Evaluation of post-registration standards of proficiency for specialist community public health nurses and the standards for specialist education and practice standards

Nursing and Midwifery Council

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CONTENTS

1. Introduction

1.1 The Nursing and Midwifery Council (NMC) is the independent regulator of nurses and midwives for England, Wales, Scotland and Northern Ireland. The primary role of the NMC is to protect patients and the public through effective and proportionate regulation of nurses and midwives.

1.2 As part of its role, the NMC sets education standards that shape the content and design of programmes and identify the competences of a nurse, midwife or nursing associate. It approves education institutions to deliver the programmes and quality assures these approved programmes. Nurses and midwives who successfully complete their programmes, and are able to practise, are listed on Part 1 and 2 of the NMC's public register.

1.3 To ensure that the education standards are fit for purpose and that nurses, midwives and nursing associates are equipped to deliver high quality safe care now and in the future, the NMC has embarked on a four year change programme for nurse and midwifery education. Phase 1 of the reforms was approved in March 2018 and includes:

- **Standards framework for education and training** for providers of pre and post-registration nursing and midwifery programmes;
- **Standards for student supervision and assessment**;
- **Standards for pre-registration nursing programmes** describing entry criteria, programme length and award;
- **Standards of proficiency for registered nurses** that describe the knowledge and skills that nurse should have at the point of joining the register;
- **Standards for prescribing programmes**; and
- **Adoption of the Royal Pharmaceutical Society's competence framework** which describes the knowledge and skills that nurse and midwife prescribers should have.

1.4 In April 2018, the NMC commissioned Blake Stevenson Ltd to undertake an evaluation of the existing standards for post-registration education for nurses and midwives.

Post-registration education

1.5 Once a nurse or midwife has joined the NMC register they can undertake further education and training to join the Specialist Community Public Health Nurse (SCPHN) part of the register (third part) or be noted as having a Specialist Practitioner Qualification (SPQ) on the register. As of January 2018, there were 29,752 SCPHN registrations and there were 23,657 nurses and/or midwives who had an SPQ annotation.

1.6 SCPHNs can be undertaken by registered nurses and midwives looking to work in the public health roles as health visitors, school nurses or occupational health nurses. Those

who have undertaken NMC-approved SCPHN courses that incorporate the ten recognised public health competencies. They have historically been considered to be a high risk group of registrants as they usually undertake sole practice and often provide care and support for vulnerable patients and families in their own homes. They also work not just with individuals, but with particular populations, to improve their health as a whole.

1.7 Specialist practice was originally intended to allow a nurse to demonstrate that they were capable of exercising higher levels of judgement, discretion and decision making in clinical care in a specific practice area. The NMC approves SPQ programmes which meet standards for specialist education and practice in relation to nine areas which include district nursing and General Practice nursing. It is important to note that many nurses undertake specialist practice without holding the NMC recordable qualification.

Aims of the evaluation

1.8 Both SCPHN and SPQ standards have not been updated for some time and the primary aim of the research was to explore whether the current standards are fit for purpose and how far they meet the needs of the current and future nursing and midwifery workforce.

1.9 Through desk-based research, a UK-wide survey and interviews with a wide range of stakeholders, registrants, students and service users, key research questions were explored. These included:

- Are the current standards appropriate to prepare nurses and midwives for future post-registration practice?
- To what extent do the standards protect the public and maintain public confidence in the profession?
- What role are annotations and entries to the third part of the register playing?
- To what extent are the SPQ and SCPHN standards known and understood?
- If the standards for SCPHNs and SPQs were withdrawn what would be the consequences?
- What should future regulatory post-registration standards take account of and where might they come from?

Approach to research

1.10 The evaluation involved a multi-faceted approach, agreed in discussion with the NMC commissioners and delivered over three phases.

1.11 The first phase, planning and preparation, included several key activities. The standards mapping activity provided a deeper understanding of the relationships between the various (sets of) standards and ensured that the researchers could explore perceptions of the standards among the various respondent groups in greater depth. The mapping

report, produced in addition to this report, is also designed to support the NMC in its examination of the fitness for purpose of the SCPHN and SPQ standards.

1.12 The relevance of non NMC-approved courses to evaluating the NMC standards was recognised but considered to be out with the scope of this research.

1.13 Identifying the research sample and recruiting participants was another key element of phase 1 of the evaluation. To ensure a comprehensive evaluation of the NMC standards, evidence was gathered from a wide range of contributors:

- Key senior **stakeholders** from nursing organisations and professional and government bodies from the four countries
- **Registrants** who hold SCPHN and SPQ qualifications
- Representatives from all **Approved Education Institutions** (AEIs) which offer SCPHN and/or SPQ courses
- **Nurses and midwives** currently undertaking post-registration courses that lead to a SCPHN or SPQ qualification
- **Employers** of nurses and midwives
- **Public and patients** involved in curriculum design at AEIs

1.14 It was important to ensure that a geographically, demographically and professionally diverse group of representatives were selected to participate in the research to capture the depth and breadth of views. A sampling approach was devised to achieve this, which included a sample of registrants that reflected the profile of the NMC register. Evaluation participants were recruited via two routes- through nominated contacts at AEIs or through the NMC from their existing contacts and from the register.

Definitions

1.15 Throughout this report we refer to:

- Registrants (meaning nurses and/or midwives who have a post-registration qualification following successful completion of a SPQ and/or SCPHN qualification);
- Students (meaning nurses and/or midwives who are currently undertaking a SPQ or SCPHN post-registration qualification); and
- Nurses and midwives (meaning a person who is registered as a nurse and/or midwife with the NMC).

