

Section B

Specialist Community Public Health Nursing: Draft standards of proficiency

B1: Standards of Proficiency

Q17 Do you agree or disagree that the draft core and field specific standards of proficiency adequately reflect the specialist knowledge, skills and attributes necessary for all SCPHN registrants?

Strongly agree

Agree

Neither agree nor
disagree

Disagree

Strongly disagree



Q18 Please give reasons for your answer.

The QNI agrees with the approach of draft core and field specific standards of proficiency for SCPHN registrants. However, there are concerns on the completeness and detail which are given in further responses within this section of the questionnaire.

The following sections focus on each of the fields of SCPHN practice: health visiting, occupational health nursing and school nursing.

Q19 Do you want to answer questions on health visiting?

Yes

No

Specialist Community and Public Health Nurse – Health Visitor

Q20

Do you agree or disagree that the draft core and health visiting field specific standards:

Strongly agree

Agree

Neither agree
nor disagree

Disagree

Strongly
disagree

will enable future health visitors to practise with a high level of autonomy?



reflect the breadth and depth of the evidence-base needed for SCPHN health visiting practice?



focus on the health visitor's role in working in partnership with children, parents and families in relation to their mental, physical, emotional, spiritual and social needs?



focus on the importance of the health visitor's role in being able to recognise, identify and provide person-centred support and care to meet the needs of women with perinatal mental health needs?



focus on the importance of the health visitor's role in being able to recognise, identify and provide person-centred support and care to promote infant mental health and identify infant distress?



emphasise the knowledge and skills the health visitor needs to proactively support and work in partnership with people and families and other agencies to safeguard those in vulnerable circumstances, and those at risk of harm or abuse?



state the knowledge, skills and attributes health visitors require to strategically influence and lead change?



Q21 Please comment on what is missing from the draft standards.

In order to open a comments box and provide more feedback, the 'disagree' boxes needed to be ticked.

This does not mean that we wholly disagree with the standards of proficiency within the Sphere of Influence for SCPHN - Health Visitor

Please note that the QNI fully supports the additional feedback given by the iHV in the letter pages 12-16 with regard to the Spheres of Influence: A, B, C, D, E and F:

<https://ihv.org.uk/wp-content/uploads/2021/07/COMBINED-iHV-responses-to-NMC-Post-reg-Standards-consultation-FINAL-VERSION-22.7.21.pdf>

Q22 Do you want to answer questions on occupational health nursing?



Yes

No

Specialist Community and Public Health Nurse - Occupational Health Nurse

Q23 Do you agree or disagree that the draft core and occupational health nursing field specific standards:

Strongly agree

Agree

Neither agree
nor disagree

Disagree

Strongly
disagree

will enable future occupational health nurses to practise with a high level of autonomy?



reflect the breadth and depth of the evidence-base needed for SCPHN occupational health nursing practice?



articulate the necessary knowledge and skills for SCPHN occupational health nurses to promote, support and deliver improved health and wellbeing for workers, in organisations and businesses?



where needed, promote, support and deliver improved health and wellbeing to workers', organisations' and businesses' related families, communities and populations?



emphasise the occupational health nurse's role on prioritising people's health and safety in the workplace?



emphasise the knowledge, skills and attributes required for occupational health nurses to strategically influence and lead change?



describe the right level of business and commercial acumen and reporting knowledge and skills that occupational health nurses require?



Q24 Please comment on what is missing from the draft standards.

Please note the QNI has needed to tick 'disagree' in order to open the comments box.

This does not mean that we wholly disagree with the standards within the Spheres of Influence in relation to SCPHN - Occupational Health Nurse.

However, please note that the QNI fully supports the feedback from Professor Anne Harriss (Queen's Nurse) in the Society of Occupational Health Medicine: https://www.som.org.uk/sites/som.org.uk/files/SOM_letter_NMC_SCHPHN_consultation_June_21.pdf

Q25 Do you want to answer questions on school nursing?

Yes

No

Specialist Community and Public Health Nurse - School Nurse

Q26 Do you agree or disagree that the draft core and school nursing field specific standards:

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
will enable future school nurses to practise with a high level of autonomy?				<input checked="" type="radio"/>	
reflect the breadth and depth of the evidence-base needed for SCPHN school nursing practice?				<input checked="" type="radio"/>	

enable school nurses to deliver improvements aligned to key public health priorities for children and young people?



place health promotion and improvement in the health and wellbeing of children and young people as central to SCPHN school nurse practice?



enable future school nurses to advocate for promoting positive health and wellbeing in children and young people?



prepare school nurses to deliver strategies and interventions that support and improve children's and young people's health and wellbeing choices and behaviours within and outside of school?



focus on the knowledge, skills and attributes required for school nurses to strategically influence and lead change?



Q27 Please comment on what is missing from the draft standards.

Please note the QNI has needed to tick 'disagree' in order to open the comments box.

This does not mean that we wholly disagree with the standards of proficiency within the Spheres of Influence in relation to SCPHN - School Nurse.

The QNI is broadly supportive of the feedback provided to the NMC by the School and Public Health Nurses Association (SAPHNA).

B2: Prescribing Practice

There is currently a mixture of approaches with regard to the inclusion of prescribing modules within existing NMC approved SCPHN programmes, with many including the V100 prescribing programme.

Q28 Please tell us if you think that a prescribing element should be a mandatory integrated programme requirement, should be an optional requirement, or is not necessary for the role/s of the SCPHN programmes' fields of practice routes you wish to respond to (leave blank those you don't wish to respond to).

	Mandatory Integrated	Optional	Not necessary
SCPHN - Health visiting route		<input checked="" type="radio"/>	
SCPHN - Occupational health nursing route		<input checked="" type="radio"/>	
SCPHN - School nursing route		<input checked="" type="radio"/>	

Q29 Please tell us which level of prescribing qualification – either the V100 or V300 – you believe is most appropriate for the SCPHN programmes' field of practice routes you wish to respond to (leave blank those you don't wish to respond to).

