

Review of post-registration standards

**Report of pre-consultation
communications and
engagement activities**

November 2020

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Background

Once a nurse or midwife is registered with the NMC, they can do a NMC-approved programme to become a specialist community public health nurse (SCPHN) for a public health role, including working as a school nurse, health visitor or occupational health nurse.

Nurses can also gain NMC approved specialist practice qualifications (SPQs) on completion of an NMC approved SPQ programme in community nursing, including district nursing, general practice nursing, community children's nursing, community learning disabilities nursing and community mental health nursing.

We're reviewing the standards of proficiency and the associated programme standards we set for these roles. This is to ensure practitioners are equipped with the knowledge, skills and attributes they need to deliver high quality care now and in the future.

We have formed a [post-registration standards steering group](#) to advise on the direction of the work. This is made up of representatives from the four countries of the UK, the Chief Nursing Officers, lead education bodies, professional organisations, unions, and subject matter experts.

We have also set up a number of standards delivery groups to help us define the content and draft the standards. These are each focusing on: all specialties of community nursing; school nursing; occupational health nursing; and health visiting. Each is led by [an independent chair](#).

We want our new standards to be ambitious and transformative, and we know we'll only achieve that if we work collaboratively with our stakeholders. We need to draw on their experience and hear a diverse range of voices from all backgrounds, including practitioners, patients, people who use services, employers, educators, students and other partners to co-create the new standards.

To ensure that our draft standards are shaped by all these voices, we have undertaken a range of activities through the summer and autumn of 2020. Due to the coronavirus pandemic and restrictions on travel and meeting in person, these have all been online digital opportunities.

Purpose of this report

This report covers the engagement activities held between June and October 2020, ahead of our formal consultation in 2021.

The report outlines the numbers of people who attended our events, details about these individuals where we have them, their feedback, and learning for how we can improve our engagement activity in the future.

A separate report will be published setting out what people told us during this engagement.

Objectives for communication and engagement activity

During the pre-consultation period we wanted to give people the opportunity to get involved in the development of new post-registration standards from an early stage.

For this phase of activity, our key audiences were nurses and midwives with a SCPHN qualification, those holding a SPQ, professionals seeking to undertake these qualifications and those involved in the education, training or employment of these specialist nursing roles.

In addition we wanted to reach out to other professions who work closely with these roles, those working in policy, research, and advocacy and third sector organisations dealing with these specialist community roles.

Virtual postcard

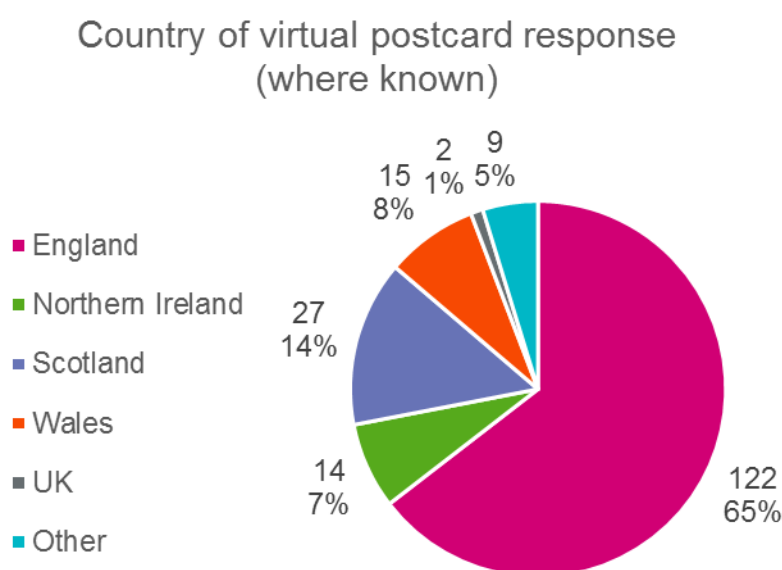
We published a form on our website for people to send in responses to.

