



Nursing and Midwifery Council: A public consultation on post-registration standards

Consultation response – July 2021

The Council of Deans of Health welcomes the opportunity to contribute to this consultation. The Council represents 100 UK university faculties engaged in education and research for nursing, midwifery and the allied health professions.

Key messages

1. Healthcare professional regulation should be outcome-focused, risk-based, and data-driven.
2. There is a diversity of views amongst Council members about whether these roles should continue to be regulated by the Nursing and Midwifery Council (NMC). Simultaneously, other members strongly support the regulation of these roles and believe that the NMC should provide more detailed field specific standards of proficiency for specialist practitioner qualification (SPQ) programmes.
3. New post-registration standards should be agile and adaptable to the needs of different learners, healthcare settings, employers, and providers.
4. Universities should have flexibility to decide how theory and practice are integrated into the curriculum to support specialist community public health nursing (SCPHN) and SPQ learning outcomes. Draft programme standards could be improved by including an explicit reference to enabling options for more creative and innovative programme development.
5. Specific skills and procedures across different SPQ fields may be required. This would enable greater differentiation in the learning outcomes for these different roles. Otherwise, these programmes may be more difficult to quality assure beyond what is set out in regulation.
6. The Council believes it is not necessary for prescribing programmes to be a mandatory part of education for post-registration programmes. This should be optional and determined by local need.
7. The Council believes that there is a strong case to examine the regulation of advanced practice. The implementation of new standards for SCPHN and SPQ qualifications should not limit the NMC from exploring the regulation of advanced practice.

Section A – About you

Q1. Are you responding as an individual or on behalf of an organisation?

Organisation.

Q2. Does your organisation represent the views of nursing and midwifery professionals and/or the public that share any of the following protected characteristics?

N/A.

Q3. Please select the options that best describes the type of organisation you are representing:

Professional organisation or trade union / Consumer or patient organisation or charity or advocacy group

Q4. Please tell us the type of sector you work in:

Other

Q5. Does your organisation represent/work in any of the countries/regions below?

UK wide / Outside UK

Q6. Please tell us the name of your organisation:

Council of Deans of Health

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?

Yes.

Q18. Please give reasons for your answer.

N/A.

Q19. Do you want to answer questions on health visiting?

Yes.

Q20 Do you agree or disagree that the draft core and health visiting field specific standards:

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

Agree. See standard A1 of the core SCHPN proficiencies. See standards C2, C5, F2, F3, F4, and F5 of the health visiting field specific standards.

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

Agree. See standards B7 and D6 of the core SCHPN proficiencies. See standards C1, C5, D12 and D13 of the health visiting field specific standards.

- 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?

Agree. See standards C3, D3, D4, D7, D8, D9, D10, E1, E2, E3 and F2 of the health visiting field specific standards.

- 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?

Agree. See standard C3 of the health visiting field specific standards.

- 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?

Agree. See standards C4, C6, E1 and E5 of the health visiting field specific standards.

- 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?

Agree. See standard C11 of the core SCHPN proficiencies. See standards C4, D4, D6, D9, D10, D11, D12 and D13 of the health visiting field specific standards.

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

Agree. See standards A4, A9, C2, C4, C11, D10, E5, E6, F2, F3, F6, F8 and F11 of the core SCHPN proficiencies. See standards F2 and F3 of the health visiting field specific standards.

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

N/A.

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

Yes.

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

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

Agree. See standard A1 of the core SCHPN proficiencies.

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

Agree. See standards B7 and D6 of the core SCHPN proficiencies and standards D1, D5, F3 and F5 of the occupational nursing field specific standards.

- 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?

Agree. See standards C4, D1, D4, D5, D6, E1, F1 and F4 of the occupational nursing field specific standards.

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

Agree. See standards C2, C3, D1, F4 of the occupational nursing field specific standards.

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

Agree. See standards E1 and E6 of the core SCHPN proficiencies. See standards C2, C3, E4, E6 and F3 of the occupational nursing field specific standards.

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

Agree. See standards A4, A9, C2, C4, C11, D10, E5, E6, F2, F3, F6, F8 and F11 of the core SCHPN proficiencies. See standards C2, C4, D4, D5 and F4 of the occupational nursing field specific standards.