	V100	V300
SCPHN - Health visiting route		<input checked="" type="radio"/>
SCPHN - Occupational health nursing route		<input checked="" type="radio"/>
SCPHN - School nursing route		<input checked="" type="radio"/>

Q30 Please tell us your rationale in the comments box provided.

The QNI recognises that the mandatory inclusion of a V300 programme requires a large percentage of the overall SCPHN programme to be dedicated to teaching prescribing. This may lead to a challenge in covering all the material required in a full Masters programme.

The QNI also recognises that the V300 programme may not be required for every SCPHN practitioner.

Therefore the QNI believes that this should be an optional qualification to be undertaken following the completion of the SCPHN programme as required.

B3: Retaining the RPHN qualification

As well as the existing Specialist Community Public Health Nurse (SCPHN) qualifications, we also have a broader registered public health nurse (RPHN) qualification.

We know that public health nursing roles exist today that the NMC does not regulate and more may emerge, especially as a result of the impact of the Covid-19 pandemic. We therefore wish to test whether we should consider retaining the RPHN qualification for those roles and if so whether the knowledge, skills and attributes described in the draft core SCPHN standards would be applicable.

Please give us your views on the following:

Q31 **Should the NMC retain the SCPHN RPHN qualification for public health nursing roles other than health visiting, occupational health nursing and school nursing?**

Yes



No

Don't know

Q32 **Please explain your rationale.**

This qualification will create confusion with the qualification of Public Health Practitioner. This is a qualification open to nurses and midwives, although it is not a pre-requisite to be a registered nurse or midwife and the practitioner is registered with the UK Public Health Register: <https://ukphr.org/practitioner/>

Q35 Please explain here if you think there are any unintended consequences to retaining an option for the SCPHN RPHN qualification.

With alternative routes to become a Public Health Practitioner being widely available and subsequent career pathways mapped to these, there is a potential for those undertaking the SCPHN RPHN to have no identifiable nursing or other peer group and career structure, such as Health Visitors, Occupational Health Nurses and School Nurses.

Any further or final comments

Q36 Do you have any other comments about any part of our proposed SCPHN standards that you've not had a chance to raise above?

Many of the proposed SCPHN standards of proficiency are directly applicable to annotated fields of community nursing practice leading to Specialist Practice Qualifications, in particular to Community Children's Nursing and General Practice Nursing. In addition, many of the standards of proficiency are directly applicable to the proposed annotation for the field of practice of Homeless and Inclusion Health. These have been included in the responses in the section on SPQ standards of proficiency.

Section C

Community Nursing Specialist Practice Qualifications: draft standards of proficiency

C1: the Standards of Proficiency

Background:

In line with our 2018 standards of proficiency for registered nurses our new draft post-registration SPQ standards of proficiency are arranged across 7 platforms.

We would like to know whether the draft standards as set out across the 7 platforms below are applicable and necessary to each of the community fields of practice.

You do not have to answer for every single field of community practice if you do not wish to. Please answer for the fields of community practice you feel best placed to (otherwise leave blank).

Platform 1: Being an accountable and autonomous professional

Q38 Do you think the standards in Platform 1 are applicable to the following community fields of practice?

	Yes	No	Don't know
Children's community nursing (CCN)		<input checked="" type="radio"/>	
Community learning disabilities nursing (CLDN)		<input checked="" type="radio"/>	
Community mental health nursing (CMHN)		<input checked="" type="radio"/>	
District nursing (DN)		<input checked="" type="radio"/>	
General practice nursing (GPN)		<input checked="" type="radio"/>	

Q39 Please comment on why you selected 'no' as a response.

Many of the core standards reflect a lower level of practice than expected for practitioners who are leading and managing teams and services in a high-risk role with high-risk communities. The terminology used in the standards should reflect a more advanced and high-risk level of practice.

In addition, field-specific standards are required to distinguish the knowledge and skills of each of the SPQ annotated fields of practice in the same way that four of the six spheres of practice within the SCPHN standards of proficiency have core (shared) and field specific standards. Examples of the preferred terminology from SCPHN standards of proficiency and also the missing field specific standards of proficiency are provided below. These are not comprehensive and a period of engagement with the experts of these fields of practice is required for their full and comprehensive co-production:

1.1: demonstrate the ability to practise with a high level of autonomy, proactivity, innovation and entrepreneurship and be self-aware, emotionally intelligent and open to change (use of some SCPHN terminology in A1)

1.5: critically understand and lead on the application of relevant legal, regulatory and governance requirements, policies and professional and ethical frameworks...etc. (changed wording to a more advanced level of practice)

1.6: the standard of proficiency should include reference to leading a personalised care approach to the service (reflecting a more advanced level of practice)

Platform 2: Promoting health and preventing ill health

Q40 Do you think the standards in Platform 2 are applicable to the following community fields of practice?

	Yes	No	Don't know
Children's community nursing (CCN)		<input checked="" type="radio"/>	
Community learning disabilities nursing (CLDN)		<input checked="" type="radio"/>	
Community mental health nursing (CMHN)		<input checked="" type="radio"/>	

District nursing (DN)



General practice nursing (GPN)



Q41 Please comment on why you selected 'no' as a response.

Many of the core standards reflect a lower level of practice than expected for practitioners who are leading and managing teams and services in a high-risk role with high-risk communities. The terminology used in the standards should reflect a more advanced and high-risk level of practice.

