficiency Outcomes

At the point of registration, the midwife will be able to:

6.0safely demonstrate evidence-based best practice in all core and domain-specific skills and procedures listed below:

Standards diagram 3.png

Communication, sharing information and relationship management: shared skills for Domains 1, 2, 3, 4 and 5

Skills when communicating with women, their partners and families, and colleagues that take account of women's needs, views, preferences, and decisions

6.1demonstrate the ability to use evidence-based communication skills when communicating and sharing information with the woman, newborn infants and families that takes account of the woman's needs, views, preferences, and decisions, and the needs of the newborn infant

6.1.1actively listen, recognise and respond to verbal and non-verbal cues

6.1.2use prompts and positive verbal and non-verbal reinforcement

6.1.3use appropriate non-verbal communication techniques including touch, eye contact, and respecting personal space

6.1.4make appropriate use of respectful, caring, and kind open and closed questioning

6.1.5check understanding and use clarification techniques

6.1.6respond to women's questions and concerns with kindness and compassion

6.1.7avoid discriminatory behaviour and identify signs of unconscious bias in self and others

6.1.8use clear language and appropriate resources, making adjustments where appropriate to optimise women's, and their partners' and families', understanding of their own and their newborn infant's health and wellbeing

6.1.9recognise the need for, and facilitate access to, translation and interpretation services

6.1.10recognise and accommodate sensory impairments during all communications

6.1.11support and manage the use of personal communication aids

6.1.12identify the need for alternative communication techniques, and access services to support these

6.1.13communicate effectively with interdisciplinary and multiagency teams and colleagues in all settings to support the woman's needs, views, preferences, and decisions

6.1.14maintain effective and kind communication techniques with women, partners and families in challenging and emergency situations

6.1.15maintain effective communication techniques with interdisciplinary and multiagency teams and colleagues in challenging and emergency situations.

Approaches for building relationships and sharing information with women, their partners and families that ensures that women's needs, views, preferences, and decisions can be supported in all circumstances

6.2demonstrate the ability to use evidence-based approaches to build relationships with women, newborn infants, partners and families that respect and enable the woman's needs, views, preferences, and decisions

6.2.1build and maintain trusting, kind, and respectful professional relationships

6.2.2convey respect, compassion and sensitivity when supporting women, their partners and families who are emotionally vulnerable and/or distressed

6.2.3demonstrate the ability to conduct sensitive, individualised conversations that are informed by current evidence on public health promotion strategies

6.2.4demonstrate effective communication to initiate sensitive, compassionate, woman-centred conversations with pregnant women and new mothers around infant feeding and relationship building

6.2.5engage effectively in difficult conversations, including conversations about sensitive issues related to ethical dilemmas and breaking bad news, and sexuality, pregnancy, childbirth and the newborn infant

6.2.6demonstrate the ability to explore with women their attitudes, beliefs and preferences related to childbirth, infant feeding, and parenting, taking into account differing cultural contexts and traditions

6.2.7provide effective and timely communication with women who experience complications and additional care needs, and their partners and families. This includes support, accurate information and updates on changes whilst continuing to listen and respond to their concerns, views, preferences, and decisions

6.2.8communicate complex information regarding a woman's care needs in a clear, concise manner to interdisciplinary and multiagency colleagues and teams

6.2.9consult with, seek help from, and refer to other health and social care professionals both in routine and emergency situations

6.2.10demonstrate skills of effective challenge, de-escalation and remaining calm, considering and taking account of the views and decisions made by others.

Being an accountable, autonomous, professional midwife: skills for Domain 1

Last Updated: 29/10/2026

6.3share and apply research, audit, and service evaluation findings to inform practice, to include:

6.3.1find and access best local, national and international evidence relevant to health, care, and policy

6.3.2critically analyse the strengths and limitations of quantitative and qualitative studies, including ethical considerations, study design, and data analysis

6.4keep, and securely store, effective records for all aspects of the continuum of care for the woman, newborn infant, partner and family:

6.4.1present and share verbal, digital and written reports with individuals and/or groups, respecting confidentiality

6.4.2clearly document the woman's understanding, input, and decisions about her care

6.5use strategies to work within the World Health Organisation International Code of Marketing of Breastmilk Substitutes and subsequent World Health Assembly resolutions

6.6reflect on and debate topics including those that are seen to be challenging or contentious

6.7demonstrate the ability to escalate concerns in situations related to the health and wellbeing of the woman or newborn infant, or of the behaviour or vulnerability of colleagues.

Safe and effective midwifery care: promoting and providing continuity of care and carer: skills for Domain 2

Reference: PFN Last Updated: 29/10/2026

6.8discuss with women, and their partners and families as appropriate, information on options for the place of birth; support the woman in her decision; and regularly review this with the woman and with colleagues

6.9identify, contact, and communicate effectively with colleagues from their own and other health and social care settings, and voluntary and third sector agencies, to ensure continuity of care

6.10consistently plan, implement, and evaluate care that considers the needs of women and newborn infants together

6.11identify resources relevant to the needs of women and newborn infants, and support and enable women to access these as needed

6.12arrange for effective transfer of care for the woman and newborn infant, as needed, and when midwifery care is complete

6.13inform and update interdisciplinary and multiagency colleagues about changes in care needs and care planning, and update records accordingly.

Assessment, screening, planning, care and support across the continuum: shared skills for Domains 3 and 4

Reference: PFN Last Updated: 29/10/2026

6.14promote the woman's confidence in her own body, health and wellbeing, and in her own ability to be pregnant, give birth, build a relationship, and nurture, feed, love, and respond to her newborn infant

6.15when assessing, planning, and providing care include the woman's own self-assessment and assessment of her newborn infant's health and wellbeing, and her own ability and confidence in regard to self-care and care for her newborn infant

6.16respond to any questions and concerns, and recognise the woman's own expertise of her own pre-existing conditions

6.17demonstrate the ability to involve women in assessment, planning and evaluating their care

6.18apply in-depth knowledge of anatomy, physiology, genetics, genomics, epigenetics and psychology to inform the assessment, planning and provision of care for the woman and newborn infant across the continuum

6.19assess, plan and provide care that promotes and protects physical, psychological, social, cultural, and spiritual safety for all women and newborn infants, including any need for safeguarding, recognising the diversity of individual circumstances

6.20demonstrate the ability to conduct a holistic assessment of physical, psychological, social, cultural, and spiritual health and wellbeing for the woman and the newborn infant, across the continuum

6.21assess, plan and provide care that optimises the normal physiological processes of reproduction and early life, working to promote positive outcomes, health and wellbeing, and to anticipate and prevent complications

6.22provide evidence-based information on all aspects of health and wellbeing of the woman and newborn infant to enable informed decision-making by the woman, and partner and family as appropriate

6.23use evidence-based information to enable women, their partners and families to make individualised care choices and decisions about screening and diagnostic tests

6.24demonstrate the ability to discuss findings of tests, observations and assessments with the woman, partner/companion and family as appropriate

6.25assess the environment to maximise safety, privacy, dignity, and wellbeing, optimise normal physiological processes, and provide a welcoming environment for the woman, partner/companion, and family; and to create the conditions needed for the birth and subsequent care to be as gentle as possible for the newborn infant

6.26identify opportunities to offer support and positive feedback to the woman

6.27recognise and respond to signs of all forms of abuse and exploitation, and need for safeguarding

6.28use skills of infection prevention and control, following local and national policies and protocols

6.29engage women, partners, and families in understanding and applying principles of infection control and antimicrobial stewardship

6.30demonstrate the ability to measure and record vital signs for the woman and newborn infant, using technological aids where appropriate, and implement appropriate responses and decisions

6.31undertake abdominal examination and palpation of the woman appropriately across all stages of the continuum

6.32undertake auscultation of the fetal heart, using Pinard stethoscope and technical devices as appropriate including cardiotocograph (CTG), accurately interpreting and recording all findings including fetal heart patterns

6.33recognise normal vaginal loss and deviations from normal, across the continuum

6.34undertake vaginal examination with the woman's consent

6.35undertake venepuncture and cannulation and blood sampling, and interpret appropriate blood tests

6.36assess, plan and provide care that optimises the woman's hygiene needs and skin integrity

6.37recognise and respond to oedema, varicosities, and signs of thromboembolism

6.38support the woman when nausea and vomiting occur, recognising deviations from normal physiological processes

6.39assess, plan and provide care that optimises the woman's nutrition and hydration

6.40assess, plan and provide care that optimises the woman's bladder and bowel function and health across the continuum

6.41assess, plan and provide care and support in regard to the woman's experience of and response to pain and her need for pain management, using evidence-based techniques including comfort measures, non-pharmacological and pharmacological methods

6.42demonstrate the ability to recognise and respond to deviations from normal physiological processes, and unsafe psychological, social, cultural and spiritual situations for the woman and the newborn infant

6.43demonstrate the ability to avoid and minimise trauma

6.44demonstrate the ability to consult, collaborate with, and refer to, interdisciplinary and multiagency colleagues as appropriate

6.45act as an advocate when care involves the interdisciplinary and multiagency team, to ensure that care continues to focus on the needs, views, preferences and decisions of women, and the needs of newborn infants

6.46assess, promote, and encourage the development of the mother-newborn infant relationship, and opportunities for attachment, contact, interaction, and relationship building between the woman, newborn infant, partner and family

6.47enable immediate, uninterrupted, and ongoing safe skin-to-skin contact between the mother and the newborn infant, and positive time for the partner and family to be with the newborn infant and each other, preventing unnecessary interruptions

6.48observe, assess, and promote the woman's, and partner's (as appropriate), immediate response to the newborn infant, and their ability to keep the newborn infant close and be responsive to the newborn infant's cues for love, comfort and feeding (reciprocity)

6.49provide information about and promote access to community-based facilities and resources as needed.

Evidence-based medicines administration and optimisation: shared skills for Domains 3 and 4

Reference: PFN Last Updated: 29/10/2026

6.50demonstrate the ability to work in partnership with the woman to assess and provide care and support across the continuum that ensures the safe administration of medicines

6.50.1carry out initial and continued assessments of women and their ability to self-administer their own medications

6.50.2recognise the various procedural routes under which medicines can be prescribed, supplied, dispensed and administered; and the laws, policies, regulations and guidance that underpin them

6.50.3use the principles of safe remote prescribing and directions to administer medicines, including safe storage, transportation and disposal of medicinal products

6.50.4demonstrate the ability to safely supply and administer medicines listed in Schedule 17 of the Human Medicines Regulations (midwives exemptions) and any subsequent legislation and demonstrate the ability to check the list regularly

6.50.5undertake accurate drug calculations for a range of medications

6.50.6undertake accurate checks, including transcription and titration, of any direction to supply and administer a medicinal product

6.50.7exercise professional accountability in ensuring the safe administration of medicines, via a range of routes, to women and newborn infants

6.50.8administer injections using intramuscular, subcutaneous, intradermal and intravenous routes and manage injection equipment

6.50.9recognise and respond to adverse or abnormal reactions to medications for the woman and the newborn infant, and the potential impact on the fetus and the breastfed infant

6.50.10recognise the impact of medicines in breastmilk and support the woman to continue to responsively feed her newborn infant and/or to express breastmilk.

Universal care for all women and newborn infants: skills for Domain 3

Reference: PFN Last Updated: 29/10/2026

In this guide

- A. The midwife's role in public health, health promotion and health protection
- B. The midwife's role in assessment, screening, and care planning
- C. The midwife's role in optimising normal physiological processes and working to promote positive outcomes and to anticipate and prevent complications

A. The midwife's role in public health, health promotion and health protection

6.51access oral, written and digital information from sources including published evidence, data and reports to inform conversations with women, partners, and families

6.52conduct person-centred conversations with women, their partners and families on women's and children's health across the life course, depending on relevance and context; this must include:

6.52.1sexual and reproductive health: pre-conception, contraception, unintended pregnancy, abortion, sexually transmitted infections

6.52.2food, nutrition and food safety

6.52.3the importance of human milk and breastfeeding on short and long term health and wellbeing outcomes

6.52.4weight management and exercise

6.52.5smoking, alcohol and substance use

6.52.6immunisation

6.52.7poverty and social and health inequalities

6.52.8social media use and the potential for addiction

6.53use evidence-based information to enable women, their partners and families to make individualised care choices and decisions on:

6.53.1the potential impact of practices and interventions in labour and at birth on the establishment of breastfeeding

6.53.2formula feeding responsively and as safely as possible

6.53.3attachment relationships and very early childhood development and the impact on their own and the infant's health and emotional wellbeing outcomes

6.54develop and provide parent education and preparation for parenthood that is tailored to the context, needs, views, and preferences of individuals and groups

6.55recognise when women, children and families are at risk of violence and abuse and know how to escalate, instigate and refer using safeguarding policies and protocols.