Evidence gathering

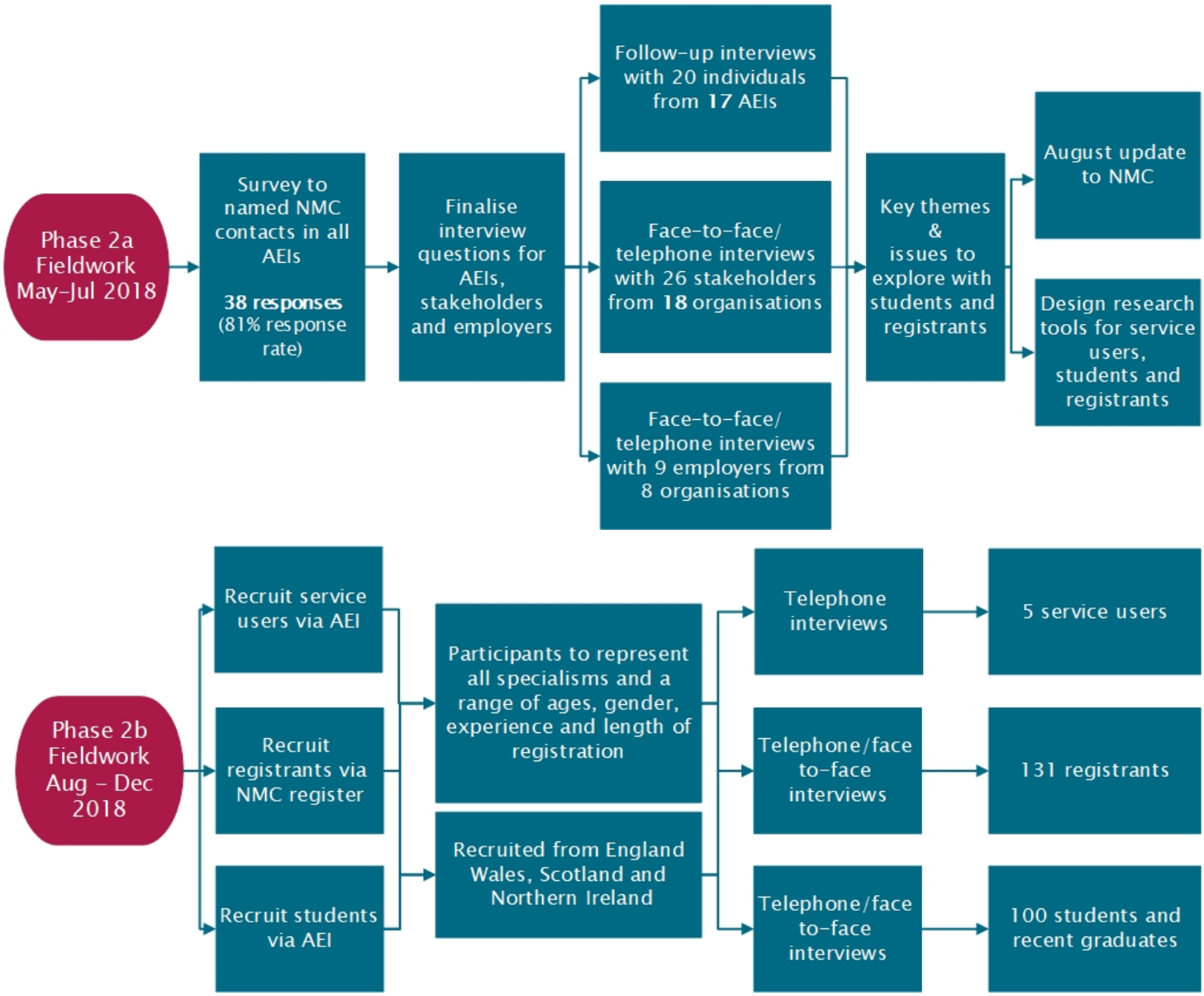
Table 1.1 Sampling strategy

Participants	Sampling priority	Sampling approach
AEIs	✓ Geographic spread ✓ Post-registration courses offered	A shortlist of AEIs to invite for follow-up interviews was compiled based on location of the university and the NMC-approved post-registration courses offered at the AEI.
Stakeholders	✓ Geographic spread ✓ Organisation (nursing and midwifery bodies, faculties, associations, unions)	The NMC were able to identify stakeholders from a range of nursing and midwifery organisations across the UK, with a devolved nation or UK-wide remit.
Employers	✓ Geographic spread	The NMC were able to identify employers from across the UK.
Students	✓ Geographic spread ✓ Qualification studying toward ✓ Demographic diversity	A shortlist of AEIs to assist with recruitment of students was compiled based on location of the university and NMC-approved post-registration courses offered at the AEI.
Registrants	✓ Reflecting the profile of the NMC register (registration, geography age, gender, ethnicity, qualification type)	Using the profile breakdown from the NMC register, a sampling frame was created. We selected a representative sample based on the information provided in the online profile form completed by registrants interested in participating in the research.
Service users	✓ Geographic spread ✓ Demographic diversity	A shortlist of AEIs to invite for follow-up interviews and to assist with the recruitment of service users was compiled based on location.

1.16 Phase 2 of the evaluation was the evidence gathering phase and this took place over a six month period. It involved several research elements that explored the key questions with the different stakeholders. It began with the AEI survey which aimed to provide an overview and understanding of the use of the SCPHN and SPQ standards, rationale for course offerings, future plans, options and potential consequences of changes/reform.

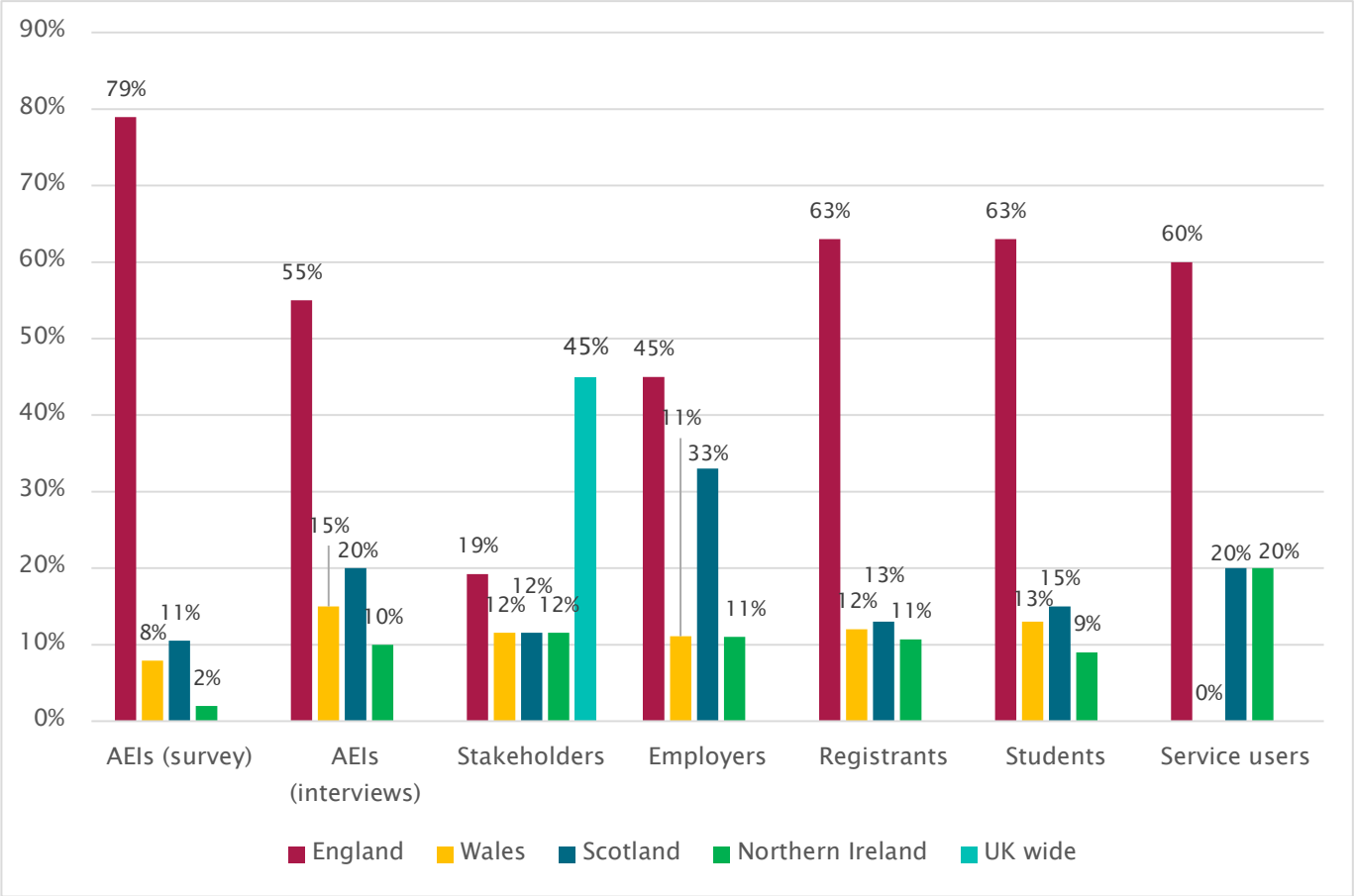
1.17 The survey analysis was used to refine the research tools for the remainder of the evaluation period. The key stages and timing of the evidence gathering phase are summarised in Figure 1.1 overleaf.

Figure 1.1: Phase 2 Evidence gathering



1.18 In addition to 38 survey responses from the AEIs, 291 individuals contributed to this evaluation. The following diagram presents the profile of all participants by nation (Figure 1.2).