In addition, field-specific standards are required to distinguish the knowledge and skills of each of the SPQ annotated fields of practice in the same way that four of the six spheres of practice within the SCPHN standards of proficiency have core (shared) and field specific standards. These are not comprehensive and a period of engagement with the experts of these fields of practice is required for their full and comprehensive co-production:

In the pre-amble to the standards in this section, the words 'leading' and 'creating' and 'regional' should be added to the sentence: They recognise and tackle inequalities, they know the assets of their community and are active in leading, promoting, creating and participating in local, regional and national public health programmes and interventions. (emphasising a greater leadership role and a more advanced level of practice).

2.3: Influence and promote health as a fundamental human right and as a shared value through engagement, inclusion and participation. Lead on the evaluation of the effects of social influences, health literacy ...etc. (utilising the more advanced terminology of the SCPHN standard of proficiency A5)

2.5: lead on the work of planning, organising and undertaking health and social care assessment, screening and profiling ...etc. (emphasising a greater leadership role and a more advanced level of practice).

2.7: this standard should include the role in relation to leadership in the creation of initiatives to connect effectively emphasising the leadership role and the advanced level of practice when assessing health needs and creating solutions.

2.10 and 2.11: these standards should include a reference to leading on the application and evaluation of a personalised care approach.

Platform 3: Assessing peoples' abilities and needs, and planning care

Q42 Do you think the standards in Platform 3 are applicable to the below community fields of practice?

	Yes	No	Don't know
Children's community nursing (CCN)		<input checked="" type="radio"/>	
Community learning disabilities nursing (CLDN)		<input checked="" type="radio"/>	
Community mental health nursing (CMHN)		<input checked="" type="radio"/>	
District nursing (DN)		<input checked="" type="radio"/>	
General practice nursing (GPN)		<input checked="" type="radio"/>	

Q43 Please comment on why you selected 'no' as a response.

Many of the core standards reflect a lower level of practice than expected for practitioners who are leading and managing teams and services in a high-risk role with high-risk communities. The terminology used in the standards should reflect a more advanced and high-risk level of practice.

In addition, field-specific standards are required to distinguish the knowledge and skills of each of the SPQ annotated fields of practice in the same way that four of the six spheres of practice within the SCPHN standards of proficiency have core (shared) and field specific standards.

Examples of the preferred terminology from SCPHN standards of proficiency and also the missing field specific standards of proficiency are provided below. ***These are not comprehensive and a period of engagement with the experts of these fields of practice is required for their full and comprehensive co-production, including Adult Social Care Nursing and Homeless and Inclusion Health Nursing.***

In this platform, there are many examples where there are field specific standards required and only some are provided here.

These include in this section, specific standards for General Practice Nursing, Community Children's Nursing, Community Mental Health

Nursing, Community Learning Disability Nursing and District Nursing and many of the missing standards can be found in the SCPHN standards of proficiency including:

Sphere C (HV 3): play a significant role in promoting mental health for parents, families, infants and children, etc. - it should be noted that General Practice Nurses and Community Children's Nurses have a central role in this work. It should also be noted that GPNs will need standards of proficiency that are specific to the assessment of and care delivery for infants, children and young people. They are not required to be registered children's nurses before entry to the GPN programme and will be seeing people at every stage of the life course. In addition, CMHN and CLDN will require additional standards to support the development of their knowledge and skills in leading and managing assessment and care delivery specifically with children and young people.

Sphere C (HV 4): as above - this standard applies equally to GPN and CCN

Sphere C (HV 5): as above - this standard applies equally to GPN and CCN

Sphere C (HV 6): as above - this standard applies equally to GPN and CCN

Sphere C (OHN 1): as above - this standard applies to GPN

Sphere C (SN 4): as above - this standard applies to CCN, GPN, CLDN and CMHN

Sphere C (SN 6): as above - this standard applies to CCN, GPN, CLDN and CMHN

Sphere C (SN 7): as above - this standard applies to CCN, CLDN and CMHN

Sphere E (HV 1): this is applicable to CCN

Sphere F (HV 3): this is applicable to CCN

Sphere F (SN 4): this is applicable to CCN

Sphere F (SN 5): this is applicable to CCN and potentially CMHN

There is no mention in the standards proficiency which refer to a major area of nursing work in the community - the transition of children and young people from children's to adult services. This missing standard applies to CCN and DN and may also apply to CMHN for young people moving from Child and Adolescent Mental Health services to Community Adult Mental Health services.

Platform 4: Providing and evaluating evidence-based care

Q44 Do you think the standards in Platform 4 are applicable to the below community fields of practice?

	Yes	No	Don't know
Children's community nursing (CCN)		<input checked="" type="radio"/>	
Community learning disabilities nursing (CLDN)		<input checked="" type="radio"/>	
Community mental health nursing (CMHN)		<input checked="" type="radio"/>	
District nursing (DN)		<input checked="" type="radio"/>	
General practice nursing (GPN)		<input checked="" type="radio"/>	

Q45 Please comment on why you selected 'no' as a response.

Many of the core standards reflect a lower level of practice than expected for practitioners who are leading and managing teams and services in a high-risk role with high-risk communities. The terminology used in the standards should reflect a more advanced and high-risk level of

practice.

In addition, field-specific standards are required to distinguish the knowledge and skills of each of the SPQ annotated fields of practice in the same way that four of the six spheres of practice within the SCPHN standards of proficiency have core (shared) and field specific standards. Examples of the preferred terminology from SCPHN standards of proficiency and also the missing field specific standards of proficiency are provided below. ***These are not comprehensive and a period of engagement with the experts of these fields of practice is required for their full and comprehensive co-production, including Adult Social Care Nursing and Homeless and Inclusion Health Nursing.***

In this platform, there are many examples where there are field specific standards required and only some are provided here. For example, there is no mention in this platform of children and young people. It should also be noted that GPNs will need standards of proficiency that are specific to the providing evidence-based care to infants, children and young people. They are not required to be registered children's nurses before entry to the GPN programme and will be seeing people at every stage of the life course. In addition, CMHN and CLDN will require additional standards to support the development of their knowledge and skills in leading and managing assessment and care delivery specifically with children and young people.