B. The midwife's role in assessment, screening, and care planning

6.56accurately assess, interpret, and record findings for the woman in pregnancy and the fetus for:

6.56.1signs and symptoms of pregnancy

6.56.2shared identification of social and lifestyle factors

6.56.3maternal mental health and wellbeing

6.56.4recognition of signs of all forms of abuse and exploitation, and need for safeguarding

6.56.5weight and height including calculation of Body Mass Index (BMI)

6.56.6recognition of spontaneous rupture of membranes and assessment of vaginal loss

6.56.7recognition of the onset of labour

6.57accurately assess, interpret and record the health and wellbeing of the woman and the fetus during labour for:

6.57.1the woman's behaviour, appearance, and emotional needs

6.57.2the need for mobility and position changes

6.57.3effectiveness of contractions and progress in labour

6.57.4fetal wellbeing and the need to respond to problems

6.57.5the need to expedite birth when necessary

6.57.6the need for an episiotomy

6.57.7recognising the position of the umbilical cord during birth and the need to respond to problems

6.57.8progress of the third stage of labour, birthing of the placenta, completeness and healthiness of the placenta and membranes, and any suspected abnormalities and associated blood loss

6.57.9perineal/labial/vaginal/cervical/anal trauma, and the need for suturing

6.58conduct immediate assessments of the newborn infant at birth and after birth, and interpret and record findings; this must include:

6.58.1initial adaptation to extra-uterine life including appearance, heart rate, response, tone and respirations

6.58.2the infant's ability to respond to cues for food, love, and comfort and the ability to suck, swallow and breathe at the first breastfeed or bottle feed

6.58.3the need for neonatal life support (NLS) where respiration is not established

6.58.4with the mother present whenever possible, check newborn infant's vital signs and body systems, reflexes, behaviour, movement, neurological tone, and posture

6.59conduct ongoing assessments of the health and wellbeing of the newborn infant, involving the mother and partner as appropriate and providing a full explanation; this must include:

6.59.1parental confidence in handling and caring for the newborn infant including response to crying and comfort measures

6.59.2full systematic physical examination of the newborn infant in line with local and national evidence-based protocols

6.59.3ensuring screening and diagnostic tests are carried out appropriately and as required in line with local and national evidence-based protocols

6.60accurately assess, interpret and record the health and wellbeing of the woman postnatally; this must include:

6.60.1mental health and wellbeing, including appetite, energy levels, sleeping pattern, ability to cope with daily living, mood, anxiety and depression, family relationships

6.60.2vital signs and physical assessment including uterine involution and perineal health and wellbeing

6.60.3individual mobility needs, including any adaptations needed to carry and care for her newborn infant

6.61accurately assess all relevant aspects of infant feeding, for both the woman and the newborn infant; this must

nclude:

6.61.1monitoring the newborn infant's weight, growth and development

6.61.2use skills of observation, active listening and evaluation to examine effectiveness of feeding practices

6.61.3observation of the woman's breasts for tenderness, pain, engorgement, and need for pain management

6.62for women and newborn infants who are breastfeeding: ongoing observation and assessment of effective breastfeeding; this must include:

6.62.1effective attachment and positioning of the infant at the breast

6.62.2responsive feeding

6.62.3infant behaviour at the breast including coordination and effectiveness of sucking and swallowing

6.62.4effective milk transfer and milk production

6.62.5stool and urine output appropriate to age of infant

6.62.6ability to maximise breastmilk, safe and effective hand expression and feeding the baby expressed breastmilk

6.63for the woman and her partner, and newborn infants who are formula feeding or bottle feeding with human milk, partially or exclusively; observation and assessment must include:

6.63.1parent's assessment of and confidence with using a bottle to feed their baby

6.63.2responsive bottle feeding: pacing the feeds, limiting the number of care givers

6.63.3when formula feeding: use of appropriate formula, making up feeds and sterilisation of equipment as safely as possible

6.64effectively implement, review, and adapt an individualised, evidence-informed care plan for the woman and her newborn infant across the continuum, involving her partner and family as appropriate.

C. The midwife's role in optimising normal physiological processes and working to promote positive outcomes and to anticipate and prevent complications

6.65implement care that meets the needs of the woman and fetus in labour and at birth, including provision of safe, continuous, one-to-one care for the woman in labour and at birth, and for the newborn infant at birth; this must include:

6.65.1encourage mobility and support the woman to achieve optimal positions in labour and for birth

6.65.2guide and support the woman as she gives birth, using evidence-informed approaches to safely conduct the birth, and to avoid and minimise trauma, while responding to the woman's own preferences

6.65.3optimise the management of the umbilical cord at birth

6.65.4use evidence-informed physiological and active techniques as appropriate to safely manage the third stage of labour

6.65.5suture an episiotomy, undertake repair of 1st and 2nd degree perineal tears as necessary, and refer if additional trauma has occurred

6.66implement care that meets the woman's mental health and wellbeing needs after birth; this must include:

6.66.1provide ongoing information, support, and care on all aspects of the woman's mental health and wellbeing

6.66.2if assessment has identified concerns about the partner's mental health, encourage referral to appropriate services

6.66.3provide opportunities for the woman, and partner as appropriate, to discuss the birth and any questions they may have

6.67share evidence-based information with all women and fathers/partners as appropriate on how to minimise the risks of sudden infant death syndrome

6.68implement care that meets the needs of the woman in regard to infant feeding; this must include:

6.68.1for all women:

aunderstand how to complete an infant feeding assessment with the woman, maintaining accurate records including plans of care, and any challenges encountered or referrals made

bprovide appropriate pain management for breast tenderness and pain

6.68.2for women who are breastfeeding:

aapply in-depth knowledge of the anatomy of the breast and physiology and psychology of lactation to enable mothers to get breastfeeding off to a good start

bsupport women learning how to hand express their breastmilk and how to store, freeze and warm it with consideration to aspects of infection control

cshare information with women and families about national and local information and networks that are available to support women in the continuation of breastfeeding

6.68.3for parents who bottle feed, partially or exclusively:

asupport women who wish to combine breastfeeding with formula feeding, helping women to understand the impact on breastmilk production

bencourage responsive bottle feeding

cencourage parents' use of appropriate formula including its reconstitution, and the cleaning and sterilising of equipment as safely as possible.

Additional care for women and newborn infants with complications: skills for Domain 4

Reference: PFN Last Updated: 29/10/2026

In this guide

- A. The midwife's role in first line assessment and management of complications and additional care needs
- B. The midwife's role in caring for and supporting women and newborn infants requiring medical, obstetric, neonatal, mental health, social care, and other services

A. The midwife's role in first line assessment and management of complications and additional care needs

6.69recognise, assess, plan, and respond to pre-existing and emerging complications and additional care needs for women and newborn infants, collaborating with, consulting and referring to the interdisciplinary and multiagency team as appropriate; this must include:

6.69.1pre-existing and emerging physical conditions, and complications of pregnancy, labour, birth, postpartum for the woman and fetus, and complications for the newborn infant, infant feeding challenges, perinatal loss, and maternal illness or death

6.69.2physical disability

6.69.3learning disability

6.69.4psychological circumstances and mental illness including alcohol, drug and substance misuse/withdrawal, previous perinatal loss, stress, depression, anxiety, postpartum psychosis

6.69.5social circumstances including lack of family and community support, poverty, homelessness, those in the criminal justice system, refugees, asylum seekers and victims of trafficking and modern slavery

6.69.6violence and abuse including female genital mutilation and emergency safeguarding situations

6.69.7traumatic experiences including tocophobia, birth trauma and its sequelae including post-traumatic stress disorder, pre-term birth, perinatal loss and bereavement

6.70act upon the need to involve others, promptly and proactively consulting with and referring to appropriate health and social care professionals when signs of compromise and deterioration or emergencies occur

6.71implement first-line emergency management of complications and/or additional care needs for the woman, fetus, and newborn infant when signs of compromise and deterioration or emergencies occur until other help is available; this must include:

6.71.1prompt call for assistance and escalation as necessary

6.71.2implement evidence-based, emergency actions and procedures and immediate life support for the woman and newborn infant until help is available

6.71.3monitor deterioration using evidence-based early warning tools

6.71.4respond to signs of infection, sepsis, blood loss including haemorrhage, and meconium-stained liquor

6.71.5communicate concerns to interdisciplinary and/or multiagency colleagues using recognised tools

6.71.6expedite birth of newborn infant

6.71.7conduct a breech birth and manage shoulder dystocia

6.71.8conduct manual removal of the placenta

6.71.9keep accurate and clear records, including emergency scribe sheets

6.71.10undertake delegated tests for woman, fetus and newborn infant

6.71.11organise safe environment, immediate referral, and appropriate support if acute mental illness, violence or abuse is identified

6.71.12arrange safe transfer to appropriate care setting.

3. The midwife's role in caring for and supporting women and newborn infants requiring medical, obstetric, neonatal, mental health, social care, and other services

6.72work in partnership with the woman and in collaboration with the interdisciplinary and/or multiagency team to plan and implement midwifery care for women and newborn infants as appropriate to:

6.72.1implement appropriate response when acute social problems occur

6.72.2implement necessary interventions when physical complications occur, including but not limited to:

amanage, monitor, and effectively administer fluid balance

bconduct speculum examination and low and high vaginal swabs to test for signs of infection and preterm labour

cundertake amniotomy and application of fetal scalp electrode

dobtain cord blood and interpret results

eprovide care for women who have experienced female genital mutilation

6.73demonstrate the ability to collaborate effectively with interdisciplinary teams and work in partnership with the woman to assess and provide care and support when emergency situations or clinical complications arise that ensures the safe administration of medicines; this must include:

6.73.1safe administration of medicines in an emergency

6.73.2manage intravenous (IV) fluids including transfusion of blood and blood products

6.73.3manage fluid and infusion pumps and devices

6.74provide midwifery care for the women and newborn infant before, during, and after medical interventions, and collaborate with colleagues as needed, including epidural analgesia, fetal blood sampling, instrumental births, caesarean section and medical and surgical interventions to manage haemorrhage

6.74.1provide midwifery care for the women and newborn infant before, during, and after interventions carried out in theatre

6.75provide additional postnatal care for the woman including referral to services and resources as needed; this must include:

6.75.1support and care for women with pre-existing conditions

6.75.2support and care for women following caesarean section

6.75.3support and care for women with perineal/labial/vaginal/cervical/anal trauma including female genital mutilation

6.75.4support and care for woman with urinary or faecal incontinence

6.75.5support for women and families undergoing surrogacy or adoption

6.76support transitional care of a newborn infant with additional care needs in collaboration with the neonatal team

6.77support women and their partners who have a newborn infant in the neonatal unit to:

6.77.1stay close to their newborn infant, be partners in care, build a close and loving relationship with their newborn infant

6.77.2optimise skin-to-skin/kangaroo care where possible, including for parents of more than one newborn infant who may be separated and cared for in different places

6.77.3to enable their newborn infant to receive human milk and be breastfed when possible, including access to and use of donor milk

6.78support women who are separated from their newborn infants as a result of maternal illness and enable contact with the newborn infant to maximise the time they can spend together

6.79work in partnership with the woman, her partner and family as appropriate, and in collaboration with the interdisciplinary and/or multiagency team, to plan and implement midwifery care for the newborn infant who requires additional care and support

6.80work in partnership with the woman, her partner and family as appropriate, and in collaboration with the interdisciplinary and/or multiagency team, to plan and implement compassionate, respectful, empathetic, dignified midwifery care for women and/or partners and families experiencing perinatal loss or maternal death, and demonstrate the ability to:

6.80.1provide care and follow up after discharge to women and/or families experiencing miscarriage, stillbirth, or newborn infant death, and understand the care needed by partners and families who experience maternal death

6.80.2provide end of life care for a woman or for a newborn infant

6.80.3arrange provision of pastoral and spiritual care according to the woman's, father's/partner's, and family's wishes and religious/spiritual beliefs and faith

6.80.4support and assist with palliative care for the woman or newborn infant

6.80.5offer opportunities for parents and/or family to spend as much private time as they wish with the dying or dead infant or woman

6.80.6support the parents of more than one newborn infant when a newborn infant survives while another dies, recognising the psychological challenges of dealing with loss and bereavement and adapting to parenthood at the same time

6.80.7provide care for the deceased woman or newborn infant and the bereaved, respecting cultural requirements and protocols

6.80.8support the bereaved woman with lactation suppression and/or donating her breastmilk if wished

6.80.9provide clear information and support regarding any possible post-mortem examinations, registration of death and options for funeral arrangements and/or a memorial service

6.81work in partnership with the woman, her partner and family as appropriate, and in collaboration with the interdisciplinary and multiagency team, to plan and implement midwifery care for women and/or partners and families experiencing mental illness and following traumatic experiences; this must include:

6.81.1provide care and support for women and the newborn infant, and partners and families as appropriate

6.81.2support the woman to stay close to her newborn infant to build positive attachment behaviours

6.81.3support the woman to responsively feed her newborn infant, and to maximise the use of human milk/breastfeeding

6.81.4support positive attachment between the father/partner and the infant

6.82work in partnership with the woman, her partner and family as appropriate, and in collaboration with the interdisciplinary and/or multiagency team, to plan and implement midwifery care for women, newborn infants, and partners and families as appropriate, when problems occur with infant feeding; this must include:

6.82.1carry out ongoing feeding assessments when a newborn infant is not feeding effectively and respond if newborn infant weight gain is insufficient

6.82.2refer to appropriate colleagues where deviation from evidence-based infant feeding and growth patterns does not espond to first line management

6.82.3for women who are breastfeeding: support women to overcome breastfeeding challenges and provide ongoing upport and referral to infant feeding specialists and peer supporters as required.