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

Agree. See standard E3 of the core SCHPN proficiencies and standard F5 of the occupational nursing field specific standards.

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

Whilst the role of occupational health nurse is clearly distinct, the field specific standards seem underdeveloped compared to health visiting and school nursing standards. More content could be added on the evidence-base needed for SCPHN occupational health nursing practice; on promoting, supporting

and delivering improved health and wellbeing to workers', organisations' and businesses' related families, communities and populations; and on reporting knowledge and skills.

Q25. Do you want to answer questions on school nursing?

Yes.

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

- will enable future school nurses to practise with a high level of autonomy?

Agree. See standard A1 of the core SCHPN proficiencies.

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

Agree. See standards B7 and D6 of the core SCHPN proficiencies. See standards D1, D2, D3, D4, D5, D7, D8, D10, D11, D12, E1, E4, F3 and F5 of the school nursing field specific standards.

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

Agree. See standards A1, A2, A3, A9, A10, B2, B3, B4, B5, B6, B7, B9, B10, B11, C4, C8, C9, C10, D1, D3, D5, D7, D8, E6, E7, E8, F1, F2, F8, F10, F11 of the core SCHPN proficiencies. See standards E2, F2, F3, F4 of the school nursing field specific standards.

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

Agree. See standard E2 of the school nursing field specific standards.

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

Agree. See standards C5, C6, D6, E3 and F3 of the school nursing field specific standards.

- 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?

Agree. See standards C1, C2, C7 and E2 of the school nursing field specific standards.

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

Agree. See standards D13, F4 and F6 of the school nursing field specific standards.

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

N/A.

B2 Prescribing Practice

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

SCPHN – Health visiting route

Not necessary. This should be optional and determined by local need.

SCPHN - Occupational health nursing route

Not necessary. This should be optional and determined by local need.

SCPHN - School nursing route

Not necessary. This should be optional and determined by local need.

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.

SCPHN – Health visiting route

This should be optional and determined by local need.

SCPHN - Occupational health nursing route

This should be optional and determined by local need.

SCPHN - School nursing route

This should be optional and determined by local need.

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

N/A.

B3: Retaining the RPHN qualification

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.

Q32 Please explain your rationale.

This will provide scope for the NMC to develop additional standards of proficiency for roles not yet in existence.

Q33 If yes, would the draft core SCPHN standards be appropriate for other public health nursing roles?

Yes.

Q34 Please explain your rationale.

They are generic enough to be useful for as yet undeveloped roles.

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

There is an inherent issue with retaining a qualification without standards of proficiency whereby the regulator may be more readily accepting of regulating a particular role when there is no public protection need. The Professional Standards Authority (PSA) has guidance that outlines whether a professional group should be regulated. This should be considered carefully before a decision is made on the regulation of other roles.

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?

N/A.

Q37. The next questions are all about Specialist practice qualifications (SPQ). Do you wish to answer these questions?

Yes.

Section C - Community nursing Specialist Practice Qualifications: Draft standards of proficiency

C1: the Standards of Proficiency

Q38. Platform 1: Being an accountable and autonomous professional. Do you think the standards in Platform 1 are applicable to the following community fields of practice?

- Children's community nursing (CCN)

Yes.

- Community learning disabilities nursing (CLDN)

Yes.

- Community mental health nursing (CMHN)

Yes.

- District nursing (DN)

Yes.

- General practice nursing (GPN)

Yes.

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

N/A.

Q40. Platform 2: Promoting health and preventing ill health. Do you think the standards in Platform 2 are applicable to the following community fields of practice?

- Children's community nursing (CCN)

Yes.

- Community learning disabilities nursing (CLDN)

Yes.

- Community mental health nursing (CMHN)

Yes.

- District nursing (DN)

Yes.

- General practice nursing (GPN)

Yes.

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

N/A.

Q42. Platform 3: Assessing peoples' abilities and needs, and planning care. Do you think the standards in Platform 3 are applicable to the below community fields of practice?

- Children's community nursing (CCN)

Yes.