Also, in the fields of practice which have not been annotated, such as Homeless and Inclusion Health Nursing, preparation for working with children, young people and families is required. One example is given below of the missing standards for this specific field of practice and there will be many more missing.

For example:

4.4: this is too generic and requires a standard which is relevant to the knowledge, skills and behaviours of GPNs, CCNs, CMHN and CLDNs working with children and young people.

4.5: this is too generic and requires a standard which is relevant to the knowledge, skills and behaviours of GPNs, CCNs, CMHN and CLDNs working with children and young people.

In addition, specific standards for General Practice Nursing, Community Children's Nursing, Community Mental Health Nursing, Community Learning Disability Nursing and District Nursing and many of the missing standards can be found in the SCPHN standards of proficiency including:

Sphere D (HV 5): - this is applicable to the specific fields of practice for CCN and GPN and also for Homeless and Inclusion Health Practitioners

Sphere D (HV 6): - this is applicable to GPN and CCN

Sphere D (HV 7): - this is applicable to GPN and CCN

Sphere D (HV 8): - this is applicable to CCN

Sphere D (HV 9): - this is applicable to CCN

Sphere D (HV 10): - this is applicable to CCN and CLDN

Sphere D (HV 11): - this is applicable to CCN and also to the work of Homeless and Inclusion Health practitioners who work in a trauma informed way with the communities they serve

Sphere D (HV 12): - this is applicable to GPN

Sphere D (HV 13): - this standard of proficiency is important to be included in field specific standards for DNs who lead on the support of bereaved families, including where a parent of children and young people has died)

Sphere D (SN 2): - this is applicable to CCN and GPN

Platform 5: Leading and managing teams

Q46 Do you think the standards in Platform 5 are applicable to the below community fields of practice?

	Yes	No	Don't know
Children's community nursing (CCN)		<input checked="" type="radio"/>	
Community learning disabilities nursing (CLDN)		<input checked="" type="radio"/>	
Community mental health nursing (CMHN)		<input checked="" type="radio"/>	
District nursing (DN)		<input checked="" type="radio"/>	
General practice nursing (GPN)		<input checked="" type="radio"/>	

Q47 Please comment on why you selected 'no' as a response.

Many of the core standards reflect a lower level of practice than expected for practitioners who are leading and managing teams and services in a high-risk role with high-risk communities. The terminology used in the standards should reflect a more advanced and high-risk level of practice.

Examples of where the terminology could be strengthened include:

In the preamble, reference to the importance of compassionate leadership should be made.

5.1: meeting the needs of the local community is too wide and non-specific. This requires some specificity on the needs being referred to and the services being provided.

5.2: consideration should be given to the use of 'workload' rather than caseload.

5.3: 'community assets' should be added to this standard.

5.4: include reference to the need for escalation where the demand exceeds capacity.

5.5: consider including 'a comprehensive assessment' rather than state 'an assessment'.

5.5: strengthen this standard with 'use and lead on the development of approaches to digital technology to maximise ...' etc

5.12: add reference in this standards to 'creating innovative solutions' where there are gaps or where improvements in information are required.

5.15: Nursing Associates (England only)

Platform 6: Leading improvements in safety and quality of care

Q48 Do you think the standards in Platform 6 are applicable to the below community fields of practice?

	Yes	No	Don't know
Children's community nursing (CCN)		<input checked="" type="radio"/>	
Community learning disabilities nursing (CLDN)		<input checked="" type="radio"/>	
Community mental health nursing (CMHN)		<input checked="" type="radio"/>	
District nursing (DN)		<input checked="" type="radio"/>	
General practice nursing (GPN)		<input checked="" type="radio"/>	

Q49 Please comment on why you selected 'no' as a response.

Many of the core standards reflect a lower level of practice than expected for practitioners who are leading and managing teams and services in a high-risk role with high-risk communities. The terminology used in the standards should reflect a more advanced and high-risk level of practice.

For example:

There is insufficient specificity in this platform to the knowledge and skills required in the management of risk within the specific communities served by practitioners in each of the annotated and as yet unannotated fields of practice.

Safeguarding is mentioned in platform 3 once (3.7) but this work can be extensive within many of the specific fields of SPQ practice and is relevant to this and to other platforms - for example in relation to 6.4 'service design'.

Platform 7: Care co-ordination and system leadership

Q50 Do you think the standards in Platform 7 are applicable to the below community fields of practice?

	Yes	No	Don't know
Children's community nursing (CCN)		<input checked="" type="radio"/>	
Community learning disabilities nursing (CLDN)		<input checked="" type="radio"/>	
Community mental health nursing (CMHN)		<input checked="" type="radio"/>	
District nursing (DN)		<input checked="" type="radio"/>	
General practice nursing (GPN)		<input checked="" type="radio"/>	

Q51 Please comment on why you selected 'no' as a response.

Many of the core standards reflect a lower level of practice than expected for practitioners who are leading and managing teams and services in a high-risk role with high-risk communities. The terminology used in the standards should reflect a more advanced and high-risk level of practice.

In addition, field-specific standards are required to distinguish the knowledge and skills of each of the SPQ annotated fields of practice in the same way that four of the six spheres of practice within the SCPHN standards of proficiency have core (shared) and field specific standards.

Examples of the preferred terminology from SCPHN standards of proficiency and also the missing field specific standards of proficiency are provided below. These are not comprehensive and a period of engagement with the experts of these annotated and yet to be annotated fields of practice is required for their full and comprehensive co-production.

In relation to systems leadership, the annotated field of General Practice Nursing requires a standard of proficiency in relation to public health, communicable disease surveillance and specifically the systems leadership of immunisation and vaccination programmes. This has been evident in the Covid-19 pandemic but is equally applicable to the leadership of the 'flu and childhood vaccination services:

SCPHN Sphere E 9 ('leadership of' added): protect public health by enabling the application of communicable disease surveillance, infection prevention and control, including leadership of immunisation and vaccination programmes.