Promoting excellence: the midwife as colleague, scholar and leader: skills for Domain 5

Last Updated: 29/10/2026

In this guide

- A. Working with others: the midwife as colleague
- B. Developing knowledge, positive role modelling and leadership: the midwife as scholar and leader

A. Working with others: the midwife as colleague

6.83work with interdisciplinary and multiagency colleagues, advocacy groups and stakeholders to promote quality improvement; this must include:

6.83.1use best evidence to inform decisions

6.83.2learn from local, national, and international reports

6.83.3analyse, clearly record and share digital information and data

6.83.4contribute to audit and risk management

6.83.5contribute to investigations on critical incidents, near misses and serious event reviews

6.84work with interdisciplinary and multiagency colleagues to implement change management; this must include:

6.84.1advocate for change

6.84.2negotiate and challenge skills

6.84.3use evidence-informed approaches to support change

6.85when managing, supervising, supporting, teaching and delegating care responsibilities to other members of the midwifery and interdisciplinary team and students:

6.85.1provide clear verbal, digital or written information and instructions and check understanding

6.85.2provide encouragement to colleagues and students that helps them to reflect on their practice

6.85.3keep unambiguous records of performance

6.86demonstrate effective team management skills when:

6.86.1developing, supporting and managing teams

6.86.2managing concerns

6.86.3escalating and reporting on those concerns

6.86.4de-escalating conflict

6.86.5reflecting on learning that comes from working with interdisciplinary and multiagency teams

6.87demonstrate skills to recognise and respond to vulnerability in self and others, including:

6.87.1self-reflection

6.87.2seeking support and assistance when feeling vulnerable

6.87.3taking action when own vulnerability may impact on ability to undertake their role as a midwife

6.87.4identifying vulnerability of individual and wider team members and action support and/or intervention as needed

6.87.5demonstrating strength-based approaches and compassionate self-care.

3. Developing knowledge, positive role modelling and leadership: the midwife as scholar and leader

6.88reflect on own thoughts and feelings around positive and negative feedback, and take responsibility for incorporating relevant changes into practice and behaviour

6.89demonstrate engagement in ongoing midwifery and interdisciplinary professional development, including:

6.89.1participatory and self-directed learning

6.89.2reflection on learning that informs professional development and practice

6.90know how to:

6.90.1keep up to date by accessing evidence-based information and policy, applying digital literacy and critical appraisal skills

6.90.2debate the implications for practice where no research or conflicting research evidence exists

6.90.3find information about possible paths for career development including opportunities for postgraduate courses and scholarships.

Standards of proficiency for specialist community public health nurses (SCPHN)

Last Updated: 29/10/2026

The Nursing and Midwifery Council (NMC) are required to set standards of proficiency, education and training for nursing and midwifery professionals seeking to join our registers for the first time.

As part of this we review our standards regularly to ensure they continue to protect the public, are fit for purpose, and are necessary for safe, effective and kind care.

When we review any of our standards, including standards of proficiency for specialist community public health nurses (SCPHN) we take into account new evidence, the changes taking place in society and changes in health and care.

- Introduction
- Sphere of influence A: Autonomous specialist community public health nursing practice
- Sphere of Influence B: Transforming specialist community public health nursing practice
- Sphere of influence C: Promoting human rights and addressing inequalities:
- Sphere of influence D: Population health
- Sphere of influence E: Advancing public health services
- Sphere of influence F: Leading and collaborating
- Glossary

ntroduction

ast Updated: 29/10/2026

ducation and training beyond initial registration

e recognise that in today's health and care services, the roles of nurses, midwives and nursing associates (in ngland) are changing and expanding,requiring higher levels of autonomy, knowledge and skill in order to achieve their ull potential and to contribute to the delivery of services for the benefit of the people they serve. Everyone on our egister undertakes additional education and training after their initial professional registration to develop further nowledge and skills, but not all of this ongoing education is or needs
o be regulated.

e take a proportionate approach to the regulation of post-registration qualifications. We reserve regulation for those reas where ensuring consistency of standards of proficiency, and standards for education and
raining, is needed to achieve a higher level of quality and safety in order to mitigate risk and to reassure the public. ne of the means we have of recognising post-registration qualifications is through setting standards of proficiency for pecialist community public health nurses (SCPHN).

he role of the specialist community public health nurse in the 21st century

CPHN professionals are in the frontline of public health. They are culturally competent, autonomous practitioners who re committed to improving people's health and wellbeing. They understand the wider determinants of health and seek o address health inequalities across the diverse
ommunities and populations they serve.

ll SCPHNs work in partnership with people to prevent ill health, protect health and promote wellbeing. Using a ormidable evidence base they will lead, influence and collaborate with other agencies, organisations and professionals o improve and embed sustainable changes to the overall health and wellbeing of people at home, within communities, n schoolsand in the workplace. SCPHNs play a key role in the safeguarding of those people who are most vulnerable n society, and are ambitious for the public
ealth of the communities they serve. They actively pursue sustainable development goals that promote everyone's ight to a healthy life.

CPHN health visitors (HV) are uniquely placed to reach every child in their own home, and be connected to their whole family and community. They build trusting relationships with children, carers and families, to positively influence their future health outcomes. They identify their health needs and strengths and deliver timely, effective, evidence-based interventions in partnership with them. They provide a universal service
hat ensures support for children and families is personalised, effective, timely and proportionate. The needs and the welfare of the child are at all times central to their work.

Health visitors use their professional autonomy to adapt and tailor their response to the health and wellbeing needs of ndividuals, families andcommunities within diverse and changing contexts. They are sensitive to different cultural perspectives and use in-depth knowledge of local communities to develop strong community relationships and to connect families with the community resources that best meet their needs.

Health visitors are advocates for fairness, equity and social justice and will challenge discriminatory practices and behaviours. They understand the impact of the wider determinants of health and are committed to addressing health nequalities through prevention and early intervention,
nd the promotion and improvement of health.

hey lead services that are evidence driven, with creativity and resourcefulness, and evaluate the impact of their nterventions to continuously improve the quality of care and outcomes for children and families. They maximise the positive impact of health visiting services by working within a collaborative system, planning and coordinating care and maintaining continuity across different services and agencies. They embrace and champion new technologies and are skilled in leading changes in service delivery.

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SCPHN school nurses (SN) are autonomous practitioners who uphold the rights of school-aged children and young people at all times. Working collaboratively across health, education and other agencies, and as an integral part of a broader public health service, school nurses advocate for optimum health for all school-aged children and young people, seeking to ensure that services are fair, inclusive, equitable, anti-discriminatory and positively influence health and wellbeing.

Using a variety of advanced communication skills, school nurses build mutually trusting relationships with school-aged children and young people,and parents, carers and families. Importantly, school nurses actively listen to school-aged children and young people, taking account of what matters to them and always putting the needs, welfare and safety of school-aged children and young people first.

School nurses provide culturally appropriate support and early interventions which aim to promote positive choices and reduce risk-taking behaviours. They focus on and support the holistic needs of school-aged children and young people. They understand the wider determinants of health and are committed to addressing health inequalities across the life course, through health education, health promotion and evidence-based age and maturity appropriate interventions.

They know their community and its assets and lead services that are person-centred and evidence driven to ensure positive health outcomes for school-aged children and young people. They collaborate and work effectively with teams and other professionals across a range of sectors and agencies.

SCPHN occupational health nurses (OHN) lead and work in a range of work environments and sectors. They lead services to enhance the health and wellbeing of people in their workplaces and beyond. Working autonomously, they promote and protect the health of the workforce, ensuring a healthy balance between work and wellbeing. As a distinct group of public health professionals, they help to prevent work-related ill health and disease by advising on the creation of workplaces that are safe, efficient and inclusive.

Occupational health nurses collaborate with other professionals, sector experts, employers and employees to lead workplace health initiatives that are responsive to the needs of individuals and organisations. They are able to use and analyse data effectively, combining their specialist nursing skills with broader understanding and experience of the distinct sector they work in to embed health initiatives in the wider organisational planning for the benefit of people and communities and in addressing inequalities.

Applying their professional judgement and business acumen, occupational health nurses create innovative strategies for inclusive workplaces that enable people of varied abilities to be productively employed.
They champion the need for workplace health and wellbeing strategies that recognise the impact of health on work and the value of work to health. Recognising the value of a diverse working population, occupational health nurses embed

person-centred approaches to health that address the needs of a varied workforce.

They are change agents who influence at strategic and sector level, thinking globally but acting locally, to create a healthy workforce for the present and the future.

SCPHN public health nurses (PHN) are specialists in public health who do not have a predetermined field of SCPHN practice. They may work in roles across a wide range of sectors and settings, applying their specialist public health knowledge and skills to the people, communities and populations they serve.

They take a life course and whole population approach to make a valuable contribution to the wider society's health and wellbeing and in addressing health inequalities. They advocate for people, fostering therapeutic relationships that build confidence and trust. They may provide public health information, support and timely interventions to people. Equally they may offer public health advice and support to voluntary or third sector organisations within the wider community.

They proactively collaborate with interdisciplinary and interagency teams and services, seeking to ensure that people who require wider public health support, care and interventions have fair and equitable access to public health resources that promote their health and wellbeing, prevent ill health and protect those who are vulnerable.

How to read these standards
The proficiencies in this document specify the knowledge, skills and behaviours that registered nurses and midwives go on to achieve to support and care for people, communities and populations across the life course in specialist community public health nursing roles.

They reflect what the public can expect SCPHN health visitors, school nurses, occupational health nurses and SCPHN public health nurses to know and be able to do in order to lead, collaborate, promote, protect and prevent ill health across the life course.

Core standards of proficiency that apply to all fields of SCPHN practice: HV, SN, OHN and PHN, and are grouped under six spheres of influence, and;

These core standards of proficiency apply to:
Core standards diagram 1.png

Field specific standards of proficiency that apply to each of the following fields of SCPHN practice: HV, SN and OHN, and are grouped under four of the six spheres of influence.

These field-specific standards of proficiency apply to:
Core standards diagram 2.png

These proficiencies will provide new post-graduate specialist community public health nurses entering the profession with the knowledge, skills and behaviours they need at the point of registration. SCPHN health visitors, school nurses, occupational health nurses and SCPHN PHNs will build on these proficiencies as they gain experience and fulfil their professional responsibility. They will demonstrate their commitment to develop as a SCPHN practitioner and to build a career pathway, engaging in ongoing education and professional development opportunities necessary for revalidation.

Core standards diagram 3.png

The nature of regulatory standards

Regulatory standards are intended to be high level and outcome-focused. They are translated by education institutions and their practice placement partners into more detailed curricula and programme learning outcomes.

These core and field specific standards of proficiency apply to all NMC registered SCPHN HVs, SNs and OHNs. The

core standards of proficiency also apply to all NMC registered SCPHN PHNs. They should be read alongside the standards for education and training, which set out our expectations regarding provision of all pre-registration and post-registration NMC approved nursing and midwifery education programmes.

These standards apply to all approved education providers and are set out in three parts:

Part one: Standards framework for nursing and midwifery education

Part two: Standards for student supervision and assessment

Part three: programme standards, which are the standards specific for each pre-registration or post-registration programme.

Education institutions must comply with our standards to be approved to run any NMC approved programmes. Together these standards aim to provide Approved Education Institutions (AEIs) and their practice learning partners with the flexibility to develop innovative approaches to education for SCPHN health visitors, school nurses, occupational health nurses and SCPHN public health nurses while being accountable for the local provision and management of approved post-registration SCPHN programmes in line with our standards. The relationship between the different sets of standards is shown in the diagram on the next page.

Standards diagram 1.png

Legislative framework

Article 15(1) of the Nursing and Midwifery Order 2001 ('the Order') requires the Council to establish standards for education and training which are necessary to achieve the Nursing and Midwifery standards of proficiency for admission to the register, as required by Article 5(2) of the Order. The standards for nursing and midwifery education providers are established under the provision of Article 15(1) of the Order.

Article 5(2) of the Order requires the NMC to establish standards of proficiency necessary to be admitted to each part of the register and for safe and effective practice under that part of the register. The standards of proficiency have been established under this provision.

As SCPHN standards of proficiency are post-registration standards, individuals can only enter the SCPHN part of the register if they are a registered level one nurse or midwife and have successfully met all the requirements of their NMC approved SCPHN programme. Only those on our register can use the protected title of specialist community public health nurse.

Autonomous specialist community public health nursing practice

Last Updated: 29/10/2026

In this guide

- Sphere A: Outcomes

SCPHN Health visitors, school nurses, occupational health nurses and SCPHN public health nurses understand that health and access to health support is a fundamental human right. They use their professional autonomy to adapt and tailor their response to the health and wellbeing needs of people, communities and populations within diverse and changing contexts at home, in school, in the workplace and in communities. They are sensitive to different cultural perspectives and advocate for and protect those people, communities and populations who are most vulnerable. They are innovative, creative, promote health literacy and maximise the use of new technologies in their day to day practice.