We received more than 250 submissions via our virtual postcard on the website over the six weeks. The postcard asked two key questions:

- What important factors for community and public health nursing practice do you think we should account for in developing our new post-registration standards?
- What themes do you think our new standards for specialist community and public health nursing should cover?

For about 75% of these submissions, we know which country / location the individual is based in. These responses represent a spread across the four nations of the UK and beyond.

Country of individuals submitting virtual postcards (where known)



Data from 189 virtual postcard submissions.

Our engagement activities

We engaged with people in three main ways: webinars, virtual roundtable discussions and 1-1 meetings. By necessity, all these were held virtually using the GoToWebinar and GoToMeeting platforms.

1. Webinars

Webinars enabled a wide audience to hear from the NMC team and [our independent chairs](#) about the development of our standards.

The use of webinar polls increased audience engagement and enabled us to gain valuable feedback throughout the sessions.

Webinar attendees could submit comments and questions throughout the webinars. Although these comments were visible to organisers only, we shared some of the points raised with the presenting panel live in the sessions and posed some of the questions for immediate response. Comments submitted during the webinars are included in our separate report setting out what people told us during this engagement.

Table 1: Number of attendees at each webinar

Date	Topic	Number attended*
29 June	SCPHN core Introduction to the review for all audiences interested in SCPHN	646
30 June	SPQ Introduction to the review for all audiences interested in SPQs	558
10 July	School nursing Introduction specifically for school nursing audiences	324
15 July	Occupational health nursing Introduction specifically for occupational health nursing audiences	275
21 July	Health visiting Introduction specifically for health visiting audiences	460
1 September	SPQ general practice nursing Update and detail for those interested in the general practice nursing SPQ	63
9 September	SPQ community mental health nursing Update and detail for those interested in the community mental health nursing SPQ	53
9 September	SPQ community learning disabilities nursing Update and detail for those interested in the community learning disabilities nursing SPQ	95
10 September	SPQ community children's nursing Update and detail for those interested in the community children's nursing SPQ	49

Date	Topic	Number attended*
10 September	SPQ district nursing Update and detail for those interested in the community district nursing SPQ	117
20 October	SCPHN update Progress update for those interested in the SCPHN standards	131
22 October	SPQ update Progress update for those interested in SPQs	136

*Some people attended more than one webinar, so the numbers do not necessarily refer to unique people.

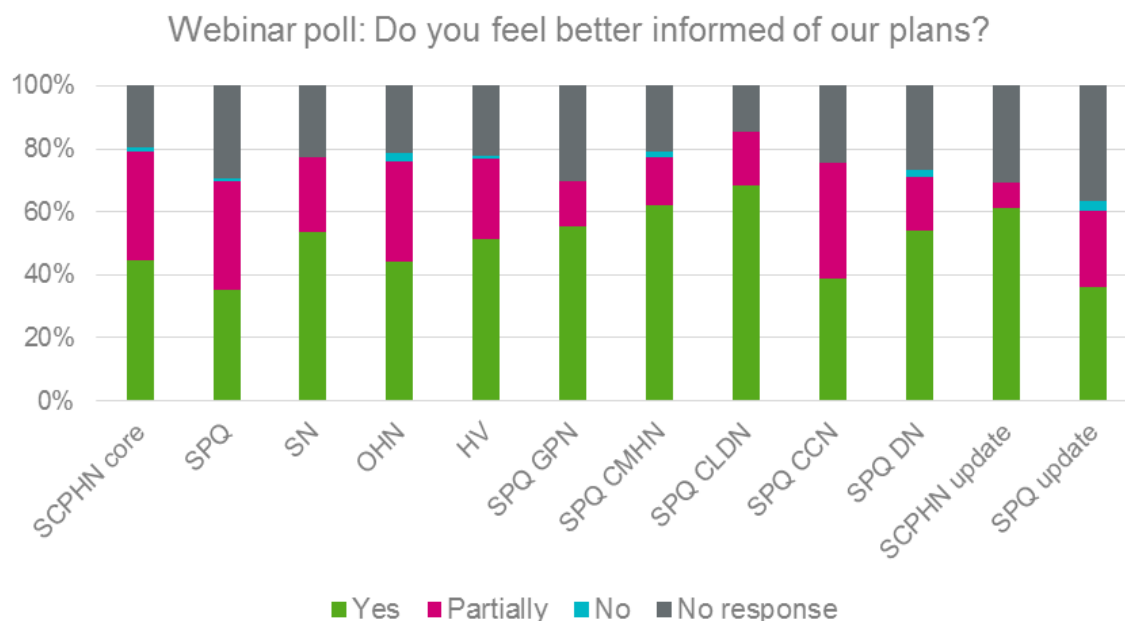
2,907 attendees at 12 webinars. 513 attended more than one webinar.