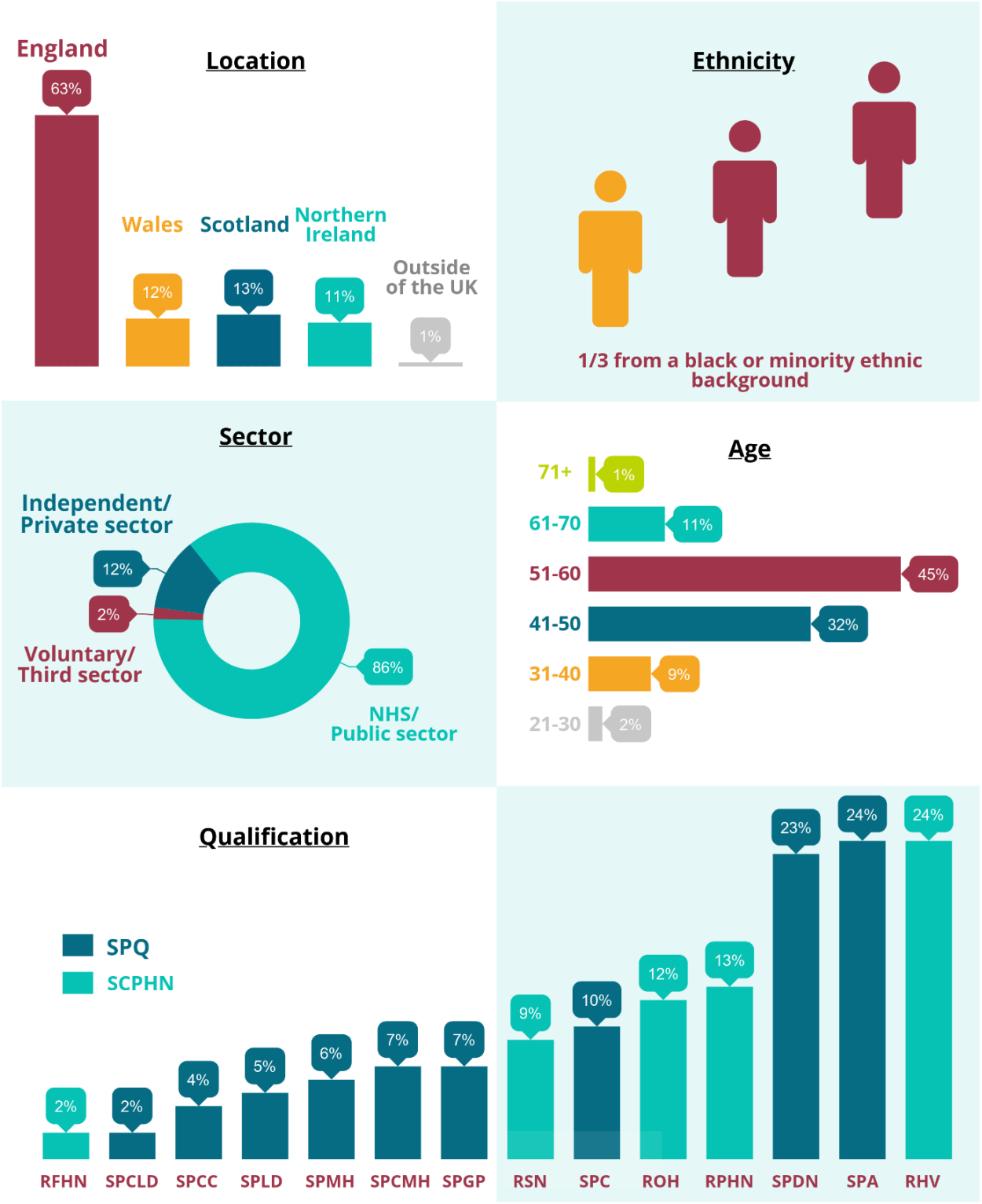
Figure 1.2: Geographic profile of all evaluation participants (n=329 including AEI survey respondents)



*Registrant percentages add up to 99% as 1% came from outside of the UK (not shown in chart)

1.19 The infographic on the next page summarises the overall profile of the registrants (Figure 1.3).

Figure 1.3: Profile of registrants (n=131)



Report structure

1.20 The content of this report is based on the desk research and evidence gathering from contributors from across all four nations. The remainder of the report is set out as follows:

- Chapter 2 provides an overview of the research context, based on findings from the desk research;
- Chapter 3 explores the qualifications that represent the standards;
- Chapter 4 presents findings around the standards themselves; and
- Chapter 5 provides a summary of the evaluation findings and considers actions and next steps.

2. The Research Context – findings from desk research

2.1 The desk research focused on two key questions:

- What does the SCPHN/SPQ context look like in each of the four home countries of the UK?
- How do the SPQ and SCPHN standards relate to each other, and to the new pre-registration standards?

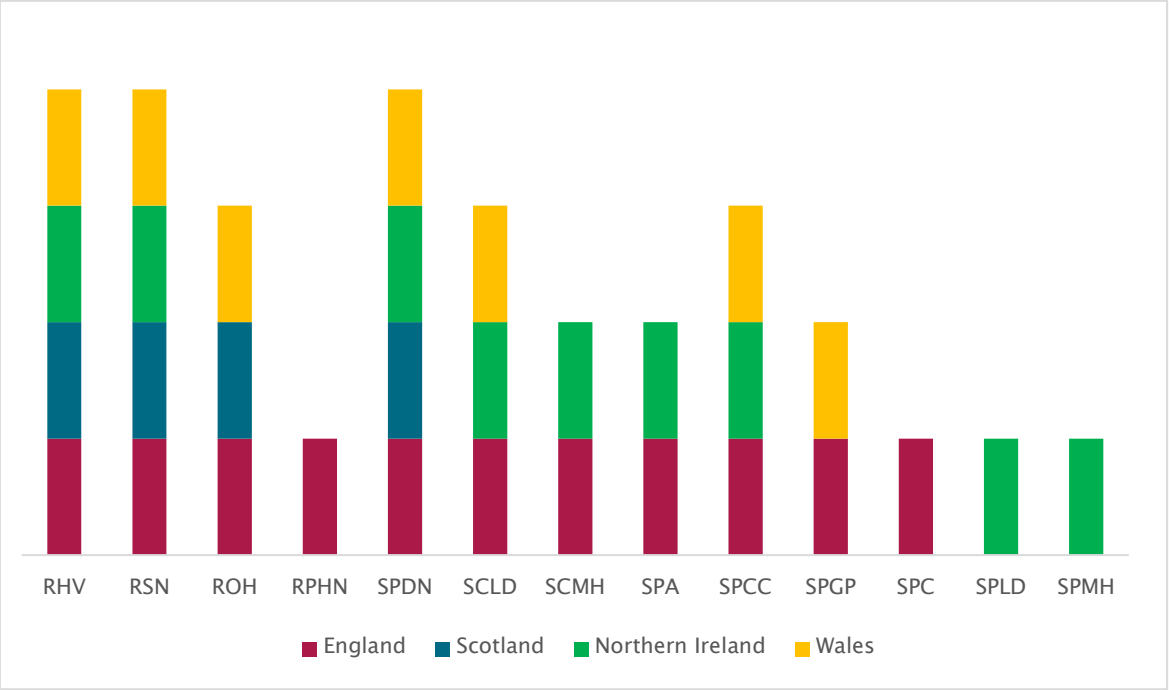
2.2 It was recognised that respondents' views were likely to be informed by the policy contexts within which they were working. A key aim of the research was therefore to identify if, and how, these contexts resulted in differences in the perceptions of the various groups of respondents, and where commonalities could be identified across those contexts.

2.3 There is an overlap in the range of roles addressed by the two sets of NMC post-registration standards. As a result, it was important to understand how the standards relate to one another in order to explore the potential implications of choosing between two qualifications that are designed for the similar roles. Similarly, understanding if and how the new pre-registration standards relate to the SCPHN and SPQ would help identify if progression could be identified between the pre- and post-registration standards.

The four home nations

2.4 The desk research identified significant differences in the use of SPQs and/or SCPHNs as a result of policy differences in the four devolved nations of the UK. These differences included the availability of SPQ and SCPHN qualifications programmes for example, England is the only country currently offering the SPQ in Children's Nursing and Northern Ireland is the only country currently offering SPQ courses in Mental Health and Learning Disabilities. The only SPQ available in Scotland is in District Nursing (Fig 2.1).

Figure 2.1. SPQ and SCPHN accredited providers by country



2.5 Each country has established their own standards and advanced practice frameworks which are mapped against the SCPHN/SPQ standards but reflect current policies and national frameworks underpinning the work of the various specialist nurse roles within their nations. An example of direct referencing to SPQ standards was found in the Scottish District Nursing framework. Some policies and/or frameworks integrated SCPHN or SPQ qualifications into the requirements for a specific role. Examples included the requirement in the School Nursing Framework in Wales[1] for all schools to have a SCPHN-qualified school nurse, and the requirement in Health Education England's District Nursing and General Practice Nursing Service Education and Career Framework for the District Nursing SPQ for District Nurse roles.[2]

2.6 These findings suggested that there was likely to be marked differences between respondents from different UK nations relating to their awareness and use of the standards and the priorities or profile of the different specialist roles in their nations.