Sphere A: Outcomes

At the point of registration, the registered SCPHN HV, SN, OHN and SCPHN PHN will be able to:

A.1demonstrate the ability to practice with a high level of autonomy, entrepreneurship and innovation as a specialist community public health nurse

A.2be an effective ambassador, role model and compassionate leader, and a positive influence on the profession

A.3use an expanded knowledge of the links between global and national socio-economic and political strategies and policies and public health to drive and influence their own field of SCPHN practice

A.4select and apply relevant legal, regulatory and governance requirements, policies and ethical frameworks to their specialist community public health practice, differentiating between the devolved legislatures of the UK

A.5lead on the application of legislation, guidance and advice regarding sustainable development goals, including environmental factors and other pollutants that affect the health and wellbeing of people now and in the future

A.6influence and promote health as a fundamental human right and as a shared value through engagement, inclusion and participation

A.7make professional judgements and decisions, and work in complex, unfamiliar and unpredictable environments, proactively identifying actions and solutions to problems that may have many interacting factors

A.8lead and promote public health provision that is person-centred, anti-discriminatory, culturally competent and inclusive

A.9demonstrate critical awareness of stigma and the potential for bias, taking action where necessary to educate others and resolve issues arising from both

A.10recognise the need for and lead on action to provide reasonable adjustments for people, groups and communities, influencing public health policy change and best practice

A.11demonstrate the advanced numeracy, literacy, digital and technological skills required to meet the needs of people, communities and the wider population, to ensure safe and effective specialist public health nursing practice.

Transforming specialist community public health nursing practice: evidence, research, evaluation and translation

Last Updated: 29/10/2026

In this guide

- Sphere B: Outcomes

SCPHN Health visitors, school nurses, occupational health nurses and SCPHN public health nurses locate, critique, use, generate and apply evidence, data and information that seeks to promote health and prevent ill health and disability from life choices, environmental factors, non-communicable diseases, trauma or other health conditions. They evaluate public health interventions to better understand what works and what may need to change and why. They propose new and innovative ideas and concepts to inform and improve the health and wellbeing of people across the life course and apply an evidence-based approach to optimise public health programmes and interventions.

Sphere B: Outcomes

At the point of registration, the registered SCPHN HV, SN, OHN and SCPHN PHN will be able to:

B.1assess the impact and benefits of local and national health and other policies on the health and wellbeing of people, communities and populations

B.2identify, evaluate and proficiently use multiple sources of evidence and research relevant to people, communities and populations to inform specialist community public health nursing practice

B.3identify gaps in research, evidence and policy that impact on public health nursing practice and influence how to address these

B.4utilise and effectively participate in new areas of research across interdisciplinary and interagency teams related to public health priorities and interventions

B.5use reliable data, statistics and informatics to lead on and support policies and programmes that improve the health outcomes of people, communities and populations

B.6identify where insufficient information and data is available to inform public health priorities and national intervention strategies and how this may be addressed by refining data sets or in recognising the need for further study

B.7critically appraise epidemiological research and demonstrate its use in evidence-based specialist public health nursing practice

B.8synthesise and apply knowledge from research, evaluation, audit and global innovation that leads to improvements in the health of people, communities and populations and addresses health inequalities

B.9apply the evidence base theory and principles of public health and nursing practice to support innovative approaches to influence people's motivation, choices and behaviours

B.10critically appraise the evidence that informs new innovations in public health programmes, including genomics, and evaluate early success measures and impact on population health outcomes

B.11share outcomes and lessons learned from audit, research and evaluation in specialist public health nursing practice locally and nationally and across sectors through professional and peer reviewed processes

Promoting human rights and addressing inequalities: assessment, surveillance and intervention

Last Updated: 29/10/2026

In this guide

- Sphere C: Outcomes
- Sphere C: Outcomes Health Visitor
- Sphere C: Outcomes School Nurse
- Sphere C: Outcomes Occupational Health Nurse

Health visitors are ideally placed to identify, highlight and address health inequalities due to their unique reach into every family. They actively seek to uphold the human rights of all of those they engage with while recognising that all families are unique and have individual needs. They advocate on behalf of those who are vulnerable or unable to speak up for themselves.

School nurses are in a unique position to advocate for the rights of all school-aged children and young people, including those who may be vulnerable but not visible to other services or agencies. They seek to address health inequalities in school-aged children and young people, and their families. They consider the impact of the home dynamic and complex family
situations on school-aged children and young people, and the impact of their educational experiences on their health, wellbeing and future life prospects.

Occupational health nurses use their specialist knowledge to recognise the value of work to health and wellbeing, and the impact of health on work. Using their knowledge and experience of wider socio-economic influences on health and work, they create services and plan interventions that contribute to addressing inequalities by increasing accessibility to and an improved experience of work for all.

Sphere C: Outcomes

At the point of registration, the registered SCPHN HV, SN, OHN and SCPHN PHN will be able to:

C.1critically analyse the factors that may lead to inequalities in health outcomes and health inequity and take appropriate action to mitigate their impact on people, communities and populations

C.2demonstrate compassionate leadership in applying human rights, equality, diversity and inclusion, to improve the health and wellbeing of people, communities and populations

C.3appreciate the legal, ethical, moral and spiritual needs and challenges that may be faced when promoting population health, helping to mitigate barriers to enable people and families to live to their full potential

C.4assess the impact of complexity and comorbidity and their impact on people, communities and populations, in order to share knowledge and lead on person-centred public health approaches

C.5develop, promote and support opportunities to educate individuals on the risks to themselves and others of the abuse of tobacco, alcohol and other substances and potentially addictive behaviours

C.6conduct, interpret and evaluate health assessment and screening, surveillance and profiling checks and interventions, and immunisation and vaccination programmes for people, communities and populations

C.7ensure equitable and accessible services for all through improved health literacy communication and networking

C.8consult with, listen to and support people, communities and populations when assessing, planning and co-producing public health interventions

C.9use models, evidence and concepts to plan, conduct and evaluate population level interventions to address specific public health issues

C.10apply understanding of determinants of health to develop culturally responsive and inclusive public health interventions with people, communities and populations

C.11lead on identifying vulnerable people, families, communities and populations and take action to support, safeguard and protect them, and coordinate timely care and other responsive support when needed.

Sphere C: Outcomes Health Visitor

At the point of registration, the SCPHN health visitor will be able to:

C.HV1critically analyse and apply evidence-based knowledge of the determinants of health, intergenerational cycles of deprivation and health inequalities that affect the mental, physical, cognitive, behavioural, social, and spiritual health and wellbeing of children, parents, carers and families

C.HV2provide support to parents, carers and families in understanding what is needed to secure healthy development and wellbeing of infants and children

C.HV3continually assess and skilfully adapt to different environments and complex situations in order to identify and advocate for those families most at risk, while at all times safeguarding the welfare of the child and others at risk

C.HV4play a significant role in promoting mental health for parents, families, infants and children during the perinatal period and in the assessment and early identification of perinatal mental ill health

C.HV5provide care and support to infants, children, parents and families where appropriate and facilitate access to specialist mental health services according to the level of need

C.HV6promote infant mental health and early identification of infant distress, providing support to families to enable them to prioritise and respond to their infant's needs

C.HV7initiate appropriate evidence-based person-centred interventions to promote healthy relationships and minimise risks of domestic violence, child maltreatment and other forms of abuse within the family and the developmental impact of parental conflict on children

C.HV8use their professional judgement to observe, recognise and respond to signs of abuse and neglect across the life course, recognising that individual safeguarding needs will differ.

Sphere C: Outcomes School Nurse

At the point of registration, the SCPHN school nurse will be able to:

C.SN1proactively promote, support and improve the health and wellbeing of school-aged children and young people, recognising the rights of the child at all times

C.SN2evaluate the relationship between school, life, mental and physical health and ill health and lead on proactive approaches to promote and protect the health and wellbeing of school-aged children and young people in and outside of school

C.SN3lead evidence-based interventions that are holistic, inclusive and responsive to the needs of school-aged children and young people

C.SN4evaluate the impact of intergenerational cycles of dependency and adversity on school-aged children and young people, and how protective factors, early help, and interventions improve health outcomes

C.SN5apply an evidence-based approach to identify vulnerability and inequality within the school-aged population, identifying those needing support and those at risk

C.SN6safeguard and prioritise support for school-aged children and young people most at risk, escalating concerns and provide specialist expertise for safeguarding and child protection pathways

C.SN7use specialist evidence-based knowledge of capacity, consent, and confidentiality to safely manage challenges and potential conflicts when applying safeguarding and child protection pathways to individual school-aged children and young people

C.SN8assess the risk for vulnerability in school-aged children and young people and families that are impacted by changes to their circumstances, to maximise access and support from relevant services

C.SN9foster positive relationships and facilitate inclusion, recognising the potential impact of stigma, bias and assumptions that people may make about school-aged children and young people

C.SN10demonstrate knowledge and understanding of the factors that influence identity and support school-aged children and young people to develop their identity.

Sphere C: Outcomes Occupational Health Nurse

At the point of registration, the SCPHN occupational health nurse will be able to:

C.OHN1synthesise their specialist knowledge and experience to appraise the impact of socio-economic and political issues on work and health to implement occupational health interventions

C.OHN2critically examine the relationship between worklessness and health and their association with health inequalities that affect people, familiesand communities

C.OHN3lead an occupational health service that is open, holistic, inclusive and responsive to wider socio-economic and health concerns including but not limited to safeguarding and abuse within and outside the workplace

C.OHN4evaluate the relationship between work, life, mental and physical health and ill health to lead on proactive organisational approaches to promote and protect health and wellbeing within and outside the workplace

C.OHN5apply their specialist professional knowledge and judgement to identify individuals who may be vulnerable or at risk of direct and indirect abuse or harm within or outside the workplace, appropriately escalating and referring to other professionals and agencies

C.OHN6lead the development, delivery and evaluation of inclusive, multifunctional occupational health services that meet the diverse needs of employees and organisations, adopting a life course approach

C.OHN7apply specialist knowledge and skills to identify emerging health issues, and signpost to available support for access to health and care services and other agencies to balance individual health and wellbeing with employment obligations.

Population health: enabling, supporting and improving health outcomes of people across the life course

Last Updated: 29/10/2026

In this guide

- Sphere D: Outcomes
- Sphere D: Outcomes Health Visitor
- Sphere D: Outcomes School Nurse
- Sphere D: Outcomes Occupational Health Nurse

Health visitors take the lead role in ensuring that the health of children, parents, carers, families, communities and populations is maintained, improved and protected in order to create the best foundation for their long term sustainable health and wellbeing. They proactively develop open and meaningful dialogue with families to develop trusting relationships and use their advanced assessment and communication skills to identify and assess need and prioritise support based on risk.

School nurses understand the impact of socio-economic factors on school-aged children's and young people's long term health and wellbeing. They proactively develop open and meaningful conversations with school-aged children, young people and families and use their knowledge to make appropriate interventions to support and empower school-aged children and young people in their life choices to prevent ill health,
manage emerging risks and improve ongoing health and life outcomes.

Occupational health nurses use their specialist knowledge and professional judgement to develop inclusive workplace strategies that enable people of all abilities to remain healthy, and productively in work. They design occupational health services that add value to employees, employers and organisations.

Sphere D: Outcomes

At the point of registration, the registered SCPHN HV, SN, OHN and SCPHN PHN will be able to:

D.1recognise, critically evaluate and monitor trends in global and national strategies and programmes for preventative interventions and promotion of health to inform specialist public health practice locally, nationally and globally

D.2recognise and accommodate any future developments in the application of genomics into their SCPHN practice to support prevention and early intervention in the health of the population across the life course

D.3appreciate and use community assets and resources to support positive health and wellbeing of people, communities and populations

D.4in partnership with people, adopt a life course approach when assessing the public health needs of people, communities and populations

D.5empower people, communities and populations to connect effectively with local initiatives, support networks, community assets, programmes and resources that support their health and wellbeing

D.6apply specialist knowledge of social prescribing to support individual, community and population health outcomes

D.7critically apply knowledge of behavioural, psychological and social sciences to the health of people across the life course, and to communities and populations, to enhance collaborative, strength-based therapeutic relationships

D.8appreciate the importance of medicines management with respect to administration, optimisation and reconciliation, and the positive impact of correct medicines management on people's current and future health outcomes

D.9assess the health status and health literacy of populations across the life course and their related determinants of health

D.10use culturally appropriate, evidence-based approaches to assess, support and monitor the health and wellbeing of people, and appropriately refer to specialist services if necessary

D.11critically apply knowledge of populations, places, communities and determinants of health to inform key areas of specialist public health practice

D.12in partnership with communities, develop and implement plans for local communities and populations to positively affect public health outcomes

D.13lead on and contribute to policy and reporting into environmental, social-structural factors, and individual behaviours that impact on the health of people across the life course

D.14use data and observation to evaluate the effectiveness and acceptability of services that seek to improve health outcomes of their intended users, and be able to identify trends or a need for improvement.