- Community learning disabilities nursing (CLDN)

Yes.

- Community mental health nursing (CMHN)

Yes.

- District nursing (DN)

Yes.

- General practice nursing (GPN)

Yes.

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

N/A.

Q44. Platform 4: Providing and evaluating evidence-based care. Do you think the standards in Platform 4 are applicable to the below community fields of practice?

- Children's community nursing (CCN)

Yes.

- Community learning disabilities nursing (CLDN)

Yes.

- Community mental health nursing (CMHN)

Yes.

- District nursing (DN)

Yes.

- General practice nursing (GPN)

Yes.

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

N/A.

Q46. Platform 5: Leading and managing teams. Do you think the standards in Platform 5 are applicable to the below community fields of practice?

- Children's community nursing (CCN)

Yes.

- Community learning disabilities nursing (CLDN)

Yes.

- Community mental health nursing (CMHN)

Yes.

- District nursing (DN)

Yes.

- General practice nursing (GPN)

Yes.

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

N/A.

Q48. Platform 6: Leading improvements in safety and quality of care. Do you think the standards in Platform 6 are applicable to the below community fields of practice?

- Children's community nursing (CCN)

Yes.

- Community learning disabilities nursing (CLDN)

Yes.

- Community mental health nursing (CMHN)

Yes.

- District nursing (DN)

Yes.

- General practice nursing (GPN)

Yes.

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

N/A.

Q50. Platform 7: Care co-ordination and system leadership. Do you think the standards in Platform 7 are applicable to the below community fields of practice?

- Children's community nursing (CCN)

Yes.

- Community learning disabilities nursing (CLDN)

Yes.

- Community mental health nursing (CMHN)

Yes.

- District nursing (DN)

Yes.

- General practice nursing (GPN)

Yes.

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

N/A.

C2: Prescribing practice

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.

- SPQ - Children's community nursing (CCN) route

Not necessary. This should be optional and determined by local need.

- SPQ - Community learning disabilities nursing (CLDN) route

Not necessary. This should be optional and determined by local need.

- SPQ - Community mental health nursing (CMHN) route

Not necessary. This should be optional and determined by local need.

- SPQ - District nursing (DN) route

Not necessary. This should be optional and determined by local need.

- SPQ - General practice nursing (GPN) route

Not necessary. This should be optional and determined by local need.

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.

SPQ - Children's community nursing (CCN) route

This should be optional and determined by local need.

SPQ - Community learning disabilities nursing (CLDN) route

This should be optional and determined by local need.

SPQ - Community mental health nursing (CMHN) route

This should be optional and determined by local need.

SPQ - District nursing (DN) route

This should be optional and determined by local need.

SPQ - General practice nursing (GPN) route

This should be optional and determined by local need.

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

SPQ - CCN

SPQ - CLDN

SPQ - CMHN

SPQ - DN

SPQ – GPN

N/A.

C3: Skills and procedures

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?

Specific skills and procedures across different SPQ fields may be required. This would enable greater differentiation in the learning outcomes for these different roles. Otherwise, these programmes may be more difficult to quality assure as NMC reviewers may have varying views on what should be required in different SPQ programmes beyond what is set out in regulation.

Please give examples.

N/A.

C4: Proposal for an additional community SPQ

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?

N/A.

Q57. Please give reasons for your answer.

N/A.

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

Agree. However, there may be some additional field specific standards, skills and procedures that are required.

Q59. Please give reasons for your answer.

N/A.

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

N/A.

C5: Recording the qualifications

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

Yes.

Q62. Please explain your answer.

N/A.

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

Yes.

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

N/A.

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

Yes.

Q66. Please explain your rationale.

The regulator has an important role in regulating professionals and education leading to registration where a professional grouping's practice poses a risk to public protection. The PSA has guidance that outlines whether a professional group should be regulated. This should be considered carefully before a decision is made on the regulation of other community nursing roles.

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?

N/A.

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

Yes.

Section D - Standards for post-registration programmes: SCPHN and SPQ programmes

Q69. Do you agree or disagree with this proposal?

Agree.

Q70. Do you agree or disagree with this proposal?