[1] https://gov.wales/docs/phhs/publications/170523schoolnurseen.pdf
[2] https://www.hee.nhs.uk/sites/default/files/documents/Interactive%20version%20of%20the%20framework_1.pdf

Standards mapping exercise

2.7 The exercise identified some enablers and barriers to identifying the relationship between the different groups of standards, which may be helpful to inform future standards development. Some of the key findings also informed the next stages of the research. These included:

- *SPQ Standards*: There are nine separate sets of SPQ standards, each of which contextualises a core 'preparation' standard. However, the majority of the nine standards provide little contextualisation in addition to the preparation standard.
- *SCPHN Standards*: School Nursing, Health Visiting and Occupational Health have their own shared set of standards.
- *SPQ/SCPHN.* A key finding of this aspect of mapping related to the how practitioners work. Whilst the SPQs primary focus is on specific actions carried out by individual practitioners, the SCPHN statements include a strong focus on working with others to achieve an overall objective. This is likely to be linked to the role of SCPHNs to improve the health of populations as a whole, not just individuals.
- *The extent to which the content and wording of the standards appeared to reflect changing priorities and potentially a changing environment*: The standards examined in the mapping were published at different times: the SPQ standards in 2001; the SCPHN standards in 2004. The difference in emphasis between the two sets of standards noted above, relating to how practitioners work, suggests that service priorities may have changed in the intervening period. When compared with the new pre-registration standards (2018), we find that one area which has emerged in these newer standards is a focus on managing risk. These changes in emphasis suggest that, when standards are developed, they reflect not only the skills needed by registrants but the concerns of the external environment in which care is delivered. This has an important implication for efforts to 'future proof' any new standards that NMC may develop: changes in the external environment may be difficult to predict and this may prove a challenge for any future proofing goals.

2.8 The findings highlighted that the contextualised SPQ standards and links with the SCPHN standards indicate that some (such as School Nursing, Health Visiting and Occupational Health) might have separate or stronger professional identities than others.

2.9 A key area for investigation was therefore how identity was perceived, and the role of standards in supporting this perception. Another consideration that emerged from these findings was the changing focus of the standards over time, and the absence of issues relating to risk and personal accountability, which indicated the importance of exploring the applicability of the specialist standards to current and future practice.

2.10 Finally, the limited information available within the SPQ and SCPHN standards documents about the intended audience and use of the standards suggested that some respondents

may not be fully aware of the standards or, if they were, that they might be unsure how they should be used. This finding proved to be particularly relevant during the interview phase. Many participants were able to discuss qualifications, however, there was limited awareness of the content of the standards underpinning those qualifications. As a result, the findings from the evidence gathering and interviews with participants are structured into two separate sections: perceptions relating to the qualifications, and perceptions relating to the standards *per se*.

Summary of Chapter Findings

- There are significant differences in the use of SPQs and/or SCPHNs as a result of policy differences in the four devolved nations of the UK. Each country also has different links between SCPHN/SPQ standards and current policies and other frameworks underpinning the work of the various specialist community nurse roles, which are likely to affect the awareness and use of the standards.
- Some community nursing roles, such as School Nurses, Health Visitors and Occupational Health Nurses, appear to have more distinct professional identities than other roles to which the standards apply.
- There is an overlap in the range of roles addressed by the NMC post-registration standards but despite this there are significant challenges in the relationships between them, and between the post-registration standards and the new pre-registration standards for the future nurse. This may be explained, in part, by changes in the external environment affecting priorities for nursing. This influence of external issues has implications for any aims to 'future proof' any new standards which NMC creates.
- There is a lack of clarity about the intended audience and use of the standards which contributes to a low level of detailed understanding about them and their use.

3. The Qualification

3.1 The information within this chapter is drawn from the AEI survey, and the interviews across all participant groups. As detailed in Chapter 1, we spoke with a wide variety of research participants to gather evidence on the NMC post-registration education standards.

Awareness of standards

3.2 While the AEIs and key stakeholders demonstrated good knowledge of the standards, knowledge among other groups was generally lower. Among students, this low awareness of the standards may be due in part to the fact that many of the students that were interviewed had only recently started their course.

> "I am fairly familiar with them, I couldn't recite them but I think that's because I haven't had a huge amount of time yet to look at the domains or read the standards start to finish."
> District Nursing student

3.3 Registrants' awareness of the standards varied hugely depending on their role, with those that are teachers or practice educators generally having an in-depth knowledge and the remaining (majority of) registrants having only a very limited knowledge, if any, of the standards. All groups that we spoke to felt that there was very little awareness of the standards among employers.

> "I don't really think my employer knows about them."
> Mental Health SPQ registrant
>
> "My employer knows about them because I have educated them – but few school communities are aware of the standards."
> School Nursing registrant

3.4 Despite the low general awareness of the standards amongst students, registrants, employers and service users, all participants were able to discuss the standards in the context of the qualification that the standards underpin.

Provision of SCPHN and SPQ programmes

3.5 SPQ and SCPHN programmes are delivered by 48 AEIs located throughout the UK. In total, there are 106 SCPHN programmes (93 of which are for Health Visiting or School Nursing), and 78 SPQ programmes currently approved around the UK. The NMC data on registrations shows that, with the exception of the District Nursing SPQ, the number of

nurses and midwives gaining SPQ and SCPHN qualifications has declined over the past two-three years.

3.6 From the AEI survey responses, 313 courses were delivered across the 38 AEIs with the majority (77%) taking place every academic year. Most programmes (78%) were delivered face-to-face with the choice of studying full time over one year (93%) or part-time over two years (87%).

3.7 The AEIs identified that the main drivers behind decisions to offer a particular NMC-approved course were a combination of:

- demand from local employers (95%);
- current and future government/NHS policy (55%);
- expertise available at the institution (21%); and
- student demand (16%).

3.8 These AEIs also delivered non NMC-approved courses and again, the rationale for offering alternative post-registration provision was employer demand (80%) and current and future government/NHS policy (45%).

Alignment to the NMC post-registration standards

3.9 In general, students felt that their SPQ or SCPHN course was closely aligned to the standards, reporting that the standards were integrated into the modules, course work, portfolios, and learning outcomes.

3.10 For those who were familiar with the standards, most felt that the standards were general enough to cover the full range of areas included in the course. However, it was noted that the course materials generally provide significantly greater detail than the NMC standards themselves, to interpret their meaning in practice and provide guidance around more complex topics such as safeguarding. The widespread use of AEI materials that include the SPQ and SCPHN standards rather than the NMC documentation itself may contribute to the generally low awareness of the standards.

> "The portfolio was split into the core components of the standards. We didn't look at the standards [themselves], but they were well-matched within the course."
> Community Children's Nursing SPQ student

Motivations for pursuing NMC post-registration qualification

3.11 Students and registrants identified their motivation for a specialist qualification. The most common reason was career progression with respondents across every qualification

reporting the use of the SPQ/SCPHN to gain increased responsibilities, promoted posts and/or higher salaries.

"I wanted to further myself."
School Nursing student

"It looks good on my CV."
District Nursing student

"It was a natural progression in terms of my role. I did lots of in house things but nothing academic."
Community Mental Health SPQ registrant

3.12 This was particularly the case in professions that often require the qualification, such as district nursing which in many areas can require the SPQ to undertake a team leader role.

"The main reason was for career progression, to move on to the next level of district nursing. I've been in community nursing for 14 years, and couldn't progress or go any further without the SPQ. I had a lot of experience on the management side, but felt other staff members in the team didn't listen to me because I was a Band 5– I didn't have same respect as Band 6 District Nurse because I hadn't done the course. I didn't have that voice or influence which made me frustrated, I wanted to make a difference in the community."
District Nursing student

"I wanted to stay in school nursing. I was a staff nurse in a school nursing team and the SCPHN was a requirement for promotion."
School Nursing registrant

3.13 When asked about the programmes and qualifications that they had considered, most had not explored other options beyond the NMC-approved qualification identified or funded by their employer or national government.