Sphere D: Outcomes Health Visitor

At the point of registration, the SCPHN health visitor will be able to:

D.HV1demonstrate specialist knowledge and understanding of infant and child anatomy, physiology, genetics, genomics and development when undertaking programmed health assessment and development reviews

D.HV2apply specialist knowledge and use validated tools to deliver holistic health assessments and programmed health and development reviews, working in partnership with parents and families to promote health and identify emergent and existing concerns including vulnerability and inequality, and facilitate and prioritise support and/or early intervention for the child and family as appropriate

D.HV3assess for early signs of atypical patterns of development, or significant anomalies that may result in disability or emotional, physical or developmental health needs or risks, and deliver evidence-based anticipatory guidance or targeted intervention tailored to individual and family circumstances and needs

D.HV4apply advanced level communication and interpersonal skills to establish trusting relationships which are respectful of families' capabilities, priorities and values

D.HV5work in partnership with families to continually assess and appraise the impact of known strengths, changing circumstances and relationships on child and family health and wellbeing and adapt support accordingly, acknowledging the needs of the family as a whole and prioritising support on the basis of immediate and continuing risk and need

D.HV6work in partnership with families to promote, educate and support sensitive, responsive relationships between parents and their children through the application of specialist knowledge of early emotional development, theories and models of attachment and the impacts of positive and enduring parental-child relationships

D.HV7evaluate the effects of trauma on child development and how they adjust to those effects, and work in partnership with children and families who are affected by trauma to strengthen their resilience

D.HV8critically apply specialist knowledge of the anatomy, neurodevelopment, physiology and epigenetics relevant to infant nutrition, including the implications of infant feeding, weaning and early food behaviour for optimum child and maternal health, child physical and socio-emotional development and future behaviour patterns

D.HV9using a strength-based approach support children and families to identify risks to healthy weight in childhood, promoting family nutrition and supporting them to make optimum and available choices, referring to other services according to need and risk

D.HV10work in partnership with families to support positive, nurturing child and family relationships, and in promoting the benefits for children learning life skills in the home environment

D.HV11support parents and families who receive a life changing or life limiting diagnosis during pregnancy and in the early years, and in partnership with them use a strength-based and empowering approach to respond to their needs, which may be complex

D.HV12use specialist knowledge to facilitate access to a range of appropriate and effective available resources to

support children, parents and families with additional needs due to mental and/or physical ill health, learning disabilities or physical disability, and/or those living with multiple, complex, long term conditions

D.HV13support children, parents and families to develop motivation and self-advocacy when raising awareness of opportunities for local grants, financial support and other local community assets and services

D.HV14advise parents, carers and families on symptom identification and relief, enabling them to manage minor illnesses and injuries safely and effectively, and in knowing when to seek support for further treatment where necessary

D.HV15provide evidence-based support and advice on child, adolescent and adult sexual and reproductive health and contraception

D.HV16provide, evidence-based support to bereaved parents, children and families in the event of miscarriage, stillbirth or parental death and refer to additional support as appropriate.

Sphere D: Outcomes School Nurse

At the point of registration, the SCPHN school nurse will be able to:

D.SN1apply specialist knowledge of the healthy development of school-aged children and young people and use of validated tools to deliver holistic health assessments and programmed development reviews that aim to improve individual, community and population health outcomes

D.SN2critically analyse and apply specialist knowledge of the biopsychosocial, moral and spiritual development of school-aged children and young people at all key phases in the life course

D.SN3evaluate how age and biopsychosocial development influence communication skills in the school-aged population, using advanced communication techniques to facilitate positive, trusting relationships with school-aged children and young people, parents, carers and families

D.SN4evaluate how biopsychosocial influences in adolescent years impact on behaviour, life skills and transition to adulthood, recognising adolescence as a distinct stage of the life course

D.SN5assess the impact of key transition periods and events for school-aged children and young people including starting and leaving school, change of care provider, illness and bereavement, and apply appropriate intervention to support their development of self-managing behaviours

D.SN6use a range of evidence-based interventions to support young people's safe transition to adulthood

D.SN7optimise positive behaviours in parents, carers, families and peers and, through evidence-based interventions, promote trust and self-efficacy to improve health and wellbeing for school-aged children and young people

D.SN8support school-aged children and young people, parents and families to develop motivation and self-advocacy when raising awareness of opportunities for local grants, financial support and other local community assets and services

D.SN9use evidence-based observations, assessment and apply professional judgement when taking action to prevent and minimise the risk of adverse childhood experiences and build on protective factors to support and guide school-aged children and young people, parents and carers

D.SN10demonstrate knowledge and understanding of school-aged children and young people's emotional literacy, cognitive ability, wellbeing and resilience skills when observing, assessing and making decisions on the appropriate intervention

D.SN11use professional judgement to assess for early signs of low mood and anxiety in school-aged children and young people, and provide early interventions to support emotional and mental health and wellbeing

D.SN12evaluate how evidence-based interventions help school-aged children and young people consider the impacts of and risks associated with specific behaviour choices related to social media, alcohol/substances, violence, exploitation and gang culture

D.SN13evaluate the effects of trauma on children and young people's development and adjustment and use culturally

appropriate, evidence-based, trauma-informed approaches to assess, support and monitor, using professional judgement when making decisions to refer to specialist services.

Sphere D: Outcomes Occupational Health Nurse

At the point of registration, the SCPHN occupational health nurse will be able to:

D.OHN1use evidence to justify the impact and value of occupational health services for employees, organisations and the wider population

D.OHN2apply specialist knowledge to interpret, inform and provide impartial advice on health and safety legislation and case law

D.OHN3critically analyse and apply the principles of occupational hygiene, engineering controls and ergonomics when advising on the creation and maintenance of healthy work environments

D.OHN4evaluate how disease, illness and impairment act as barriers to gaining, sustaining and returning to work and the impact of this on people and all areas of life

D.OHN5influence and provide impartial advice on the design of inclusive, adaptive and supportive workplaces

D.OHN6develop inclusive strategies that enable innovative, person-centred approaches for employees who may need adaptations and adjustments to their work due to health and wellbeing reasons

D.OHN7develop evidence-informed strategies to support and enable employees with multiple or long term conditions to have sustainable, productive and fulfilling work

D.OHN8provide specialist, personalised occupational health advice on work adjustments to employees and employers which considers the impact of diagnoses, therapies, interventions, medications and treatments

D.OHN9apply specialist knowledge and skills to contribute to organisational disaster planning and preparedness to support business continuity and in optimising the ongoing safety and health of people.

Advancing public health services and promoting healthy places, environments and cultures

Last Updated: 29/10/2026

In this guide

- Sphere E: Outcomes
- Sphere E: Outcomes Health Visitor
- Sphere E: Outcomes School Nurse
- Sphere E: Outcomes Occupational Health Nurse

Health visitors actively seek out opportunities to promote and improve health visiting services and the quality of care that is provided to children, parents, carers and families by their services. They promote healthy environments, attitudes and cultures for infants and children that acknowledge and respect the uniquely individual nature of each home setting and family unit.

School nurses actively promote the value of school nursing services when working collaboratively with educators, local authorities, voluntary sector organisations, the youth justice sector and their local community. They encourage the development of healthy environments and cultures and evaluate the impact of these on the health and wellbeing of school-aged children and young people.

Occupational health nurses put health and wellbeing at the core of job design and workplace strategies. With their specialist input they help to embed employee health and wellbeing initiatives within the business planning cycle, leading on ambitious strategies that are also environmentally sound. They harness new and emerging technologies which enables participation in work for all people in society.

Sphere E: Outcomes

At the point of registration, the registered SCPHN HV, SN, OHN and SCPHN PHN will be able to:

E.1critically appraise and apply strategies and initiatives that improve home, community and workplace cultures and environments to enhance the health and wellbeing of people and communities in the places they live, learn and work

E.2critically appraise the use of new and assistive technologies that support and influence people's choices for their own health and wellbeing, and assist with access to services

E.3demonstrate professional business and financial acumen when developing and presenting business cases to create investment for change and value for money

E.4tailor nationwide programmes or commission new services that promote healthy cultures, environments and behaviours for local implementation and evaluate their effectiveness

E.5lead and support a culture of learning and continuous professional development for colleagues, and with interdisciplinary and interagency teams

E.6recognise individual abilities and learning needs when applying the standards of education and training for pre- and post-registration nursing, midwifery and nursing associate students, in order to educate, supervise and assess effectively

E.7promote and lead effective public health workplace cultures that benefit people, communities and populations

E.8advance public health through identifying sustainable development goals and prepare to take action on risks to the environment and its impact on the health and wellbeing of people

E.9share information regarding communicable diseases and approaches necessary for communicable disease surveillance, infection prevention and control, including immunisation and vaccination programmes

E.10know how to assess and manage major incidents and outbreaks including contamination and communicable

lisease across local or wider boundaries

E.11know how to identify, critically analyse and manage new and enduring hazards and risks to health at local, national and global levels

E.12plan for emergencies and pandemic threats to population health taking account of the direct and wider risk, mpacts and hierarchy of controls on health and wellbeing and service provision.

Sphere E: Outcomes Health Visitor

At the point of registration, the SCPHN health visitor will be able to:

E.HV1work in partnership with parents and carers to promote child safety, reduce risk behaviours and enhance awareness of the differentials of risk in relation to the child's age, stage of development and home environment

E.HV2respect parents' and carers' need for autonomy and control with sensitivity to a wide range of attitudes, values, beliefs, expectations, faiths, cultures and approaches to parenting, using a transparent approach whilst simultaneously safeguarding the welfare of the children at all times

E.HV3demonstrate sensitivity and respect for privacy in assessing whether the child or family's home situation and environment is appropriate for facilitating and encouraging open discussion and disclosure of personal issues

E.HV4evaluate community health needs and assets, and advance practice through community profiling, the synthesis and application of data and information, use of informatics, and other techniques

E.HV5develop sustainable and innovative health visiting strategies that contribute to place-based complex interventions and improve public health outcomes for children and families, reporting outcomes and areas for improvement in line with local and national governance and audit requirements.

Sphere E: Outcomes School Nurse

At the point of registration, the SCPHN school nurse will be able to:

E.SN1use community and population profiling to identify and assess health and wellbeing needs and priorities for school-aged children and young people

E.SN2lead, support and advocate for collaborative cultural and community developments that improve health and wellbeing in the school-aged population

E.SN3lead, co-design, provide and evaluate local health education, health promotion and safety campaigns aligned to key public health priorities for school-aged children and young people

E.SN4recognise the impact of the school environment, its culture and relationships that school-aged children and young people form and their effect on their health, wellbeing and achievement

E.SN5raise awareness of the impact of socio-economic disadvantage including digital poverty, and work with others to facilitate policy changes that support school-aged children and young people to achieve their potential

E.SN6evaluate lived experiences which may impact on school-aged children and young people's behaviour, health and wellbeing, ensuring that their needs, rights and safety remain paramount and central to all planning interventions

E.SN7respect parents' and carers' need for autonomy and control with sensitivity to a wide range of attitudes, values, beliefs, expectations, faiths, cultures and approaches to parenting, using a transparent approach whilst simultaneously safeguarding the welfare of school-aged children and young people at all times.

Sphere E: Outcomes Occupational Health Nurse

At the point of registration, the SCPHN occupational health nurse will be able to:

E.OHN1develop sustainable, data-driven occupational health strategies with short, medium and long term aims to improve employee health and wellbeing, embedded as part of the business improvement cycle

E.OHN2focus on inclusion and innovation in job design to lead, improve and innovate ways to address health hazards by elimination, mitigation and control

E.OHN3lead on the organisational response to safe, appropriate and economically viable approaches to waste management for food, hazardous chemicals, biological and clinical waste, taking into consideration infection control measures and the impact of environmental pollution on health and wellbeing

E.OHN4recognise and act on the importance of the environmental impact of work processes and products, and collaborate on reducing and controlling emissions and other pollutants that may impact on safety, health and wellbeing and the environment

E.OHN5critically examine and apply the hierarchy of control to manage risks to health, safety and wellbeing in the workplace

E.OHN6anticipate and appraise the impact of new and emerging technology to improve workability now and in the future

E.OHN7facilitate workplace adjustments that enable wider participation of people in work, effectively using assistive technologies

E.OHN8evaluate the impact of job redesign and the potential need for skills development and/or redeployment on the health and wellbeing of people

E.OHN9critically examine the effect of worklessness on the health and wellbeing of people, families and communities

E.OHN10critically appraise and use assistive technologies, recognising their potentially varied impact on individual people's work and health.

Leading and collaborating: from investment to action and dissemination

Last Updated: 29/10/2026

In this guide

- Sphere F: Outcomes
- Sphere F: Outcomes Health Visitor
- Sphere F: Outcomes School Nurse
- Sphere F: Outcomes Occupational Health Nurse

Health visitors take the leading role in providing, managing and coordinating care. They promote collaborative working, through leading and working within interdisciplinary and interagency teams and ensuring smooth transition between services, and also by working in partnership with families, communities and populations.

School nurses lead, manage and coordinate school nursing services and individual caseloads. They collaborate with interdisciplinary and interagency teams and services to ensure that public health programmes are embedded in schools and within the local community. School nurses lead safe and effective universal services, early help interventions and provide targeted interventions to school-aged children and young people when needed.

