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9 November 2023

Dear Crystal

Draft QNI Field Specific Standards consultation response

We welcome the opportunity to comment on the latest set of draft field specific standards to be issued by The Queen's Nursing Institute's (QNI) on Community Learning Disability Nursing, Community Palliative and End of Life Care Nursing and Health and Justice Nursing.

As you will be aware, the NMC has over recent years developed and rolled out a strategic programme of change for education for nurses and midwives (and in setting standards for our new profession - nursing associates). This strategic programme of change concluded in May 2022 with the publication of the new post-registration standards - [Standards of proficiency for specialist community public health nurses \(SCPHN\)](#) and [Standards of proficiency for community nursing specialist practice qualifications \(SPQ\)](#), as well as [programme standards for post-registration courses](#).

Background

The ambition for the new NMC proficiencies for community nursing specialist practice qualifications was to reflect the specialist knowledge, skills and attributes required by nurses working in the community in specialist roles which involve more autonomous decision making and in situations that require registered nurses to manage greater clinical complexity and risk, both in terms of the people they care for, the caseloads they manage and the services they work within, which in turn may be integrated with other agencies, professionals and disciplines.

In 2018 we published new [Standards of proficiency for registered nurses](#), and these are organised under seven headings, and were designed to ensure that across all four 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.

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Post-registration standards

This approach and format from our 2018 registered nurse proficiencies has been carried through to our new proficiencies for community nursing SPQs. They demonstrate what professionals with these qualifications need to know and be able to do that surpasses the registered nurse proficiencies to meet the diverse, often complex needs of people of all ages, in their home, in settings close to home and in the community.

These post-registration standards apply to the five fields of community nursing SPQs that already existed and a new community nursing SPQ in Health and Social Care. However, importantly the evidence base and their application in these different fields of community nursing practice will differ. This is clearly stated in the post-registration programme standards.

The new community nursing SPQ in health and social care annotation does not specify a particular field of health and social care community nursing role and can be applied to registered nurses who work in a range of specialist roles in the community, including potential new roles that are emerging in the community, however, education providers are expected to specify the different field of community nursing when seeking approval of this route.

A prescribing qualification is optional for community nursing SPQ programmes. Where community nursing SPQ programmes offer post-registration community nursing students admission to an NMC approved independent/supplementary prescribing programme (V300) it will be mapped to the [RPS Competency Framework for All Prescribers and meet the standards for prescribing programmes](#).

Comments about the latest Draft QNI Field Specific SPQ Standards

We appreciate the efforts made to ensure that the latest set of draft QNI field specific standards are complementary to and align with our updated 2022 post-registration standards for community nursing SPQs. As with the previously published QNI voluntary community nursing standards we appreciate that some education providers and partners may wish to include voluntary standards within their programme design. We would therefore welcome clear communication within the final version of these documents that these QNI field specific standards are voluntary standards and how they align to our regulatory community nursing SPQ standards.

We have provided our observations on the latest draft QNI field specific SPQ standards below:

Consistency of language and taxonomy

The language used is not always consistent across the three sets of draft standards and even within each set of draft standards themselves. For example, 'patient' and 'person' seems to be used interchangeably at times, as are the phrases 'scope of competence' and 'scope of practice'. There also appears to be inconsistent use and application of the words 'autonomous' and 'person centred care'.

In addition, although the word 'advanced' is used quite often throughout the standards, in many cases the activity associated does not seem to be at a particularly advanced level. In many cases the language used with specific care activities or tasks warrants more proactive application of skills which is not reflected in a number of places the standards refer to recognising something, but if for elevating the standards to an advanced level, there must a clear action or outcome arising out of the recognition.

Overall, what is unique to these roles and therefore what should be contained within each relevant set of standards does not always appear to come across clearly.

The need for standards to be outcome focused

In some areas the standards appear to be overly task orientated and not outcome focused. There also does not appear to be a parity of expectation between roles, for example the draft Community Learning Disabilities Nursing draft standards in particular appear to be much shorter and lacking in detail compared to the other two sets of draft standards. Perhaps there is an opportunity to revisit these standards and see whether anything that has been contained within the other two sets of standards but is absent from the CLDN standards genuinely is also applicable to CLDN and should be included in those standards too.

Omissions and inconsistencies

We noted some omissions and inconsistencies between the draft standards, in several instances there are subjects which we would have thought would have been relevant to all sets of standards that only appear in one, or that would be relevant to at least one set of standards but do not appear to any great extent at all.

Examples of this would include:

- Neurodiversity, which appears to be absent from CLDN, but is referred to in the other two sets of standards being consulted on.
- Medicines optimisation, which also appears to be absent from CLDN.
- Transitioning between care provider or care setting, which appears to be absent from HJN but would seem to us to be quite important in instances such as, for example, transferring between a high security prison and an open prison.
- Health education and health promotion, which seems to have a greater emphasis in CLDN but arguably is important across all three fields within the local context.
- Bias and stigma, which seems to have a greater emphasis in HJN but arguably is important across all three fields.
- Abuse and neglect, which appears to have a differing degree of emphasis across all three fields but should perhaps be considered equally important across all of them.
- Making every contact count, which only appears to be mentioned in HJN but should potentially be considered important across all three fields.
- The biopsychosocial model of care, which is only referred to in the context of CLDN nursing.

We would also suggest that health inequalities and indeed equality, diversity and inclusion generally probably require greater coverage within these standards than they currently receive. We would make a similar comment about safeguarding, which we also suggest needs greater coverage. It would certainly appear that areas such as health inequalities, cultural competence and safeguarding get far greater emphasis in CLDN than in the other two fields, yet arguably they would be important matters in all three fields.

Programme approval and implementation of the NMC standards of proficiency for community nursing SPQ standards

All approved education institutions (AEIs) who wish to offer post-registration programmes will need to seek approval by the NMC prior to commencing any new programme in line with the 2022 standards.

We have communicated this information to them and reiterated the need to apply the new NMC Standards for post-registration programmes in conjunction with the NMC Standards framework for nursing and midwifery education and the Standards for student supervision and assessment which apply to all NMC approved programmes.

Education providers and their practice placement partners must meet our programme standards in order to be approved to deliver a programme and in ensuring that post-registration students learning is tailored to meet the proficiencies which lead to the specific community nursing SPQs: community children's nursing, community learning disabilities nursing, community mental health nursing, district nursing, general practice nursing or community nursing in health and social care.

AEIs and their practice learning partners are responsible and accountable for the development, delivery and management of post-registration programme curricula. The individual learning needs of students should be taken into account and learning should be tailored for the intended field of practice. Post-registration community nursing programmes may offer one or more routes to community nursing SPQ qualifications, however, all programmes must include routes within the programme specific to the relevant fields of community nursing specialist practice for which approval is being sought.

As part of our quality assurance (QA) process, institutions will need to submit evidence to show how they meet our new post-registration standards. All post-registration education providers must have new programmes approved against the new standards by 1 September 2024. Our post-registration education advisers are available to support any local or national implementation activities or workshops that the QNI are planning.

We look forward to continuing to collaborate with you on any further Draft QNI Field Specific Standards you may develop and the ongoing implementation of the NMC community nursing SPQ standards.

Yours sincerely

A handwritten signature in black ink, appearing to be 'Anne Trotter', with a long horizontal flourish extending to the right.

Anne Trotter
Assistant Director, Education and Standards

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