Webinar polls

We asked participants a series of questions during the webinars. Not all questions were asked every time as the webinars built iteratively on previous feedback, and were specific to the content and audience. We increased our use of polling questions through the webinar series. The software limits potential responses to our poll questions to five possible option responses.

All webinars

Towards the end of each webinar we asked the same question to gauge whether people felt better informed of our plans for reviewing the post-registration standards.



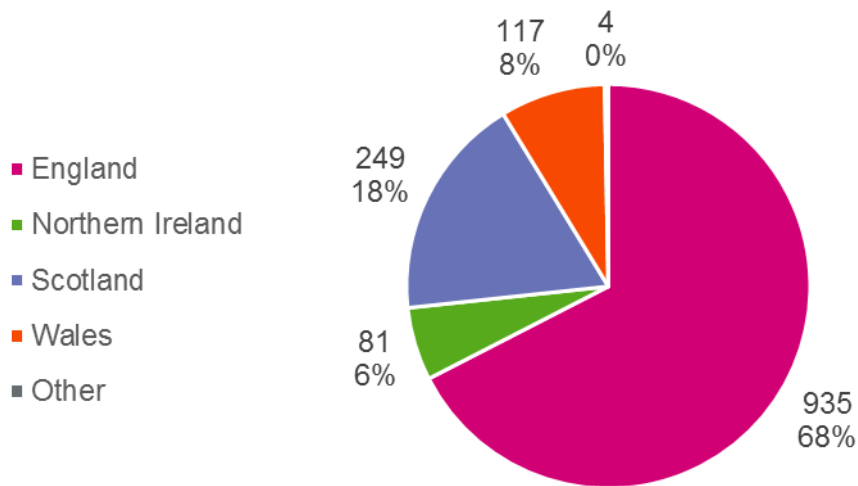
Data from 12 webinars, total number of attendees 2,907. Number attending each webinar as in table 1.

At each webinar, we encouraged those people who responded 'partially' or 'no' to let us know through the comments why they felt that and what else they needed to know in order to feel more informed.

Country

In all but the first two webinars, we asked participants to let us know which country they are based in.

Webinar poll: Which country are you based in?

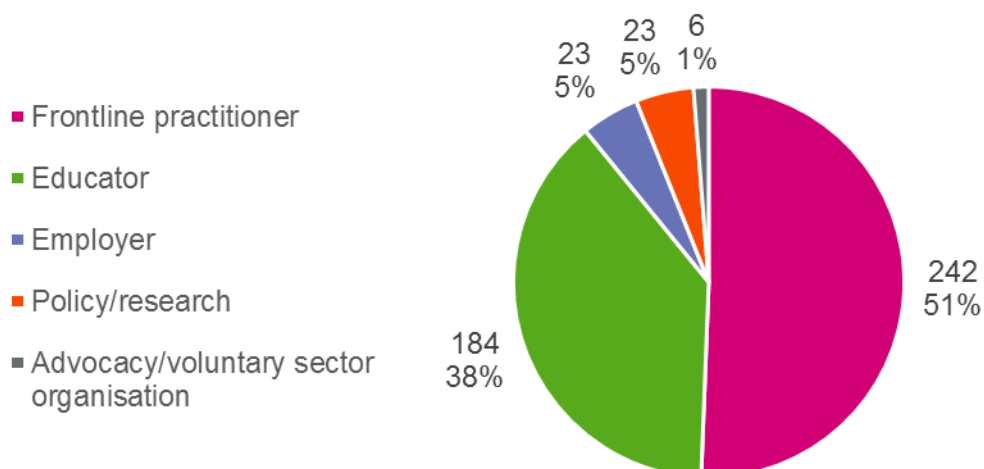


Data from 10 webinars, total number of attendees 1,703, responses 1,386. The data exclude those who did not answer (317).