In relation to systems leadership, many of the standards are applicable to all fields of SPQ and can be adapted to reflect the proficiencies that are required in relation to the skills of influence and change within systems leadership in these fields. For example:

SCPHN Sphere of Influence E (1)

SCPHN Sphere of Influence E (2)

SCPHN Sphere of Influence E (3)

SCPHN Sphere of Influence E (4)

SCPHN Sphere of Influence F (4)

SCPHN Sphere of Influence F (5)

C2: Prescribing practice

There is currently a mixture of approaches with regard to the inclusion of prescribing modules within existing NMC approved community SPQ programmes. Some include a V100 community formulary prescribing qualification, some include a V300 independent/supplementary prescribing qualification, and some do not include a prescribing qualification at all.

Q52 Please tell us if you think that a prescribing element should be a mandatory integrated programme requirement; should be an optional requirement; or is not necessary for the SPQ programmes fields of practice routes you wish to respond to (leave blank those you don't wish to respond to).

	Mandatory Integrated	Optional	Not necessary
SPQ - Children's community nursing (CCN) route	<input checked="" type="checkbox"/>		
SPQ - Community learning disabilities nursing (CLDN) route	<input checked="" type="checkbox"/>		
SPQ - Community mental health nursing (CMHN) route	<input checked="" type="checkbox"/>		
SPQ - District nursing (DN) route	<input checked="" type="checkbox"/>		
SPQ - General practice nursing (GPN) route	<input checked="" type="checkbox"/>		

Q53 Please tell us which level of prescribing qualification – either the V100 or V300 – you believe is most appropriate for the SPQ programmes field of practice routes you wish to respond about (leave blank those you don't wish to respond to).

	V100	V300
SPQ - Children's community nursing (CCN) route		<input checked="" type="checkbox"/>
SPQ - Community learning disabilities nursing (CLDN) route		<input checked="" type="checkbox"/>
SPQ - Community mental health nursing (CMHN) route		<input checked="" type="checkbox"/>
SPQ - District nursing (DN) route		<input checked="" type="checkbox"/>
SPQ - General practice nursing (GPN) route		<input checked="" type="checkbox"/>

Q54. Please tell us your rationale in the comments box provided.

SPQ – CCN The QNI recognises that the V300 programme would require a significant proportion of the overall SPQ programme to be dedicated to teaching and assessing prescribing, both in the AEI and in practice. Advanced Clinical Assessment skills should also be mandatory and delivered in the programme prior to the taught V300 being delivered. A full Masters programme of 180 credits is therefore recommended to ensure accommodation of all standards of proficiency of the specialist practitioner, who is leading and managing a nurse led service.

SPQ – CLDN The QNI recognises that the V300 programme would require a significant proportion of the overall SPQ programme to be dedicated to teaching and assessing prescribing, both in the AEI and in practice. Advanced Clinical Assessment skills should also be mandatory and delivered in the programme prior to the taught V300 being delivered. A full Masters programme of 180 credits is therefore recommended to ensure accommodation of all standards of proficiency of the specialist practitioner, who is leading and managing a nurse led service.

SPQ – CMHN The QNI recognises that the V300 programme would require a significant proportion of the overall SPQ programme to be dedicated to teaching and assessing prescribing, both in the AEI and in practice. Advanced Clinical Assessment skills should also be mandatory and delivered in the programme prior to the taught V300 being delivered. A full Masters programme of 180 credits is therefore recommended to ensure accommodation of all standards of proficiency of the specialist practitioner, who is leading and managing a nurse led service.

SPQ – DN The QNI recognises that the V300 programme would require a significant proportion of the overall SPQ programme to be dedicated to teaching and assessing prescribing, both in the AEI and in practice. Advanced Clinical Assessment skills should also be mandatory and delivered in the programme prior to the taught V300 being delivered. A full Masters programme of 180 credits is therefore recommended to ensure accommodation of all standards of proficiency of the specialist practitioner, who is leading and managing a nurse led service.

SPQ – GPN The QNI recognises that the V300 programme would require a significant proportion of the overall SPQ programme to be dedicated to teaching and assessing prescribing, both in the AEI and in practice. Advanced Clinical Assessment skills should also be mandatory and delivered in the programme prior to the V300 being delivered. A full Masters programme of 180 credits is therefore recommended to ensure accommodation of all standards of proficiency of the specialist practitioner, who is leading and managing a nurse led service.

C3: Skills and procedures

In our pre-registration nursing standards of proficiency, we include a skills annexe which identifies the skills and procedures that nurses are required to demonstrate in order to successfully complete their programme. During the pre-consultation engagement on post-registration standards, the feedback we received indicated that this was not necessary for these draft community SPQ standards.

Q55 Do you think there is a requirement for an annexe to detail the specific skills and procedures required to underpin the proficiencies? If so, are there examples of skills that you would like to see included?

Yes



No

Don't know

C4: Proposal for an additional community SPQ

Background:

We propose to retain all of the existing community SPQ annotations (community children’s nursing, community learning disabilities nursing, community mental health nursing, district nursing and general practice nursing).

We are also consulting on the addition of one more annotation with a title of “community specialist practitioner”. The rationale for this is that a range of new roles now exist in community health and social care which require increasing levels of autonomous practice and leadership (for example, social care, hospital at home, intermediate care, offender health) for which no NMC community specialist practice qualification exists. It is likely that others will be developed in the future.

We therefore wish to test whether an additional community SPQ is necessary, and if so, whether the knowledge, skills and attributes described in the draft SPQ standards would be applicable for other community nursing roles. (This assumes that educational providers are able to demonstrate that they could construct an appropriate programme to ensure that the standards are taught within an appropriate context).