Occupational health nurses are leaders of services, with the ability to influence strategic planning and policy making. They bring their unique specialist nursing knowledge and skills, combining them with the business acumen required to plan the resources for occupational interventions that are tailored to the specific requirements of the employees and organisations they work with.

Sphere F: Outcomes

At the point of registration, the registered SCPHN HV, SN, OHN and SCPHN PHN will be able to:

F.1lead public health services that promote and improve the health and wellbeing of people, communities and populations

F.2lead teams that are effective in delivering public health services, both on their own and in collaboration with others

F.3assess service requirements, influencing and leading on policy development and strategic planning to address population health needs incorporating approaches for prevention and risk management

F.4monitor and report on the outcomes of strategy and policy implementation and make recommendations for improvement including changes to commissioning

F.5evaluate the efficacy of service provision by triangulating information obtained from audit, continuous improvement activity, governance, risk management and performance monitoring

F.6compassionately lead and support a culture of critical reflection and continuous professional development that promotes team and interdisciplinary learning

F.7build alliances and partnerships that support equality, diversity and inclusion, collaboration and sharing of new ideas and innovations and be able to agree shared goals and priorities

F.8use a range of advanced communication skills with people, communities, peers and interdisciplinary and interagency colleagues, including use of digital and other modalities to support communication in virtual and remote environments

F.9communicate simple and complex public health information in a variety of formats, tailored for different community and population audiences

F.10use a range of techniques to influence, challenge, and persuade peers and senior stakeholders in relation to public health strategies and policies that affect people, communities and populations.

Sphere F: Outcomes Health Visitor

At the point of registration, the SCPHN health visitor will be able to:

F.HV1lead creative, flexible approaches to engage parents and carers in child health promotion programmes, providing advice and support to enable co-design and collective decision-making

F.HV2lead discussions and collaborate on the development of services for children with high impact health and care needs and ensure workforce readiness for implementation

F.HV3involve, escalate, report and make decisions with interdisciplinary and interagency teams on the immediate and continuing risk of domestic violence, child maltreatment and other forms of abuse to the safety of infants, children and families and collaborate on all necessary actions

F.HV4lead interdisciplinary and interagency discussions and make decisions regarding the referral, transfer, support and management of children and families where there are complex mental or physical health needs and/or concerns

F.HV5work in partnership with midwives and other interdisciplinary and interagency teams and services during the antenatal period and first days of the infant's life to ensure consistency and continuity of care for infants, parents and carers, and a smooth transition between midwifery and health visiting services

F.HV6work in partnership with school nurses to ensure the transition of support for the child and family from the health visitor to the school nursing service is positive, seamless and effective.

Sphere F: Outcomes School Nurse

At the point of registration, the SCPHN school nurse will be able to:

F.SN1synthesise data, information and intelligence related to home, school and community environments, and apply professional judgement to determine how this intelligence can be widely reported to positively influence policy and strategy to improve health and wellbeing

F.SN2evaluate existing services to identify gaps in available support for school-aged children and young people and develop strategies to maximise support and access to relevant services according to age and maturity

F.SN3advocate for school-aged children and young people in public health services, ensuring their voice is heard, supporting co-production, co-design and development at universal, targeted and specialist service levels

F.SN4design and lead the delivery and evaluation of evidence-based school nursing services, educational campaigns and co-produced interventions aligned to regional and national public health initiatives to protect and promote the health and wellbeing of school-aged children and young people

F.SN5use specialist public health knowledge, skills and evidence when influencing and advocating and making decisions for the safety and wellbeing of school-aged children and young people at interagency meetings and hearings

F.SN6capture the lived experience and lived existence of school-aged children and young people and evaluate how this and other sources of evidence influences and informs current and future specialist practice, policy decisions and school nursing service design

F.SN7lead and promote visibility of school nursing services and ensure accessibility through engagement with school-aged children and young people, parents, carers, families, school staff, other professionals and voluntary sector organisations

F.SN8use specialist skills and knowledge to design school nursing services which recognise and respect children and young people's privacy and dignity

F.SN9critically analyse the opportunities, benefits and risks for school nursing services when communicating with school-aged children and young people face to face and via social media and virtual platforms

F.SN10work in partnership with relevant professionals and services to ensure the transition of support for school-aged children and young people to adult services mitigates risks and is positive, seamless and effective.

Sphere F: Outcomes Occupational Health Nurse

At the point of registration, the SCPHN occupational health nurse will be able to:

F.OHN1triangulate and appraise organisational and workforce profiling data to secure resources for the development and delivery of occupational and employee health, safety and wellbeing

F.OHN2create systems to allow data collection, information retrieval and dissemination protocols for enhancing occupational health nursing practice

F.OHN3develop and manage a safe and effective occupational health nursing service, which promotes innovative, evidence-informed workplace protocols and strategies

F.OHN4influence organisational policy and strategy for employee health and wellbeing which embraces and reflects national and international public health agendas and strategies

F.OHN5critically apply business acumen to develop, promote and report on evidence-based occupational health and wellbeing initiatives that take account of economic and non-economic resources

F.OHN6evaluate, synthesise and communicate data and information to quantify and qualify the positive impact of occupational health interventions on workplace and business targets and outcomes.

Glossary

Last Updated: 29/10/2026

The words in the glossary have been included to explain their specific meaning in the context of these regulatory standards. The meaning might expand on or be slightly more nuanced than the dictionary meaning of some of these words.

Biopsychosocial: a model that assumes that biological, psychological and social factors must be considered to understand disease, illness and health.

Community assets: resources that can be used to contribute to developing and improving local health and wellbeing. It may include people and their knowledge, skill, networks and relationships, physical structures, local services, businesses, charities and funds.

Co-design: a partnership of representative people or groups of people who come together to design care pathways, develop new pathways and revise existing services models

Co-produce: a partnership approach which brings people together to find shared solutions and involves partnering with people from the start to the end of any initiative or change that affects them.

Cultural competence: knowledge, skills and attitudes needed to support and provide health and care services to people that are respectful, responsive and honours the culturally based needs of diverse populations.

Determinants of health: includes the social and economic environment, the physical environment and the person's individual characteristics and behaviours.

Evidence-based care: care given that reflects up to date evidence in the area, making sure it takes into account the personal abilities, needs and preferences of the person. It also includes the nurse making a personal judgement based on experience, observations and the abilities, needs and preferences of the person when evidence is limited.

Hierarchy of controls: a step-by-step approach to eliminating or reducing risks, ranking risk controls from the highest level of protection and reliability through to the lowest and least reliable protection.

Holistic assessment: collection, analysis and sorting of multiple sources of observation and information about a person or people to inform interventions to improve health. The focus is on the whole person, not just a potential or actual illness.

People: individuals, groups or populations who receive services from nurses, midwives and nursing associates, healthy and sick people, parents, children, families, carers, nominated persons, also including educators and students and others within and outside the learning environment

Person-centred: an approach where the person is at the centre of the decision-making processes and the design of their health and care needs, their public health nursing care and treatment plan. In the context of public health this can also apply to public health services.

Place-based interventions: service providers, communities and civic partners working together in a specific location to improve health and care for the populations they serve.

Protective factors: individual or environmental characteristics, conditions, or behaviours that reduce the effects of stressful life events. These factors also increase people's resilience and ability to avoid risks, and support wellbeing.

Self-efficacy: belief in one's own capability to organise and take action which could influence the adoption and maintenance of health-promoting behaviour

Shared value: awareness of behaviours and attitudes to health and recognition that individuals, families, workplace, communities and populations have a role in improving health for all.

Social-structural factors: the social environment, physical environment, health services, and structural and societal factors that can influence health.

Strength-based approaches: a strength-based approach is a collaborative process, working together to determine an

outcome that draws on the persons own strengths and assets.

Sustainable development goals: development of institutions, infrastructure and services to end poverty and protect the environment, aims which go beyond health and wellbeing as set out by the United Nations.

Vulnerable: people who may be vulnerable at a particular time and in particular situations (but not in others), due to their personal characteristic(s), situation(s) or neglect, and therefore at a higher risk of potential or actual harm. The type of harm may be emotional, physical, sexual, psychological, material or financial.

Workability: consideration of people's health and their ability to work.

Worklessness: having no paid work or employment, may be extended to people who are unable to work or be employed as a result of disability, carer responsibilities, students and pensioners.

Standards of proficiency for community nursing specialist practice qualifications (SPQ)

Last Updated: 29/10/2026

The Nursing and Midwifery Council are required to set standards of proficiency, education and training for nursing and midwifery professionals seeking to join our registers for the first time. As part of this we review our standards regularly to ensure they continue to protect the public, are fit for purpose, and are necessary for safe, effective and kind care. When we review any of our standards, including standards that lead to annotation, we take into account new evidence, the changes taking place in society and changes in health and care.

- Introduction
- Platform 1: Being an accountable, autonomous professional and partner in care
- Platform 2: Promoting health and wellbeing and preventing ill health
- Platform 3: Assessing people's abilities and needs, and planning care
- Platform 4: Providing and evaluating evidence-based care
- Platform 5: Leading, supporting and managing teams
- Platform 6: Leading improvements in safety and quality of care
- Platform 7: Care coordination and system leadership
- Glossary for community nursing specialist practice qualifications (SPQ)

ntroduction

ast Updated: 29/10/2026

ducation and training beyond initial registration

e recognise that in today's health and care services, the roles of nurses, midwives and nursing associates (in ngland) are changing and expanding, requiring higher levels of clinical autonomy, knowledge and skill in order to chieve their full potential and to contribute to the delivery of services for the benefit of the people they serve. Everyone n our register undertakes additional education and training after their initial professional registration to develop further nowledge and skills, but not all of this ongoing education is, or needs to be, regulated.

e take a proportionate approach to the regulation of post-registrationqualifications. We reserve regulation for those reas where ensuring consistency of standards of proficiency, and standards for education and training, is needed to chieve a higher level of quality and safety in order to mitigate risk and to reassure the public. One of the means that e have of recognising post-registration qualifications is through setting standards for specialist practice qualifications SPQs).

pecialist practice qualifications are annotations to our register. They indicate that a registered nurse has successfully ndertaken an NMC approved SPQ programme that meets our standards in a particular area of practice. To undertake specialist practice qualification, you must be a first level registered nurse.

ommunity nursing in the 21st century

n the 21st century, support and care of people of all ages is increasingly being delivered in the community, in people's omes and in settings close to their homes. These settings include care homes, hospices, general practice, residential nd educational settings, and prisons and offender health settings. As a result, new models of community care are merging, new nursing roles have been developed and there are likely to be more in the future. The limited number of ommunity nursing SPQs that we currently have – community children's nursing, community learning disabilities ursing, community mental health nursing, district nursing and general practice nursing – no longer represent the otality of specialist nursing practice
n the community.

olding a community nursing specialist practice qualification is not a requirement to work in the community or to care or any individual client group. For the majority of nursing roles, a combination of the standards of professional ehaviour and conduct enshrined in the Code, and the requirement to meet the knowledge and skills specified in the re-registration nursing standards of proficiency, along with subsequent and ongoing revalidation, is sufficient for effective regulation. In order to take a proportionate approach, we need to consider which roles and activities justify egulation at a post-registration level.

bout these standards

his document contains our new outcome-focused specialist community nursing standards of proficiency for registered urses. These proficiencies reflect the specialist knowledge, skills and attributes required by nurses working in the ommunity in any roles which involve more autonomous
ecision-making, in situations that require registered nurses to manage greater clinical complexity and risk, both in erms of the people they care for, the caseloads they manage and the services they work within, which in turn may be ntegrated with other agencies, professionals and disciplines.

n our 2020-2025 strategy we have made a commitment to explore whether the regulation of advanced practice is eeded. These new specialist community nursing qualifications incorporate standards of proficiency that will support egistered nurses working in the community to advance their clinical, managerial, research and educative practice. This ill enable greater clinical autonomy, independent decision-making and leadership in complex and high-risk situations or the benefit of people and services.

t is likely that more community nursing roles will be developed in the future that also demand higher levels of clinical autonomy. These standards therefore serve to build on current good practice and intend to promote learning and create ambition and opportunity for other registered nurses who work in the community. This is why we have introduced a new SPQ for other fields of community nursing practice.

The nature of regulatory standards

Regulatory standards are intended to be high level and outcome-focused. They are translated by education institutions and their practice placement partners into more detailed curricula and programme learning outcomes. These standards apply to all fields of community nursing practice, however the evidence base and their application in different fields of community nursing will differ. These standards should therefore be read alongside the standards for education and training, which sets out our expectations regarding provision of all pre-registration and post-registration NMC approved nursing and midwifery education programmes.

These standards apply to all approved education providers and are set out in three parts:

Part one: Standards framework for nursing and midwifery education

Part two: Standards for student supervision and assessment

Part three: programme standards, which are the standards specific for each pre-registration or post-registration programme.

Educational institutions must meet our programme standards in order to be approved to deliver a programme which leads to one of the following SPQs: community children's nursing, community learning disabilities nursing, community mental health nursing, district nursing, general practice nursing or specialist community nursing.

The rationale for the new community nursing SPQ annotation which does not specify a particular field of community nursing role is that it can be applied to registered nurses who work in different community roles, including potential new roles that are emerging in the community, which require professionals to have the knowledge and skills that are specified in these standards in order to practise with higher levels of clinical autonomy and provide a better service for the people in their care.