Employment role

For seven webinars, we asked attendees to tell us about their role.

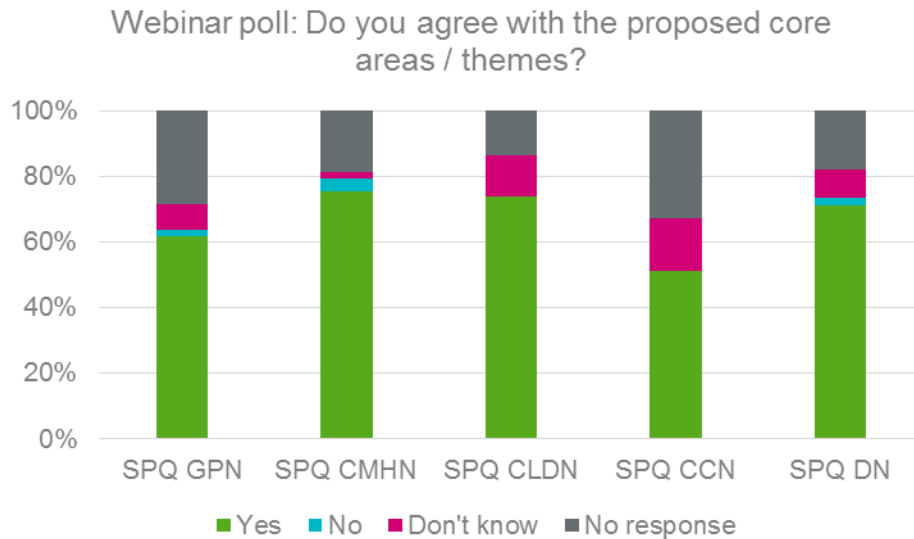
Webinar poll: How would you describe your employment role?



Data from 7 webinars, total number of attendees 644, responses 478. The data exclude those who did not answer (166).

SPQ webinars

For SPQ specific webinars, we asked people whether they agreed with the proposed core areas / themes of the content of the standards.

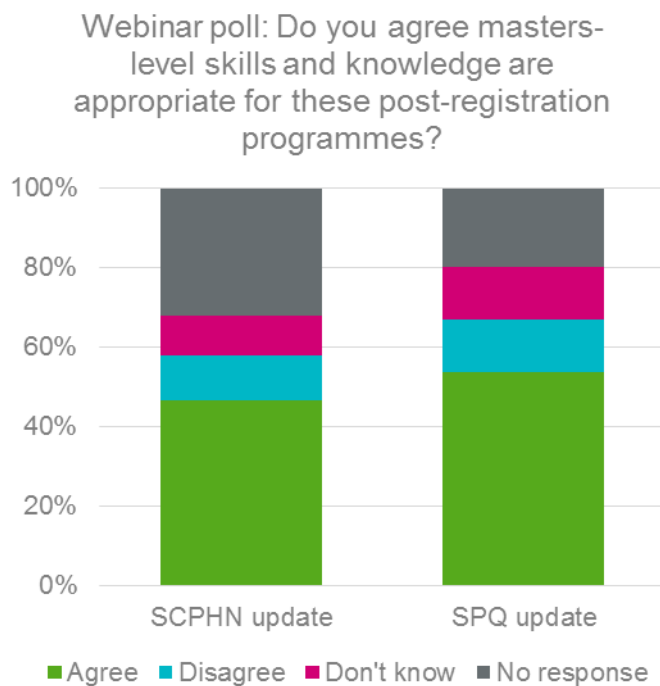


Data from 5 SPQ webinars, number of attendees at each webinar as in table 1.