Please give us your views on the following:

Q56 Five community SPQ annotations currently exist and will continue. Do you agree or disagree that the NMC should seek to extend these standards for other community roles which do not currently have a community nursing specialist practice qualification?

Strongly agree

Agree

Neither agree nor disagree

Disagree

Strongly disagree



Q57 Please give reasons for your answer.

The NMC was been clear in the engagement phase that the SPQ should not prepare the practitioner for a role or a title, unlike the SCPHN qualification, hence the annotation of a field of practice and the emphasis on the preparation

for an advanced level of practice in leading and managing the services and the downstream risk within the field of practice.

It should be noted that there are a limited number of established nurse-led services in the community and the standards of proficiency should be equally applicable to these, with annotations and specific standards to support the annotations.

The QNI believes that the NMC should seek to extend the standards and include field specific standards with annotations for at least two other specialist fields of community specialist practice: Homeless and Inclusion Health and Adult Social Care Nursing. These are very well established high-risk, nurse-led services delivered within the community setting and specific standards of proficiency are be required in addition to core/shared standards to prepare the nurses to lead and manage the teams and services in these settings within the SPQ.

In addition, consideration should be given to the annotation of Criminal Justice Nursing (to include the Prison Nursing service) and Hospice Nursing. Whilst the QNI has not focussed any discussions and workshops on standards with these two nurse-led services, consideration should be given to engage with expert practitioners in these services in determining the applicability of the draft standards, annotation and field specific standards.

Lastly, the QNI believes that any maintenance of annotation of 'community specialist practitioner' carries a significant risk of being meaningless to the public and potentially unjustifiable in relation to a professional regulator's requirement to protect the public. Community does not define a specialist field of practice - it is a location in which the nurse-led service is delivered and it is impossible to be a specialist practitioner without defining for the public a field of practice in which the community practitioner is a specialist.

Q58 Do you agree or disagree that the draft SPQ standards are appropriate for nurses who practice in other community settings?

Strongly agree

Agree

Neither agree nor
disagree

Disagree

Strongly disagree



Q59 Please give reasons for your answer.

The standards are not appropriate for all nurses who practice in other community settings as they do not reflect the proficiencies (what nurses need to know and be able to do by the end of the programme) that are specific to the specialist field of practice.

The draft SPQ standards do not reflect the standards of proficiency of disease specific nurses working in the community who do not have responsibility for a community nurse-led service, with 24/7 holistic care of the individual and their carers and families, the leadership and management of a team of regulated and unregulated team members and the related downstream risks.

Q60 Please explain here if you consider there to be any unintended consequences to the proposal for a new community SPQ qualification?

The SPQ should be considered as one qualification with annotations and field-specific routes to support the annotations through the qualification, to mirror the approach to the SCPHN qualification.

Much unnecessary confusion has arisen throughout the engagement phase by referring to each annotated qualification an additional SPQ.

C5: Recording the qualifications

When someone has gained the community SPQ, it is annotated next to their name on the register. Our proposal is that these qualifications would be annotated in future as Community Nursing SPQ (CCN), Community Nursing SPQ (CLDN), Community Nursing SPQ (CMHN), Community Nursing SPQ (DN), Community Nursing SPQ (GPN), and Community Nursing SPQ (CSPQ), for the proposed additional annotation.

Q61 Would these forms of annotation be appropriate for all six SPQs?

Yes

No

Don't know

Q62 Please explain your answer.

Please also note the response to question 57 and question 60.

It should be noted that there are a limited number of established nurse-led services in the community and the standards of proficiency should be equally applicable to these in addition to the six SPQs which are to be annotated.

The QNI believes that the NMC should seek to extend the standards and include field specific standards with annotations for at least two other specialist fields of community specialist practice: Homeless and Inclusion Health and Adult Social Care Nursing. These are very well established high-risk, nurse-led services delivered within the community setting and specific standards of proficiency are required in addition to core/shared standards to prepare the nurses to lead and manage the teams and services in these settings within the SPQ.

In addition, consideration should be given to the annotation of Criminal Justice Nursing (to include the Prison Nursing service) and Hospice Nursing. Whilst the QNI has not focussed any discussions and workshops on standards with these two nurse-led services, consideration should be given to engage with expert practitioners in these services in determining the applicability of the draft standards, annotation and field specific standards.

Lastly, the QNI believes that any maintenance of annotation of 'community specialist practitioner' carries a significant risk of being meaningless to the public and potentially unjustifiable in relation to a professional regulator's requirement to protect the public. Community does not define a specialist field of practice - it is a location in which the nurse-led service is delivered and it is impossible to be a specialist practitioner without defining for the public a field of practice in which the community practitioner is a specialist.

In addition, the SPQ should be considered as one qualification with annotations and field-specific routes through the qualification, to mirror the approach to the SCPHN qualification. It should not be described as it is currently as 'six SPQs'.

Much confusion during the engagement phase has arisen by calling each annotated qualification an additional SPQ.

In our pre-consultation engagement, there has been concern about potential different interpretations of the term 'specialist'. This term is also no longer considered contemporary from a regulatory point of view. This post-registration standards review will form a bridge to future work we have committed to on whether the regulation of advanced practice is needed. This means we cannot use the word 'advanced' within this qualification at this time.

Q63 Should the NMC continue to refer to these qualifications as SPQs?

- Yes
 No
 Don't know

Q64 Please tell us your suggestions for an alternative qualification title in the box below.

During our pre-consultation engagement some stakeholders have queried whether the regulation of community SPQs is necessary.

Q65 Do you agree that the NMC should continue to regulate new standards, programmes and qualifications in community nursing?

Strongly agree

Agree

Neither agree nor
disagree

Disagree

Strongly disagree



Q66 Please explain your rationale.