3.14 While most students and registrants emphasised the wider value of completing the specialist education programme, there were some participants that achieved the qualification in order to formally recognise the role or skills that they already held. For others, they wanted to supplement their practical experience with academic understanding of nursing theory, and were interested in having a more detailed knowledge of their specialism.

"I enjoy learning, pushing myself and seeing what I am capable of."
District Nursing student

3.15 Many participants also reported undertaking the qualification to expand or update clinical skills and knowledge, particularly for those moving into a new professional environment. This motivation was most common for those who were doing/had done Health Visiting and School Nursing SCPHNs with limited previous experience in the community.

3.16 There were some common factors for midwives who moved into the health visiting role. They explained that their move was to address their desire to continue working with families and developing relationships with them for a more prolonged period, which they could do as a Health Visitor.

I was working as a midwife, but wanted to be more involved in the family support rather than just the birth and the short time after it, so decided to become a health visitor."
Health Visiting registrant

3.17 There were a few examples also of policy change that had influenced registrants' decisions, for example the Best Start Maternity Review[3] in Scotland and revised midwife role had prompted a career change for a few registrants, and the Call to Action in 2013[4] encouraged some registrants to pursue specialist community nurse roles.

3.18 As well as advancing or changing their careers, many students and registrants highlighted that the SPQ/SCPHN enabled them to move into a role in the community which, because of the traditional working pattern of the role would provide a better work-life balance. In addition, others enjoyed the autonomy that came with a caseload in the community.

"I had a young family at the time and I was a community midwife but I worked unusual hours. Health visiting provided me with an opportunity to do more regular hours."
Health Visiting registrant

[3] https://www.gov.scot/publications/best-start-five-year-forward-plan-maternity-neonatal-care-scotland/
[4] https://www.england.nhs.uk/wp-content/uploads/2013/07/nhs-belongs.pdf

Factors influencing the choice of programme provider

3.19 From our interviews, it was apparent that nurses and midwives are often not given choice when selecting the qualification or the AEI for their post-registration education programme. Registrants from across all the SPQ and SCPHNs reported that the employer was the main influencing factor when they selected the AEI. The second most common consideration (given instead of/in addition to the employer) was the location of the AEI, with a number of participants also indicating that there was only one AEI that offered the qualification in an accessible location.

3.20 Those participants who did report active selection of the AEI were generally self-funded and/or in areas such as London where there is a greater density of AEIs offering the course. These participants cited a range of considerations when selecting their AEI, including:

- specific aspects of the course, such as formats that provided opportunities for a return to practice programme;
- the learning approach, like remote learning, and part-time completion;
- the accessibility of the application process;
- the course modules;
- cost; and
- the reputation of the AEI and its programme.

> "I chose [the provider] because it is local to me- I live and work in [the area]….I wanted to find a course that fits around my life- I have kids so am doing it part time."
> Learning Disabilities SPQ registrant

Post-registration education experience

3.21 The students and registrants were asked about how the programme transformed their practice and enabled them to work within their specialist role.

The learning environment

3.22 While the courses to achieve the SPQ and SCPHN qualifications were often described as "intense", students and registrants noted the importance of a new learning environment that involved both an academic and practice setting. Participants felt that this was essential to develop theoretical specialist knowledge that builds on their nursing and midwifery experience and supports a broad understanding of the field.

"I enjoy learning and getting more skills. In practice, you don't always get the chance to ask questions but you can do this at uni."
School Nursing student

3.23 Many participants from across the qualifications felt that leaving their existing role for a new academic and clinical environment within the qualification programme was important to facilitate transformational shifts in perspectives and skills. In particular, supernumerary status was vital to translate learning into care delivery and ensure transformational change.

"[It's about] giving people the opportunity to actually apply what you are learning. If you are working part time and learning in your own environment then it's quite easy to be absorbed into the team. Being outside and supernumerary allows you really to focus on the development."
District Nursing registrant

3.24 The value of practical experience to implement what they had recently learned and identify any difficulties was consistently highlighted as key to ensure impact of the qualification. Key to the success of the placement and students' confidence and performance in the setting was the quality and consistency of their mentor/practice teacher. Where there were difficulties regularly accessing a mentor/practice teacher this significantly undermined students/registrants opportunities to practise clinical skills and affected the confidence in their abilities. Several Occupational Health registrants, among others, provided examples of this were from when studying their SCPHN.

"Very much so, but mainly down to an amazing practice teacher."
Health Visiting student, when asked if the course had improved her skills

3.25 Stakeholders and registrants both highlighted that learning must continue post-registration to recognise that newly qualified SCPHNs and specialist practitioners are able to practice in a specialist field but at an entry, rather than advanced practice, level. They therefore require support to build competence over time before they are able to work with full autonomy.

Multi-disciplinary learning

3.26 In the AEI survey, 78% of respondents identified that their SCPHN/SPQ programmes usually share modules with other courses such as advanced practice courses (230 of 295 courses where details are provided). Modules shared with other courses, for example,

MSc Health and Social Care; MSc Public Health; MSc Advanced Clinical Practice, included research/dissertation work, leadership, prescribing, evidence-based practice, long-term condition management, enhanced communication strategies and service improvement. This multidisciplinary learning was often supplemented with learning sets separated by SPQ/SCHPN, for example with separate groups for Health Visiting, School Nursing and Community Children's Nursing students.

3.27 The SCPHN students were typically taught as one cohort and some research participants that hold/are working towards SPQs also reported sharing elements of their course with other SCPHNs (for example some District Nurses reported shared classes with Health Visitors). Some participants felt that this contributed to an increased awareness and ability to work across teams and disciplines:

> "I was the only LD nurse on the course and the course was geared towards adult nurses. I learned about how we overlap and complement the skills of other nurses."
> Learning Disabilities SPQ student

3.28 However, others felt that much of the content was not as relevant to them. For example, a Health Visitor registrant explained that the focus of prescribing was on the adult doses and types of medication with limited reflection of the type of prescribing they would be doing as part of their role in caring for children.

3.29 Participants from all the SCPHN qualifications reported feeling that much of the taught core curriculum was not as applicable or relevant to their profession as it could be.

> "I'd been doing the role in England before moving to Wales. I found my original programme really inspiring but this course was very much a Health Visitor course so there was no support for School Nurses- I saw a School Nurse tutor once. There were only 21 School Nurses on my programme so we are very much in the minority. All the other staff had Health Visitor backgrounds and didn't know about school nursing so it was always very biased towards Health Visitors. We had only two basic lectures on school nursing, I felt like a forgotten specialism. The university was very defensive when I said this."
> School Nursing registrant

3.30 While students and registrants did identify components that were helpful for all three professions (such as the high level public health context and approaches, and external speakers for example talking about domestic violence) many felt that more time could be dedicated to their specific qualification and the clinical skills it requires. This view was particularly strong amongst Occupational Health nurses, who unanimously felt that their profession was too divergent from school nursing and health visiting for the shared curriculum to have value. They identified more of a focus on working practice, policy and

legislation in industry settings alongside more practical consideration of the impact of the workforce health on business to increase the impact of the qualification in practice.

3.31 Some Health Visitor registrants also felt strongly that Health Visiting should have a completely separate curriculum, and felt that direct entry to this (separate to the pre-registration nursing qualification and midwifery qualification) would be most appropriate to prepare people for the role of health visiting.

Gaps and relevance of the qualification for post-registration practice

3.32 In general, registrants felt that their SPQ/SCPHN qualification had equipped them for their new roles but many felt there was potential to further increase this preparation and this usually related to the opportunities to practise the clinical skills necessary for their role.