Together these standards aim to provide Approved Education Institutions (AEIs) and their practice learning partners with the flexibility to develop innovative approaches to education, helping registered nurses to achieve a community nursing SPQ qualification, while also being accountable for the local provision and management of approved post-registration community nursing SPQ programmes in line with our standards. The relationship between the different sets of standards is shown in the diagram on the next page.

Standards diagram 1.png

Structure of these standards

The approach to the standards of proficiency for community nursing specialist practice qualifications aligns with that of our Standards of proficiency for registered nurses.

The standards are organised under seven headings, and were designed to ensure that across all fields of nursing practice, registered nurses are able to meet the person-centred, holistic care needs of the people they encounter in their practice who may have a range of mental, physical, cognitive, behavioural, social or spiritual needs. This ambition also applies to specialist
community nursing to meet the diverse needs of people of all ages, in their home, in settings close to home and in the community.

Professionals on our register already possess the knowledge and skills required to be registered as a nurse. These specialist community nursing standards of proficiency state the additional knowledge and skills required for community nursing SPQs.

These proficiencies will provide new post-graduate community nurses with SPQs entering the profession with the knowledge, skills and behaviours they need when they record their qualification on the register. Community nurses with a SPQ will build on these proficiencies as they gain experience and fulfil their professional responsibility. They will demonstrate their commitment to
develop as a specialist community practitioner and to build a career pathway, engaging in ongoing education and professional development opportunities necessary for revalidation.

The seven platforms

Platform 1: Being an accountable, autonomous professional and partner in care

Platform 2: Promoting health and wellbeing and preventing ill health

Platform 3: Assessing people's abilities and needs, and planning care

Platform 4: Providing and evaluating evidence-based care

Platform 5: Leading, supporting and managing teams

Platform 6: Leading improvements in safety and quality of care

Platform 7: Care coordination and system leadership

Taken together these proficiencies, developed in an appropriately structured educational programme, will provide nurses undertaking community nursing SPQs with the knowledge, skills and behaviours they need to work within their intended field of community nursing practice.

Legislative framework

Article 19(6) of the Nursing and Midwifery Order 2001 ('the Order') allows the NMC to establish standards of education and training for any additional qualifications that may be recorded on the register. Articles 15(3) to (9) and articles 16 to 18 of the Order will apply in respect of those standards as if they were standards established under article 15(1)(a). This means the NMC may establish standards of education and training and may approve a course of education or qualification in relation to SPQs.

Being an accountable, autonomous professional and partner in care

Last Updated: 29/10/2026

In this guide

- Outcomes

All registered nurses with a community nursing specialist practice qualification are required to work autonomously in people's homes, close to home or in the community, with people of all ages. They work in interdisciplinary and interagency environments, and they work with, and delegate to, diverse interdisciplinary and interagency teams involved in providing care. These teams include registered professionals, other colleagues who are not on a professional register, carers, family members, volunteers and others working in third sector organisations.

They often work in unpredictable, unconventional and complex settings, with consequently higher risks. They work independently, and require specialist knowledge and skill, in order to work effectively as an autonomous, accountable professional.

Many community nurses specialise in caring for a particular client group or are specialists in a particular field of practice. They apply their specialist community knowledge and skill in the context of their intended field of practice and the setting they practise in. As registered nurses, they abide by the Code, and meet all of the Standards of proficiency for registered nurses
relevant to their field of specialist community nursing practice.

Outcomes

Registered nurses with this qualification in their intended field of practice, will be able to:

1.1practise autonomously, proactively and innovatively, demonstrating self-awareness, emotional intelligence and openness

1.2lead and manage a service, with the ability to effectively admit, discharge and refer people to other professionals, services and agencies as appropriate

1.3deliver specialist person-centred care in complex, challenging and unpredictable circumstances

1.4account for their decisions, actions and omissions when working with complexity, risk, unpredictability and when all of the information required might not be available

1.5critically understand and apply relevant legal, regulatory and governance requirements, policies, and professional and ethical frameworks, differentiating where appropriate between the devolved legislatures of the United Kingdom

1.6lead and promote care provision that is person-centred, anti-discriminatory, culturally competent and inclusive

1.7demonstrate critical awareness of stigma and the potential for bias, taking action to resolve any inequity arising from either, and educate others where necessary

1.8recognise the need for, and lead on action to provide, reasonable adjustments for people, groups and communities, influencing health policy and promoting best practice

1.9demonstrate the principles of courage, transparency and the professional duty of candour, taking responsibility to address poor practice wherever it is encountered

1.10critically reflect and recognise when their personal values and beliefs might impact on their behaviour and practice

1.11assess the opportunities, risks and demands of specialist community nursing practice, and take action to maintain their own mental and physical health and wellbeing

1.12apply the numeracy, literacy, digital and technological skills required to deliver safe and effective specialist practice

hat meets the needs of people, their families and carers

.13be an effective ambassador and role model, and a positive influence on the profession.

Promoting health and wellbeing and preventing ill health

Last Updated: 29/10/2026

In this guide

- Outcomes

Registered nurses with a community nursing specialist practice qualification are pivotal to health protection and the promotion of health and wellbeing. They play a central role in co-designing the provision of care that supportsand improves mental, physical and behavioural health and wellbeing with the people, families, communities and populations that they serve.

They engage effectively, working with people of all ages at home, close to home or in the community, and support them to make their own choicesand decisions that can improve their health and care. They promote health and reduce health inequalities, actively promoting participation in local and national public health programmes and interventions. Using their knowledge of community assets, community nurses with a specialist qualification build on their day-to-day interactions to support people to make positive changes to their mental and physical health and wellbeing.

Outcomes

Registered nurses with this qualification in their intended field of practice, will be able to:

2.1apply specialist knowledge of epidemiology, demography and the social determinants of health and illness, taking action to influence policy, service design and delivery

2.2critically analyse the factors that may lead to inequalities in health outcomes, and their associated ethical dilemmas, to plan care in partnership with people, families and communities to improve them

2.3recognise health as a fundamental human right and evaluate the effects of social influences, health literacy, individual circumstances, behaviours and choices on people's current and future mental and physical health

2.4critically assess health needs in partnership with people, families, communities and populations, to support them to take decisions and actions that improve their own mental, physical, and behavioural health and wellbeing

2.5maximise opportunities for people, families, communities and populations to use their personal strengths and assets to make informed choices about their own health and wellbeing

2.6conduct, interpret and evaluate health and social care assessments, screening and profiling activity for people and communities, to take appropriate action to improve health outcomes

2.7apply specialist knowledge of social prescribing to support individual and community health outcomes

2.8critically analyse and assess the characteristics of communities, their assets and any areas for development in order to build networks and alliances that can enhance health outcomes for people and families

2.9promote and support people, communities and populations to connect effectively with local initiatives, support networks, programmes and third sector organisations that support their health and wellbeing

2.10utilise and evaluate the impact of networks to enhance and support the mental and physical needs of people, families and communities, and identify and address any deficiencies in support

2.11understand the role and application of genomics and epigenetics in sufficient detail to inform and advise people about the implications for personalised health care

2.12apply a range of advanced communication skills to develop public health information that is accessible and enables people to make informed decisions about their health and wellbeing

2.13share information regarding communicable diseases and approaches necessary for communicable disease

surveillance, infection prevention and control, including immunisation and vaccination programmes

2.14mitigate risks of environmental factors and other pollutants that have the potential to affect the health and wellbeing of people now and in the future.

Assessing people's abilities and needs, and planning care

Last Updated: 29/10/2026

In this guide

- Outcomes

People of all ages receive care and support at home and in the community. They may have complex acute care needs, or are living with life limiting or long term conditions, or have multiple co-morbidities that affect their mental and physical health.

All registered nurses with a community nursing specialist practice qualification have the knowledge, skills and attributes to be the lead professional in caring for people within their intended field of community nursing practice. Their specialist knowledge and skills gives them the ability to exercise a high level of professional judgement and be capable of complex decision-making. They are highly skilled in using an evidence-based approach, and see the person before the condition, in order to undertake an individualised holistic assessment. They co-produce evidence-based care plans with people, taking the wider social and environmental context into account, along with each person's mental, physical, cognitive, behavioural, social and spiritual abilities and needs.

They develop therapeutic relationships with people, their families, carers or nominated person to facilitate shared decision-making. They take into account the diverse experiences, abilities, needs, preferences and challenges people are living with in order to make sure that plans are achievable and capable of delivering positive outcomes.

They provide information and support people, and their families, carers or nominated persons where needed, to make decisions about how their care is delivered and agree opportunities for supported self-care. They identifyand provide the appropriate level of support, education and knowledge for others such as parents, family, formal and informal carers, or a nominated person. They assess and manage risks when making referrals to or receiving referrals from other interagency teams.

Outcomes

Registered nurses with this qualification in their intended field of practice, will be able to:

3.1create and apply a person-centred approach to care, working in partnership to support shared decision-making within the assessment and care planning process when working with people, their families or carers, and communities

3.2use advanced communication strategies and relationship management skills when interacting with people, including families and carers, who may have a range of mental, physical, cognitive, behavioural and social health challenges

3.3recognise and apply the principle of the presumption of capacity, and the requirement to seek informed consent throughout the assessment and planning process

3.4make reasonable adjustments to maximise opportunities for people to understand the outcome of their abilities and needs assessment, and the implications for their treatment and care

3.5make best interest decisions within the required legislative framework if, after seeking informed consent and making reasonable adjustments, their professional judgement is that a person lacks capacity to make a decision or give consent at that time

3.6assess and plan the care of people when they are vulnerable, agreeing on the required level of support needed to ensure maximum levels of independence throughout the continuum of care

3.7escalate, report, plan and coordinate immediate and continuing care for people in need of safeguarding

3.8proactively obtain and distil information from formal and informal sources to inform individual assessments, involving others as required

3.9critically analyse complex assessment information and data, distinguishing between normal and abnormal findings,

ecognising when prompt action is required, including requesting additional investigations, and involving others when ppropriate

.10critically apply clinical reasoning to decision-making, taking into account differential diagnosis and the potential for liagnostic overshadowing

.11maximise the potential use of technology and informatics to assist with assessment and diagnosis

.12apply knowledge and understanding of new and emerging science and technology, including genomics, to inform ssessment and treatment options, when agreeing personalised care plans with people and their families, carers or ominated persons

.13apply a range of problem solving, influencing and negotiation skills to maximise opportunities for shared decision-naking when co-producing care plans

.14assess individual abilities and needs when co-producing plans of care, agreeing opportunities for supported self-are and treatment interventions

.15take into account the impact of people's preferences, their close relationships and support systems, their home nvironment, and the influence of social, environmental and spiritual factors when agreeing the plan of care

.16create and maximise opportunities for people, and where needed their families, carers or nominated person, to emain independent and to facilitate self-care

.17effectively communicate the benefits and risks of different care and treatment options, explaining how the person nd their family or carers will be supported in the choices they make

.18anticipate and explain the impact that unexpected events and changes may have on the plan of care.

Providing and evaluating evidence-based care

Last Updated: 29/10/2026

In this guide

- Outcomes

All registered nurses with a community nursing specialist practice qualification take the lead in providing evidence based, person-centred and safe interventions, in the context of the specific client groups and settings within their intended field of SPQ practice.

They are able to initiate and deliver a range of care and treatment that can be supportive, curative, symptom relieving or palliative. They ensure that the care they provide or delegate is flexible, dynamic and is of a consistently high standard.

They are independently able to undertake a range of interventions to positively impact a person's health and wellbeing, and to manage complete episodes of care in relation to their intended field of SPQ practice.

They can communicate complex information in a way that supports, advocates for, enables and seeks to maximise the involvement of people, their families, carers or nominated person. They support people to make decisions and choices about their care and treatment, taking into account
the benefits and opportunities for supported self-management, and any risks.

They work in partnership with people, peers and interdisciplinary and interagency colleagues to assess the impact of care on an ongoing basis, including supporting and managing transition between services. They evaluate the care outcomes and whether planned interventions continue
to be effective and in line with the wishes, preferences and desired outcomes of the person receiving care, which may change over time.