NB: this comment box is only available if 'disagree' is ticked. There is no opportunity to provide a rationale for agreeing with the statement.

Any further or final comments

Q67 Do you have any other comments about any part of our proposed community SPQ standards that you've not had a chance to raise above?

Please note that the QNI is submitting a letter to be considered alongside this online questionnaire.

The letter addresses questions which the QNI was disappointed were not asked in the survey, leaving no opportunity to comment and provide feedback on, for example:

1. The satisfaction with the structure of the SPQ and associated standards of proficiency to protect the public and uphold patient safety (agree/disagree etc)
2. The the requirement for field-specific standards to support annotations in order to protect the public (agree/disagree etc)
3. The inclusion of additional nurse-led fields of practice in the community which should also be annotated in order to protect the public (agree/disagree etc)

Q68 Do you want to answer questions on standards for post-registration programmes (SCPHN and SPQ)?



Yes

No

Section D

Standards for post-registration programmes: SCPHN and SPQ programmes



Introduction

Our draft standards for specialist community public health nursing (SCPHN) and community specialist practice qualification (SPQ) programmes cover draft standards on entry requirements and entry routes, curriculum, practice learning, supervision and assessment requirements and information on the award and registration requirements for these post-registration programmes.

These draft post-registration programme standards should be read with our Standards framework for nursing and midwifery education and Standards for student supervision and assessment which apply to all NMC approved programmes.

The NMC propose that Level 1* NMC registered nurses and midwives can be considered for entry to a SCPHN programme, as long as the applicant is capable of safe and effective practice at a level of proficiency for the intended field of SCPHN practice.

*The Level 1 registered nurse title is set out in NMC legislation - The Nurses and Midwives (Parts of and Entries in the Register) Order of Council 2004 (“the Parts and Entries Order”) SI 2004/1765, Article 7(2).

Q69 Do you agree or disagree with this proposal?

Strongly agree

Agree

Neither agree nor
disagree

Disagree

Strongly disagree



The NMC propose that in line with entry to existing SPQs, Level 1 NMC registered nurses* can be considered for entry to a community SPQ programme that leads to the new proposed SPQ in other intended fields of community nursing practice, as long as the applicant is capable of safe and effective practice at this level of proficiency.

* The parts and entries order state that SPQs listed are for first level nurses.

Q70 Do you agree or disagree with this proposal?

Strongly agree

Agree

Neither agree nor
disagree

Disagree

Strongly disagree



Q71 Do you agree or disagree that the design of the programme standards enables education providers and their practice partners to be creative and innovative in the way they develop programmes?

Strongly agree

Agree

Neither agree nor
disagree

Disagree

Strongly disagree



Q72 Do you agree or disagree that the draft standards will enable Approved Education Institutions (AEIs) together with their practice learning partners to design a curriculum which supports students in meeting programme outcomes for their intended field of SCPHN practice (health visiting, occupational health nursing and school nursing)?

Strongly agree

Agree

Neither agree nor
disagree

Disagree

Strongly disagree



Q73 Please explain your answer.

Without further requirements such as a minimum length of programme as well as the required percentage of programme learning in practice and a specified consolidation period, the unwarranted variation in the programmes will lead to a potential risk in the outcomes for the participants and therefore to the public.

Q74 Do you agree or disagree that the draft standards will enable Approved Education Institutions (AEIs) together with their practice learning partners to design a curriculum which supports students in meeting programme outcomes for their intended field of SPQ practice (community children’s nursing, community learning disabilities nursing, community mental health nursing, district nursing, general practice nursing, and the proposed new community SPQ)?

Strongly agree

Agree

Neither agree nor disagree

Disagree

Strongly disagree



Q75 Please explain your answer.

Without further requirements such as a minimum length of programme, the required percentage of programme learning in practice, a specified consolidation period and a definition of the annotated field of practice, the variation in the programmes will be unwarranted and lead to a potential risk in the outcomes for the registrants and to the public.

The answers to questions 76 and 77 are highly dependent on the above points being addressed and parameters being in place within the Programme Standards - as well as, for SPQ, the field specific standards related to the defined annotations - those that are proposed in the draft standards and those which are proposed by the QNI as additional annotations.

Q76 Do you agree or disagree that AEIs together with their practice learning partners should have flexibility to decide how theory and practice are integrated into the curriculum to support students to meet the SCPHN programme outcomes?

Strongly agree

Agree

Neither agree nor disagree

Disagree

Strongly disagree



Q77 Do you agree or disagree that AEIs together with their practice learning partners should have flexibility to decide how theory and practice are integrated into the curriculum to support students to meet the SPQ programme outcomes?

Strongly agree

Agree

Neither agree nor disagree

Disagree

Strongly disagree



The draft outcome focused programme standards do not specify the duration of SCPHN and SPQ programmes, giving AElS together with their practice learning partners the flexibility to develop programmes of suitable length that support student achievement of proficiencies, programme outcomes and the qualification to be awarded.

Q78 Do you agree or disagree with this above approach for SCPHN programmes?

Strongly agree

Agree

Neither agree nor
disagree

Disagree

Strongly disagree



Q79 Please explain your answer.

The SCPHN profession in the community has seen before a 'race to the bottom' to provide the shortest, cheapest SCPHN programme where a programme length was not specified. The outcome for the shorter courses is a high attrition rate and lower levels of confidence, increasing the risk of a practitioner leaving the field of practice soon after qualification. The suggested approach in the draft programme standards is not recommended in the interests of protecting the public and ensuring completion of the programme and retention of the newly qualified SCPHN.

Q80 Do you agree or disagree with the above approach for SPQ programmes?

Strongly agree

Agree

Neither agree nor
disagree

Disagree

Strongly disagree



Q81 Please explain your answer.