> "It prepares you to an extent but learn after you have qualified – by experience and from experts/ experienced midwives."
> Health Visiting registrant
>
> "It gave me a good grounding for working in occupational health. I got lots of hands on experience when doing the course, although others found it more difficult to get good practice placements (we had to find our own). [The course] prepared me well and I got lots of support."
> Occupational Health registrant

3.33 Some of the reported gaps in their post-registration education related to clinical procedures or responsibilities that they had not been able to undertake in a practice setting and that could not be realistically recreated in a skills lab. The prescribing examples were common, again unable to practise during the programme or the content of the V100 prescribing element was not tailored to the role they would be undertaking.

3.34 The students and registrants identified areas that needed to be better reflected within the post-registration education programmes for SPQs and SCPHNs. Some aspects were considered as gaps across all the qualifications and these included greater recognition of the complex care environment; reflection of the integration of health and social care, self-management, social prescribing and strength-based approaches to care; and risk management.

3.35 Some students/registrants identified particular areas that they would like to have covered in more depth in their post-registration education programmes:

- Health Visiting – more individual family work rather than community wide initiatives, focus on 0-5s or 0-19s rather than the traditional cradle to grave, Adverse Childhood Experiences (ACEs), better recognition of the limited opportunities for public health promotion;

- Learning Disabilities, Children's Nursing and Children's Community Nursing – identified more explicit reference to working with individuals, carers and family members
- District Nursing – highlighted more content on end of life care, telehealth and telecare and safeguarding;
- Occupational Health – less on general public health and greater reflection on workforce health, case management and health surveillance to support organisational needs.

The value of the SPQ/SCPHN qualifications

3.36 There is a wide range of alternative options to the NMC-approved post-registration education and 55% of the 38 AEIs surveyed also reported running courses that do not lead to an NMC-recordable qualification, like MSc Public Health Nursing; MSc Advanced Clinical Practice; MSc Contemporary Nursing and BSc (Hons) Clinical Practice.

3.37 Some registrants had undertaken further post-registration education in addition to their SCPHN/SPQ, like Masters in Mental Health Interventions, Masters in Public Health to further enhance their clinical knowledge and skills.

3.38 While consideration of non NMC-approved qualifications was outwith the scope of this project, as part of the discussions with research participants about the reasons for moving away from the SCPHN and SPQ programmes, some examples did emerge. For some AEIs alternative post-registration programmes were delivered to address local demand, while others faced challenges in meeting the criteria for approved AEI status, with the lack of availability of practice teachers proving increasing difficult. Another reason for changing the programme offer was the need for more contemporary programme content and delivery, as shown in the example from Robert Gordon University (see Box 1).

3.39 The students and registrants from across the qualifications considered the SPQs/SCPHNs as having an added value compared to other specialist qualifications. They felt the qualifications were prestigious, had more gravitas, were more legitimate and appropriately recognised their higher level of skills and knowledge. They felt that their employers were more invested in the NMC-approved qualifications and that their UK-wide recognition provided them with more opportunities to work in other parts of the UK.

Box 1. Robert Gordon University (RGU), Aberdeen – a new approach to delivering Occupation Health (OH) education

RGU used to deliver the SCPHN OH course but, in response to general concerns about the readiness of OH nurses to practice in the workplace and a review of evidence about OH education, they undertook a consultation about their OH programme that attracts applicants from across the UK. The response from students, registrants, employers, users of OH services, and stakeholders like the Health and Safety Executive, led RGU to the decision that they needed to take action to ensure that their programme content and delivery met the needs of future OH professionals.

A new OH course was developed that fulfilled the University's academic standards and validation process. The programme is solely focused on OH and does not combine with any other public health courses. Its main themes are:

- workplace health risk management;
- fitness for work;
- mental wellbeing
- health promotion and wellbeing; and
- leadership, quality and OH management.

It is delivered over two academic calendar years (60 weeks) through a mix of traditional distance learning formats and contact days to address key skills such as audiometry and lung function testing. Successful programme participants graduate with a BSc Occupational Health; RGU no longer offers the NMC-approved SCPHN programme for OH nurses.

Impact of the SPQ/SCPHN qualification on skills, knowledge and confidence

3.40 Students and registrants widely reported that they found their SPQ/SCPHN programme to be transformative. Most students who participated in the research had a clear idea of what they wanted to use the qualification for, from working at a more senior level to transitioning into a new profession, and the majority felt the qualification was supporting them towards these goals.

> "Best thing I ever did- it opened so many doors for me."
> District Nursing registrant

3.41 Many noted that they learned or updated a range of specific technical skills, particularly around prescribing and clinical assessments. Those who held Children's Nursing or Community Children's Nursing SPQs particularly identified the value of having a specialist course for clinical skills development specifically for children, while those with/currently

working towards a SCPHN identified training in public health techniques as supporting a shift in their perspective and approach to nursing.

3.42 The skills most commonly described as having transformational impacts in all the qualifications were skills around leadership, management, communication and evidence assessment. While these skills were transferable, participants recognised the value of them being contextualised in the qualification, for example with participants reporting the leadership skills in the Health Visitor SCPHN centred on management of caseloads and a team that is spread out and working independently in the community, rather than together within a hospital.

> "I don't think I developed my skills a great deal as I already had the experience, but it made me think differently in how I analyse and look for evidence. It made me think about things more critically– this has been a lasting impact of this qualification. I've gone on to do more postgraduate qualifications, but I don't think my career would have developed in the way it has done without this qualification."
> Community Mental Health SPQ registrant

3.43 Students and registrants felt that these skills contributed to an increased ability and confidence to work autonomously in complex situations that often require advanced decision making. For example, participants had used improved analytical skills to undertake new research, question practice and inform decision making and critical thinking. Their improved communication skills had supported their interactions and positive engagement with patients.

3.44 The qualification increased the confidence of most registrants to share learning, make decisions, and to apply to more senior roles. Registrants, particularly those with a SCPHN qualification, felt the qualification exposed them to new models of care and enhanced their confidence, ability, and willingness to work in a multidisciplinary manner.

> "I felt quite motivated and empowered to be able to share my skills and my understanding of standards. Having had really good support I was able to help others too. You also look at the population in a different way. I was definitely more confident – I'm still nervous with some things like presentations but overall a lot more confident. Because you are encouraged to develop innovation it encourages you to encourage others to do this. In terms of my District Nurse role, I already had an interest in reflective practice and being able to reflect in practice and on my practice was really important. You need this self-awareness to interact with patients, and you have to adapt to individual needs. The course let me do this."
> District Nursing registrant

Maximising impact in their new specialist community nurse role

3.45 The SPQ and SCPHN qualifications were highly valued by research participants, and considered to be addressing areas of great need but to maximise the impact of their learning, they required a role that allows autonomous working, expanded responsibility and the opportunity to use and share their learning.

3.46 There was general acceptance that newly qualified SCPHN and SPQ registrants are novices in a specialist field who still need to build competence over time before being able to work with full autonomy. This requires a working environment that supports the post holder to reinforce their new skills and knowledge, ideally with an initial period of preceptorship, continued formal mentor support, and a limited caseload.

"[The course included] a lot of practical stuff and a good grounding in public health. I learned most from the practice elements, but it took past the 10 week consolidation to start to feel confident."
Health Visiting registrant

"There is a need for consolidation years post-registration and we need to agree what those consolidation years are."
Stakeholder

Summary of Chapter Findings

- The main motivations for undertaking a SCPHN or SPQ are career development, and registrants have limited choice as to the course and programme provider as these decisions are driven by the employer.
- The NMC-approved qualifications are highly valued by students and registrants, as they viewed them as prestigious, highly recognised and transferable throughout the UK.
- Whilst the participants identified gaps in the course content with potential to make it more contemporary and relevant, the programme is described as transformational and provides theoretical and clinical challenge to develop the skills, knowledge and confidence to move into a specialist role.
- The programme prepares the registrant for beginning their specialist post at a novice level, but appropriate support and working environment are required for them to grow into their new role.

4. The Standards

4.1 As described in earlier chapters, many research participants lacked a detailed understanding of the standards of proficiency for SCPHNs or the standards of proficiency for specialist education and practice and so much of those discussions focused on the qualifications that underpinned them. Those with the best insight were people involved in education and policy development, mainly AEI representatives and key stakeholders.