Agree.

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?

Disagree. Whilst the programme standards highlight the importance of 'flexibility' there is no explicit mention that creative or innovative approaches are encouraged.

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)?

Yes.

Q73. Please explain your answer.

This is referred to in the draft programme standards. See programme standards 2.5.1 and 2.6.1.

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)?

Yes.

Q75. Please explain your answer.

This is referred to in the draft programme standards. See programme standards 2.5.2 and 2.6.2.

Q76. Do you agree or disagree that AEs 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.

Q77. Do you agree or disagree that AEs 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.

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

Strongly agree.

Q79. Please explain your answer.

Programme length should be determined by AEs in partnership with practice learning partners.

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

Strongly agree.

Q81. Please explain your answer.

Programme length should be determined by AEs in partnership with practice learning partners.

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

Agree.

Q83. Please explain your answer.

We support continuous student achievement of proficiencies and programme outcomes rather than the need for a period of consolidated practice. This may be achievable in some practice settings but not all and could limit options for student completion.

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

Agree.

Q85. Please explain your answer.

We support continuous student achievement of proficiencies and programme outcomes rather than the need for a period of consolidated practice. This may be achievable in some practice settings but not all and could limit options for student completion.

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

Agree.

Q87. Please explain your answer.

We agree that these programme standards should sit within the Standards for student supervision and assessment. This will support consistency across all NMC regulated programmes.

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

Agree.

Q89. Please explain your answer.

We agree that these programme standards should sit within the Standards for student supervision and assessment. This will support consistency across all NMC regulated programmes.

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

Agree.

Q91. Please explain your answer.

Whilst we agree with this broad proposal, we are uncertain that undertaking a period of preceptorship in line with the NMC principles for preceptorship would necessarily prepare you for the practice supervisor and/or assessor roles for post-registration SCPHN students.

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

Agree.

Q93. Please explain your answer.

Whilst we agree with this broad proposal, we are uncertain that undertaking a period of preceptorship in line with the NMC principles for preceptorship would necessarily prepare you for the practice supervisor and/or assessor roles for post-registration SPQ students.

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

Agree.

Q95. Please explain your answer.

If there is a need to continue regulating SCPHN programmes they must be delivered at a level higher than degree programmes as pre-registration education is delivered at degree level. We support these programmes being delivered at post-graduate level.

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

Agree.

Q97. Please explain your answer.

If there is a need to continue regulating SPQ programmes they must be delivered at a level higher than degree programmes as pre-registration education is delivered at degree level. We support these programmes being delivered at post-graduate level.

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?

We agree that these programme standards should sit within the Standards Framework for Nursing and Midwifery Education and Standards for student supervision and assessment. They should also be subject to the same Quality Assurance Framework as other programmes approved by the NMC.

Standard 1.3 states that AELs and practice learning partners should provide opportunities for individuals from a range of backgrounds, including 'self-funded' individuals to apply to post-registration programmes. Universities are committed to providing programmes at all levels that provide options and meet the needs of applicants from a wide diversity of backgrounds. This includes routes with a range of funding options. However, we do not believe that it is in the remit of the NMC to determine as a regulatory requirement that AELs must provide routes to qualification funded in different ways or the payment methods of students. It is also not a requirement of programmes standards for nurses, midwives and nursing associates at pre-registration level.

Standard 3.2 states that AELs and practice partners should 'ensure that students work in partnership with the education provider and their practice learning partners to arrange supervision and assessment that complies with the NMC Standards or student supervision and assessment'. This should be rephrased. Whilst programme co-creation between AELs, practice partners and students is key, particularly at post-registration level, it should not be a regulatory requirement that students arrange supervision and assessment. This would seem to conflict with the independence required by the NMC standards of student supervision and assessment. It is also not a requirement of programmes standards for nurses, midwives and nursing associates at pre-registration level.

We do not believe there is a need for standards 3.2 or 3.4 as these points are covered by section 4 and particularly standard 4.2. If they are retained standard 3.2 should go after the current standards 3.3 and 3.4

Q99. These next questions are about Diversity Monitoring. Do you wish to answer these questions?

No.

For more information contact:

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