We have seen before a 'race to the bottom' to provide the shortest, cheapest SPQ programme where a programme length was not specified. The outcome for the shorter courses is a high attrition rate and lower levels of confidence, increasing the risk of a practitioner leaving the field of practice soon after qualification. The suggested approach in the draft programme standards is not recommended in the interests of protecting the public and ensuring

completion of the programme and retention of the newly qualified SPQ. A shorter, cheaper programme is a false economy and a wasted opportunity to build a confident and competent workforce of leaders of high-risk, nurse-led services serving high risk populations delivering increasingly complex care in the community.

The draft outcome focused programme standards do not stipulate the requirement for SCPHN and SPQ programmes to have a specified period of consolidated practice.* This gives AEs and their practice learning partners the flexibility to develop programmes that support continuous student achievement of proficiencies, programme outcomes and the qualification to be awarded.

* Previous standards indicated a timeframe for undertaking practice in a defined area of practice.

Q82 Do you agree or disagree with this approach for SCPHN programmes?

Strongly agree

Agree

Neither agree nor
disagree

Disagree

Strongly disagree



Q83 Please explain your answer.

The programme standards should specify that this qualification is full Masters programme of 180 credits.

The programme standards should specify a consolidation period in order to ensure confident and competent practitioners who are ready to work at the advanced level of practice on qualifying with the SCPHN.

Q84 Do you agree or disagree with this approach for SPQ programmes?

Strongly agree

Agree

Neither agree nor
disagree

Disagree

Strongly disagree



Q85 Please explain your answer.

The programme standards should specify that this qualification is full Masters programme of 180 credits.
The programme standards should specify a consolidation period in order to ensure confident and competent practitioners who are ready to work at the advanced level of practice on qualifying with the SPQ.

Supervision and assessment of post-registration SCPHN and SPQ students must comply with the NMC standards for student supervision and assessment in ensuring that practice supervisors and practice and academic assessors are suitably prepared, and receive ongoing support to fulfil their roles when supervising and assessing these post-registration students.

Q86 Do you agree or disagree with this requirement for the supervision and assessment of SCPHN post-registration students?

Strongly agree

Agree

Neither agree nor
disagree

Disagree

Strongly disagree



Q87 Please explain your answer.

'Suitably prepared' and 'ongoing support' are vague terms, open to individual interpretation by AEs and employers.
The lack of consistency regarding the requirement for teaching and learning support at this level of autonomy and responsibility and management of risk in practice in the community is of concern and a matter of public protection.

Q88 Do you agree or disagree with this requirement for the supervision and assessment of SPQ post-registration students?

Strongly agree

Agree

Neither agree nor
disagree

Disagree

Strongly disagree



Q 89: Please explain your answer

'Suitably prepared' and 'ongoing support' are vague terms, open to individual interpretation by AElS and employers.

The lack of consistency regarding the requirement for teaching and learning support at this level of autonomy and responsibility and management of risk (including downstream risk) in practice in the community is of deep concern and a matter of public protection.

To facilitate effective supervision and assessment for SCPHN and SPQ post-registration students, we propose that practice supervisors and practice assessors for SCPHN and SPQ programmes must be able to evidence relevant prior learning and experience necessary for the practice supervisor and assessor roles. For example, undertaking a period of preceptorship in line with the NMC principles for preceptorship and/or in line with local and national preceptorship policies for SCPHNs or SPQs prior to assuming a practice supervisor and/or assessor roles of post-registration SCPHN and SPQ students.

Q90 Do you agree or disagree with this approach for SCPHN programmes?

Strongly agree

Agree

Neither agree nor disagree

Disagree

Strongly disagree



Q91 Please explain your answer.

The QNI network members have advised that the practitioners with the skills of a Practice Teacher are very much needed in the support of the SCPHN students in practice - in order to provide the rigour, level and scope of the teaching needed to at this level of autonomous practice and risk.

To address this, many areas have agreed locally to continue with the Practice Teacher programme at the local university.

The QNI will be creating standards for Practice Teachers in 2021/22 in direct response to the feedback we have received on this matter.

Q92 Do you agree or disagree with this approach for SPQ programmes?

Strongly agree

Agree

Neither agree nor disagree

Disagree

Strongly disagree



Q93: Please explain your answer

The QNI network members have advised that the practitioners with the skills of a Practice Teacher are very much missed in the support of SPQ students in practice - in order to provide the rigour, level and scope of the teaching needed to at this level of autonomous practice and risk, including the management of downstream risk.

To address this, many areas have agreed locally to continue with the Practice Teacher programme at the local university.

The QNI will be creating standards for Practice Teachers in 2021/22 in direct response to the feedback we have received on this matter.

The NMC has set a minimum degree level requirement for pre-registration qualifications. In order to surpass this, the draft programme standards indicate that the minimum academic level for specialist community public health nursing and specialist practice qualifications is to be postgraduate level. This also gives flexibility for AEIs across the UK to determine the academic credits for their curricula and programme outcomes.

Q94 Do you agree or disagree with this position for SCPHN programmes?

Strongly agree

Agree

Neither agree nor disagree

Disagree

Strongly disagree



Q95 Please explain your answer.

The programme should be set at a full Masters with 180 credits.

The academic credits will be related to the length of the programme which is unspecified and therefore allows for unwarranted variation in the credits and the academic qualification awarded at a postgraduate level.

Q96 Do you agree or disagree with this position for SPQ programmes?

Strongly agree

Agree

Neither agree nor disagree

Disagree

Strongly disagree



Q97 Please explain your answer.

The programme should be set at a full Masters with 180 credits.

The academic credits will be related to the length of the programme which is unspecified and therefore allows for unwarranted variation in the credits and the academic qualification awarded at a postgraduate level.

Any further or final comments

Q98 Do you have any other comments about any part of our proposed post-registration programme standards that you've not had a chance to raise above?

Please read this response in conjunction with the letter dated 29 July 2021 sent by the QNI.