4.2 With knowledge of the standards and their purpose, the interviews considered the accessibility of the standards, the role of the standards and the extent to which they prepared nurses and midwives for specialist practice. The discussions also explored alternatives and future needs and the key points raised by research participants are presented in this chapter.

Accessibility of the standards

4.3 The language, format and applicability of the standards to academic and practice settings was considered as part of the discussions with the research participants. All contributors acknowledged the extent to which the standards were out of date, having been last published in 2001 (SPQs) and 2004 (SCPHNs). Therefore the language and references do not reflect the current landscape and the environment in which specialist practitioners' work.

> "The language is very dated and they don't meet what's needed now– they are overdue to be renewed."
> District Nursing registrant

4.4 Discussions about the language used also identified that the standards are wordy, repetitive and difficult to interpret. The layout and format are not user friendly and there is no summary or short version to refer to. Importantly, even amongst those who were familiar with the standards, there was not a consensus as to their target audience – are they designed for students to achieve learning outcomes or for registrants to use as professional standards?

4.5 There was agreement that any future standards should have a clearly articulated purpose with a defined audience so that there is a shared understanding and greater awareness of the standards.

Applicability of standards to academic and practice settings

4.6 Overall the students, registrants, AEIs and service users considered the SCPHN and SPQ standards as a necessary and valuable element of the post-registration education for their profession. The view of the wider stakeholders was mixed and often related to the organisation and or specialism they represented.

4.7 Those that commented on the detail of the standards identified that:

- The standards were very generic which gave them a breadth that meant they could be easily interpreted and provided flexibility for programme design. However, this reduced the consistency between and across programmes, and therefore led to variability between students' knowledge, skills and experience;
- as already mentioned, students that complete the qualifications are ready to enter a specialist area but only at an entry level– i.e. they are novices in a specialist area and this distinction is often missed; and
- they need to be supplemented by specialist standards (detailed guidance for specialisms) so that there is more clarity about what the specialist practitioner is should know and be able to do in their defined roles. There was no consensus on who should be responsible for these.

> "I don't think they reflect the current role and the level of clinical skills you need to have as a specialist practitioner."
> Community Children's Nursing SPQ registrant
>
> "[The SPQ standards] don't reflect current nature of practice, for district nurses and others. The way in which nurses are now leading, managing risk, and the complexity of the environment and what they are dealing with and the kind of patients that are now being cared for in the community – even ventilated patients– the standards don't reflect that."
> Stakeholder

SCPHNs

4.8 The response to the two sets of standards differed. Research participants who commented on the SCPHNs overall felt that the generic principles were still relevant and could apply to any domain but lacked detail.

4.9 Stakeholders from across a wide range of professionalisms considered health visiting, school nursing and occupational health nursing as too different to be encompassed under the single SCPHN banner. There were repeated calls for this differentiation to be recognised and that these different roles working with different populations required different skill sets and, therefore, different NMC standards.

4.10 Within the SCPHN group, overwhelmingly those working in health visiting wanted to keep the third part of the register and promoted the need for a direct entry, explaining that the health visitor role lent itself to its own field, similar to midwifery. With such marked differences in the health visitor practice across the nations, it was felt even more critical to retain the UK wide standards for health visiting with the NMC playing a key role.

4.11 In contrast those interviewed that represented Occupational Health felt little affiliation to the third part of the register and were generally dissatisfied with the SCPHN standards and recognised that more relevant non NMC-approved educational programmes would be better suited to develop the confidence and practical skills OH nurses need to be ready to meet the needs of a diverse workplace. Only nine AEIs offer the programme and challenges in finding practice educators and securing placements exacerbates the consolidation of learning.

4.12 The School Nursing registrants and students, like the other SCPHNs, felt that the SCHPHN title was outdated, not understood and that they would like to reclaim the title, as has happened in some parts of the UK so that the School Nurse, Health Visitor and Occupational Health Nurse become protected titles. Occupational Health registrants also wanted to see Occupational Health Nurse become a protected title, although not necessarily underpinned by the NMC Occupational Health SCPHN standards.

> "I don't think we should be governed by the NMC, we are very much a square peg in a round hole and would be better served by the IOSH."
> Occupational Health registrant

SPQs

4.13 Across the SPQs and SCPHNs the uptake of the programmes has generally been declining in the past two-three years. However, the District Nursing SPQ, which is still required for a District Nurse role in many NHS Boards and Trusts, is an exception to this trend.

4.14 The usability of the SPQs has been revitalised by the voluntary standards developed by the Queen's Institute (QNI)/Queen's Institute Scotland (QNIS). These standards, initially for the District Nursing and now for some of the other SPQs, were mapped against the SPQs and has enabled AEIs to deliver the SPQ programmes with the support of the voluntary standards.

> "I'm aware of them because I am a practice teacher, but I am more familiar with the QNI voluntary standards. These are far more up-to-date and pertinent."
> District Nursing registrant

4.15 Some stakeholders consider that the SPQs, like Adult Nursing, Learning Disabilities, and Mental Health have limited value because the new standards of proficiency for the future nurse have blurred the distance between the pre-registration standards and the post-registration standards. The General Practice Nursing SPQ was generally not perceived by registrants to be well aligned to the role and its value not widely recognised by GP practices. In contrast, the District Nursing SPQ is strongly embedded in workforce development and career pathways. Representatives for district nursing and those national

stakeholders where the District Nursing SPQ was still an important element of education provision for this role were keen to see the SPQ remain and retain a recognised qualification.

Role of standards

4.16 The role of the standards were discussed in terms of their role in protecting the public, maintaining public confidence in the profession and supporting professional development.

Protecting the public and maintaining public confidence

4.17 Students and registrants both place high value on national standards for the protection of public safety and confidence but without articulating how they fulfilled this beyond setting out the skills and knowledge the specialist practitioner should hold and quality assuring programme of education delivered by an AEI.

4.18 AEI representatives, employers and stakeholders in the main considered that registrants being live on the the relevant part of the register, Part 1 nurse and Part 2 midwife, and their adherence to the NMC Code as that registered professional protects the public. This is because these are the standards that enable someone to join the register for the first time and the person must continue to meet their requirements for renewal and readmission as a nurse or a midwife, rather than the post-registration standards. They identified that an SPQ is a recordable qualification but that the annotation in itself would not necessarily be used in instances where an individual's fitness to practise was queried. Registrants had mixed views on the value of the SPQ annotation, with some ambivalence towards it but many feeling that it recognised their achievement of the qualification.

> "I'm proud of myself in that I've achieved that, but it has no great value beyond that."
> Community Mental Health SPQ registrant

4.19 There were also inconsistent views about the third part of the register. Some felt it was unnecessary and predominantly functioned as a 'badge of honour' for the SCPHNs, but those on the third part of the register felt it appropriately reflected the posts they held, although they did not associate with the title.

> "I think it's very important for most SCPHN nurses, it gives credence and value to what you've done. I think it was a very important thing for me that we have that recognition."
> School Nursing registrant

4.20 However, stakeholders on two occasions explained that the third part of the register and the standards underpinning the SCPHN protected title had enabled them to refer practitioners to the fitness to practise process because it was clearer how they had failed in duties as a SCPHN rather than as a nurse on Part 1 of the register.

4.21 The research participants acknowledged that the specialist practitioners and SCPHNs were more autonomous in the community setting, and so registrants needed skills and experience to fulfil the more specialised roles, therefore it was helpful to recognise/acknowledge this on the register. However:

- There is no requirement for registrants working in specialist practice to record their SPQ;
- Even if members of the public were aware that they could search the register, as the service users discussed, without more detail of the skills, qualifications, then they would not necessarily be better informed by the annotation or the registrant being on part three;
- The third part of the register does not show the area of practice so the value of recognising the specialist knowledge and skills is lost; and
- The protected title of SCPHN is not widely understood and the public would identify better with the titles of School Nurse, Health Visitor or Occupational Health Nurse.

4.22 Therefore a more useful register would support public confidence.

4.23 Most service users were unaware of the third part of the register, but those who were aware felt that it allowed service users to have more confidence in the person delivering care.