Outcomes

Registered nurses with this qualification in their intended field of practice, will be able to:

4.1autonomously manage and evaluate complex episodes of care from referral to service and admission, to discharge from caseload, or referral to other appropriate services or agencies

4.2assess and manage transition of people to other services or agencies, proactively collaborating with colleagues of other disciplines and agencies to find solutions to mitigate any risks

4.3agree and negotiate with the person and where necessary their family, carer or nominated person, the implications of delegation of any aspect of their care to an alternative person

4.4recognise reduced concordance, changes in motivation or dissatisfaction with the care and treatment plan, and work in partnership with people to influence and negotiate any revisions to the plan

4.5proactively engage with, and effectively advocate for, people using services provided by other professionals or agencies to identify and find solutions where there is inconsistency, disagreement or conflict

4.6initiate a range of evidence-based care and treatment, including care, therapeutic interventions and social prescribing, that may be supportive, curative, symptom relieving or palliative

4.7safely and effectively manage complex medicines administration, optimisation and medicines reconciliation, and continually evaluate to ensure optimum effectiveness

4.8evaluate and adjust plans to ensure adequate safeguards for people when they are vulnerable

4.9maintain therapeutic relationships with people, their families and/or carers throughout the episode of care and treatment, and actively address any differing views

4.10understand and apply a range of techniques to educate people, their families, carers or nominated persons about

heir condition, treatment and care, to promote independence and confidence in supported self care and self-management

4.11work in partnership with people, their families, carers and other members of the team to continuously monitor and evaluate the care and treatment provided

4.12include people and their families or carers in making decisions about their care and mitigate any risks as a result of changes in a person's mental and physical health, their living environment, or social arrangements

4.13make autonomous decisions in challenging and unpredictable situations, and be able to take appropriate action to assess and manage risk

4.14work with people and where appropriate their families, carers or nominated person to agree and provide evidence-based person-centred nursing care for those who are dying or near to the end of life

4.15sensitively accommodate the preferences, beliefs, cultural requirements and wishes of the deceased and people who are bereaved

4.16clearly explain and accurately record the rationale for decisions, actions taken and resulting outcomes either in writing, or using digital technology, which can be shared with the person, their family, carers, nominated person and interdisciplinary and interagency teams.

Leading, supporting and managing teams

Last Updated: 29/10/2026

In this guide

- Outcomes

All registered nurses with a community nursing specialist practice qualification provide, manage and lead servicesrelated to their intended field across a variety of settings. They act as role models for good practice in the delivery of evidence-based treatment, nursing, interdisciplinary and interagency care. They are responsible for leading services, effectively managing the coordination of care of individuals, groups of people or defined caseloads. They put the abilities, needs, preferences and best interests of people first when taking action to manage the specific risks associated with their intended field of community nursing practice and the setting in which care takes place.

They are accountable for the delegation of activities to team members, including delegation to other interdisciplinary and interagency professionals and those colleagues who are not on a professional register, and to carers. They are able to teach and support the professional development of colleagues and students.

In leading and managing an interdisciplinary team, they are able to collaborate and communicate effectively. They are able to recognise and address any disagreement or conflict between those planning and delivering care, using the skills of negotiation and advocacy to arrive at mutually acceptable solutions that recognise the abilities, needs, preferences and best interests of people receiving care. Using their influencing and negotiation skills, they build professional working relationships within and between agencies to achieve seamless effective delivery of person-centred services.

Outcomes

Registered nurses with this qualification in their intended field of practice, will be able to:

5.1demonstrate leadership in applying human rights, equality, diversity and inclusion, to improve the health and wellbeing of people, families and communities

5.2demonstrate compassionate leadership when managing community nursing, interdisciplinary and interagency teams, to promote equality, diversity and inclusion, support individual professionals' wellbeing, motivate, and encourage team cohesion and productivity

5.3lead, promote and influence the nursing profession in wider health and social care contexts and know how to influence and improve the care of communities through partnership working

5.4identify available local community assets and engage with a range of providers, including third sector and faith-based support organisations and networks, to enhance the support and care of people

5.5evaluate a range of indicators to determine the skill mix and appropriate characteristics of the workforce required to meet the needs of specific caseloads

5.6review, lead and manage the people, financial and other resources required to safely meet caseload requirements, making professional risk based decisions when necessary to resolve resource issues

5.7construct cogent arguments and effectively communicate complex information to justify decisions about resource allocation

5.8delegate responsibility for the management of budget, people and other resources to team members, while retaining overall accountability

5.9critically analyse their personal workload requirements and that of the wider team to lead and prioritise activities in order to manage demand and capacity

5.10safely and effectively delegate responsibilities to team members based on an assessment of their level of knowledge, skill and confidence

5.11use digital technology to maximise the use of resources across interdisciplinary and interagency teams

5.12procure equipment and other items in line with relevant procurement policies, value for money considerations and health and safety requirements

5.13articulate a clear and evidence-based rationale for complex decision-making and professional judgement when leading teams in challenging situations

5.14continually reflect on their own leadership approach and take action to adapt their leadership style to different situations, including but not limited to when working with diverse teams who may be geographically dispersed

5.15effectively use systems to measure the impact, quality, productivity and cost efficacy of interdisciplinary and interagency teams to allow effective leadership and performance management

5.16conduct conversations with team members to provide opportunities for positive reinforcement and challenge, and agree any development plans or remedial actions in line with appraisal processes

5.17lead the development of a positive learning culture for interdisciplinary and interagency teams

5.18use a range of approaches and resources available to educate, support and motivate people, manage talent and succession plan

5.19apply a range of leadership strategies that are effective in supporting positive team development and cohesion across disciplines and agencies

5.20select, implement and evaluate strategies which are appropriate to the composition of the team, to enable supervision, reflection and peer review

5.21recognise individual abilities and learning needs when applying the standards of education and training for pre and post-registration nursing, midwifery and nursing associate students, in order to educate, supervise and assess effectively.

Leading improvements in safety and quality of care

Last Updated: 29/10/2026

In this guide

- Outcomes

All registered nurses with a community nursing specialist practice qualification lead the development and implementation of strategies to improve care, treatment and services, to enhance the health and wellbeing of the specific client group they serve. They are proficient in quality improvement and research methodologies.

They are able to capitalise on their specialist knowledge, skills and experience to mitigate and manage the range of risks, complaints and concerns associated with providing care in diverse community settings.
They are able to synthesise the outcomes of risk management activities and use these to develop strategies to promote learning and improvement.

They are able to lead evidence-based quality improvement initiatives. They are able to influence decision-making across the interdisciplinary team and in interagency settings in relation to the wider service and specifically in relation to their intended field of specialist community nursing practice.

Outcomes

Registered nurses with this qualification in their intended field of practice, will be able to:

6.1interpret health and safety legislation and regulations in order to develop local policy and guidance to support staff working across the range of home and community environments

6.2evaluate the outputs and recommendations of internal and external risk reporting to enable prioritisation, decision-making and the development of action plans to mitigate risk

6.3exercise the knowledge, skills and professional judgement required to balance competing risks and priorities, undertaking quality impact assessments that reflect the balance between safety, quality and least restrictive practices

6.4co-produce strategies and plans for service design with people, families and communities to improve care outcomes

6.5use innovative and emerging technology effectively to ensure collection and storage of data to allow analysis and forecasting to inform service improvement and safety plans

6.6devise methods of systematically and effectively capturing and evaluating people's lived experiences of care to lead improvements in the quality of service delivery

6.7evaluate different research designs and methodologies and their application to develop and address research questions and generate evidence for service improvement

6.8initiate and lead a continuous quality improvement programme, selecting an appropriate improvement methodology, collating and presenting results and proposing improvement actions

6.9critically appraise published results of service evaluation, research findings, improvement data and audit, and distil relevant learning that can be applied in practice to bring about service improvement

6.10present relevant research, quality and audit findings and proposals for care improvement to a range of audiences.

Care coordination and system leadership

Last Updated: 29/10/2026

In this guide

- Outcomes

All registered nurses with a community nursing specialist practice qualification have an extensive understanding of relevant social, political and economic policies and the way they impact on the broader community, and of the wider determinants of health and health inequalities.

They understand in detail the functions of the range of different agencies within the community that have a direct or indirect impact on health and wellbeing. They understand the political and economic drivers of each agency, and the resulting opportunities, constraints and risks, which enables them to successfully build appreciative and productive working relationships
for the benefit of people, families and communities they work with.

They are able to design and deliver an effective model of person-centred community nursing services, addressing the requirements of the specific client group by integrating within, and maximising the contribution of, other agencies and services. This will include an understanding of those agencies and services beyond their intended field of specialist community nursing practice, to support integration and system wide approaches and collaboration. All registered nurses with a community specialist qualification have the knowledge, skills and attributes to influence and work collaboratively with other agencies and professionals to design and deliver coordinated, sustained and productive change within the specific context in which they work.

They are able to use their specialist community nursing knowledge, skills and experience to influence and bring about evidence-based change at a local, regional and national level for the benefit of people, families and communities.

Outcomes

Registered nurses with this qualification in their intended field of practice, will be able to:

7.1critically analyse political and economic policies and drivers that may have an impact on the health, care and wellbeing of local communities

7.2understand the economic principles that drive health and social care, and their impact on resource allocation in integrated primary and community care services

7.3synthesise epidemiological, demographic, social, political and economic trends to forecast their impact and influence on current and prospective community nursing services

7.4build relationships between teams within different systems in health and care, appreciating the value of different approaches, skill sets and expertise

7.5maximise effectiveness of different services within the system through collaboration and co-design, ensuring that services work seamlessly together to meet the needs of people and communities

7.6apply a range of methodologies to drive continuous service improvement within the variety of different organisations and agencies that deliver services

7.7proactively lead on the creation and development of effective system networks that enhance communication and decision-making across organisations and agencies

7.8demonstrate cultural competence and leadership when challenging discriminatory, oppressive cultures and behaviours at a system level

7.9develop the skills required to influence the health and social care strategies and policies at a local, regional and national level

7.10effectively work in partnership with peers at a strategic level to promote and influence change and improve health outcomes for the people and communities served.

Glossary

Last Updated: 29/10/2026

The words in the glossary have been included to explain their specific meaning in the context of these regulatory standards. The meaning might expand on or be slightly more nuanced than the dictionary meaning of some of these words.

Best interest decision: a decision made for and on behalf of a person who has been assessed as lacking capacity to make a decision at that time. This is one of the key principles underpinning mental capacity legislation across the United Kingdom.

Caseload: a caseload refers to the people served and all the activities involved in supporting people requiring care from community nursing services over a specified period in a specified locality.

Community assets: resources that can be used to contribute to developing and improving local health and wellbeing. It may include people and their knowledge, skill, networks and relationships, physical structures, local services, businesses, charities and funds.

Community nursing: care provided by nurses in the community including but not limited to nursing care provided where people live, at home or close to home, in adult social care settings, educational settings, primary care, community clinics, outreach centres, health and justice and other community settings or establishments.

Concordance: an agreement reached after negotiation between a person receiving care and a healthcare professional that respects the beliefs and wishes of the person, for example, in determining whether the plan of care is being carried out as agreed, or when and how medicines are to be taken.

Co-design: in health and care involves the equal partnership of representative professionals, people or groups of people who come together to design care pathways, develop new pathways and revise existing services, models or systems.

Co-produce: a partnership approach which brings people together to find shared solutions and involves partnering with people from the start to the end of any initiative or change that affects them.

Cultural competence: demonstrating the knowledge, skills and behaviours that are respectful of and responsive to the cultural needs of diverse people and communities when providing health and care services.

Determinants of health: includes the social and economic environment, the physical environment and the person's individual characteristics and behaviours.

Evidence-based care: care given that reflects up to date evidence in the area, making sure it takes into account the personal abilities, needs and preferences of the person. It also includes the nurse making a personal judgement based on experience, observations and the abilities, needs and preferences of the person when evidence is limited.

Health literacy: the degree to which individuals can obtain, process, and understand basic health information and services needed to make appropriate health decisions.

Holistic assessment: collection, analysis and sorting of multiple sources of observation and information about a person or people to inform interventions to improve health. The focus is on the whole person, not just a potential or actual illness.

Nominated person: in parts of the UK, the role of nominated person exists in mental health/capacity legislation. This is someone that an individual selects to represent them. If the person lacks capacity to nominate, an interim nominated person will be appointed by an approved mental health professional (AMHP) until the person has capacity to make their own nomination. In Scotland the equivalent term is 'Named person'.

People: individuals, groups or populations who receive services from nurses, midwives and nursing associates, healthy and sick people, parents, children, families, carers, nominated persons, also including educators and students and others within and outside the learning environment.

Person-centred: where the person is at the centre of decision-making, focusing care on the abilities and needs of a

person, ensuring that people's preferences, abilities, needs and values guide clinical decisions, and providing care and support that is respectful of and responsive to them.

Principle of presumption of capacity: one of the five key principles under the mental capacity legislation of the United Kingdom. The principle states that every adult has the right to make his or her own decisions and must be assumed to have capacity to do so unless it is proved otherwise. This means we can't assume that someone can't make a decision for themselves just because they have a particular medical condition or disability.

Specialist practice: surpasses the expectation of the standards of proficiency for registered nurses in areas such as assessment, diagnosis, decision-making, care planning, coordination of care and care delivery specific to a particular person, context, setting or client group.

Transition of care: transitions of care are an integral part of a person's journey across health and care systems. Transition of care is recognised to pose risks for a number of reasons. Managing the coordination and transition of people safely and effectively from one place of care to another, or between different professionals, therefore requires effective collaboration to ensure seamless, risk-free, person-centred continuity of care. This may include: transition from children and young people services to adult care services, from primary and community focused care to specialist inpatient care provision, from home to adult social care, from home to hospice care or transfer of care from a professional in one discipline to another professional in a different profession.

Vulnerable people: people who may be vulnerable at a particular time and in particular situations (but not in others), due to their personal characteristic(s), situation(s) or neglect, and therefore at a higher risk of potential or actual harm. The type of harm may be emotional, physical, sexual, psychological, material or financial.