> "It [the third part of the register] engenders transparency and public confidence."
> Service user

4.24 Two service users noted that if the register was populated with additional qualifications and their details, not just the NMC-approved programmes like SPQs, then anyone looking at it would know that a registrant is fit to undertake a certain role.

4.25 Several stakeholders held the view that the stronger case for protecting the public was in the NMC's role in regulating advance practice. They felt that this was becoming critical now that nurses are expanding into medical areas and it was time for consistency with accredited courses that are noted on the register. This is discussed later in the chapter.

Supporting professional development

4.26 Both sets of standards were viewed as providing clarity as to what is expected in the content of the education programmes and the skills and experience that the specialist

nurses and midwives will have. The absence of the SPQs and SCPHNs would lead to huge variation in programme provision that many participants considered unacceptable.

> "The courses are recognised throughout the UK and this is because they are all based on the same standards."
> General Nursing student

4.27 The participants still acknowledged the limitations of the current standards and that policy and practice had moved on with the various pathways, career development frameworks and advanced practice frameworks across the four nations. Nevertheless they considered the NMC-approved post-registration standards provided a professional focus and accountability and without them is could lead to fragmentation across the UK and in the absence of this protection of the standards then some respondents feared that there was be nothing to stop the quality of the education and training provision from being 'dumbed down' and the lines between appropriate provision becoming blurred.

> "It needs to be our professional body that sets standards, we need to protect our professional reputation- we could end up with multiple standards and I would be very concerned if that was the case. We shouldn't have different standards in different locations and be unsure which ones to follow."
> Health Visiting registrant

4.28 In contrast a few participants, from devolved national organisations, felt that the standards were so out of date that there would be limited impact if they were withdrawn and if the NMC played no role in post-registration education. They perceived that this might release capacity within AEIs to look at alternatives and be more creative in the delivery of their post-registration programmes and responsive to local need and national policy.

Regulation across all nurse and midwifery education

4.29 As already mentioned, many participants expressed concern and at times frustration at the NMC's absence in the regulation of advanced practice. The registrants repeatedly commented on value of some clarification from the NMC about specialist and advanced

> "My role is similar to the advanced nurse practice role so it is strange that they make such a distinction between the two."
> Children's Nursing SPQ student

practice. Some felt that is was being left to local employer to define and agree who delivers care and in what role. These registrants felt the NMC needed to step in to protect the public and the SCPHN and SPQ registrants themselves.

4.30 Stakeholders also felt that although this evaluation was focused on specialist practice that this was the opportunity to have a wider debate and dialogue with the four governments about where post-registration education sits and the NMC's role within it, so that the public can be protected and the credibility of the profession can be retained across the UK. These stakeholders felt that there should be a solution where this can be achieved with sufficient consistency across the UK but with flexibility that enables innovation and delivers programmes that meet local and national needs.

> "We are increasingly aware that there is a big difference between specialist and what we term advanced. You come out of the specialist programme, and it's about how you then become able to work at an advanced level. We are setting people up to become disillusioned if we don't say this is what you have, and this is how you can then become an advanced practitioner."
> UK-wide stakeholder

Summary of Chapter Findings

- The accessibility and purpose of the standards were questioned by participants with any future standards required to have greater clarity of content, be more user friendly and be designed for a defined audience;
- The generic principles and broad content of the standards allow them to be applied flexibly but mean they lack the detail needed for the different specialisms;
- The health visitor, school nurse and occupational health nurse are no longer considered as sharing common public health nurse elements within their roles. Different specialisms are more wedded to the SCPHNs/SPQs than others and feel strongly about the continuation of the standards and the NMC's role;
- There were mixed views as to the extent to which the standards provide protection to the public, the Code and Parts 1 and 2 of the register were considered the most appropriate tools. The helpfulness of the register and the information it currently holds was viewed as limited;
- Most, but not all, participants were concerned about the profession and the fragmentation and loss of quality of post-registration education in the absence of the SPQs/SCPHNs and the NMC's regulatory role; and
- Stakeholders called on the NMC to become involved in the regulation of advanced practice where they viewed a greater need for public protection.

5. Summary and actions to consider

5.1 This chapter summarises the key findings in response to the evaluation questions and identifies actions to consider.

Are the current standards appropriate to prepare nurses and midwives for future post-registration practice?

5.2 The evaluation has shown that there is a limited understanding of the SCPHN and SPQ standards, which were last published in 2001 and 2004. The standards are not fit for purpose and approved NMC programmes are addressing the needs of the current nursing and midwifery workforce by the reinforcement of standards and competencies produced by other bodies.

5.3 Whilst the course content needs to be more contemporary and relevant, the programmes are still described by registrants and students as transformational and provides theoretical and clinical challenge to develop the skills, knowledge and confidence for registrants to move into a specialist role as a novice, with specialist knowledge and practice developing as they perform the role.

> "[The course] made me much more of a confident and safe practitioner."
> Adult Nursing SPQ registrant

To what extent are the standards known and understood?

5.4 There is a lack of clarity about the intended audience and use of the standards which contributes to a low level of detailed understanding about them and their use. Are the standards for underpinning the post-registration education programmes or the professional standards under which post-holders work?

5.5 The content of the standards is generic and lacks specifics needed to understand the competencies required for each specialism. The language needs to be clear and concise and the documents need to be user friendly.

To what extent do the standards protect the public and maintain public confidence in the profession and what role are annotations on the register playing?

5.6 There were mixed views as to the extent to which the standards provide protection to the public. The code and Part 1 and 2 of the register were considered the most appropriate tools although there were two examples of the third part of the register being used to raise fitness to practise issues. The annotations were considered of limited help whilst the register holds information about registrants in its current form.

If these standards were withdrawn and this option was no longer available what would be the consequences?

5.7 Many participants were concerned about the impact on the profession and the fragmentation, dilution and loss of quality of post-registration education if the SPQs/SCPHNs were withdrawn and the NMC stopped regulating this aspect of post-registration education. Some professions (such as district nursing), bodies and nations (such as Northern Ireland) are very attached to the standards. However, there is a decreasing number of AEIs approved to deliver the SPQ/SCPHN qualification and it will reach a point, if already not the case, where alternative, more contemporary non NMC-approved programmes fill the gap. The regulation of all post-registration education and practice needs greater consideration.

What should future post-registration standards take account of and where might they come from?

5.8 In the period since the standards were published, organisations, professional bodies, nations have developed and progressed standards frameworks and pathways for specialist and advanced practice. So, there are host of options, from the QNI/QNIS voluntary standards, to the Scottish health visiting pathway across the specialisms that are a starting point for any revised standards, or that can be considered as a replacement.

> "I don't think the specialist practice standards necessarily need to be NMC standards given the SPQ is only a recordable qualification, but we still need standards."
> Employer

What future role should the NMC play?

5.9 There are repeated calls from across all stakeholder and registrant groups for the NMC to widen the discussion and become involved in the regulation of advanced practice. Their feeling was that there is likely to be a greater risk to the public from those practising in the unregulated area of advanced practice. There is a patchwork of education of advanced and specialist practice across the UK and there is the opportunity to draw this together and rationalise under the leadership of the regulator.

Actions to consider

5.10 SCPHNs

- Explore options as to whether to recognise and reiterate the distinct roles of the current SCPHN group and disinvest in the generic SCPHN; and

- Consider options to resolve the lack of understanding around the protected titles and the better awareness that exists amongst titles of School Nurse, Health Visitor and Occupational Health Nurse.

5.11 SPQs

- In light of the new pre-registration standards and the future nurse training, consider which, if any, SPQs are needed to develop that higher level of skills to work in a specialist area; and
- In decisions about any future standards, recognise the role that the QNI/QNIS voluntary standards are now playing.

5.12 NMC role

- Reflect on the NMC's role in setting standards and how they align/mirror the career pathways created in part of the UK or by particular bodies;
- Consider how the register can hold more up to date information about registrants' scope of practice so that it is more helpful to those making enquiries; and
- Engage the four devolved nations in a dialogue about their advance practice frameworks and regulation of them.