Overall 68 percent of participants responded yes, only 2 percent responded no, with 9% answering don't know and 21 percent not answering.

Update webinars

We asked both the SCPHN and SPQ update webinars about the skill level required for these post-registration programmes.

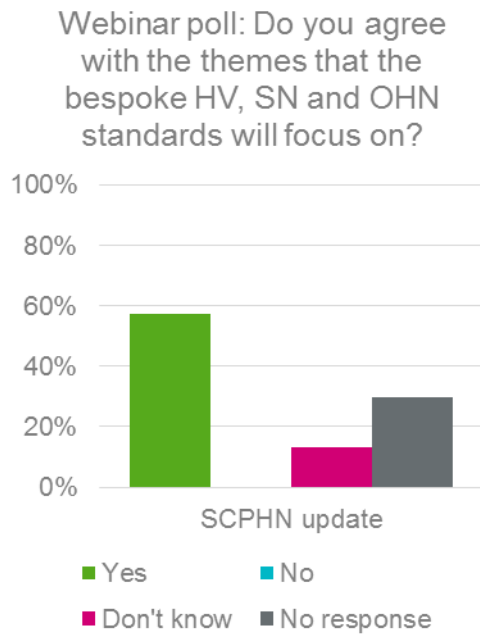


Data from 2 webinars. Number of attendees at each webinar as in table 1.

Overall 50 percent of participants responded agree, 12 percent responded disagree, with 12% answering don't know and 26% not answering.

SCPHN update webinar

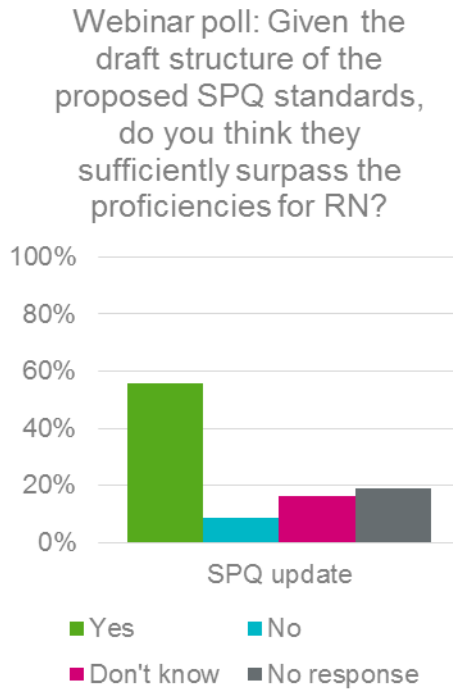
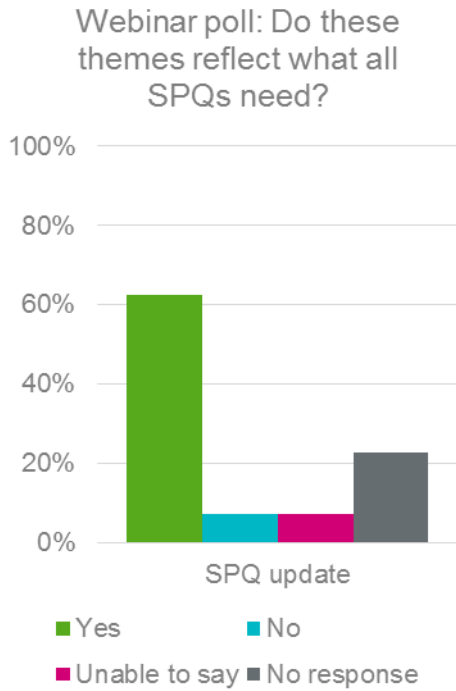
During the SCPHN update webinar, we asked attendees whether they agreed with the outline areas that the standards for each of the bespoke SCPHN areas.



Data from 20 October SCPHN update webinar, 131 participants.

SPQ update webinar

During the SPQ update webinar, we asked attendees about the emerging themes and standards.



Data from 22 October SPQ update webinar, 136 participants.

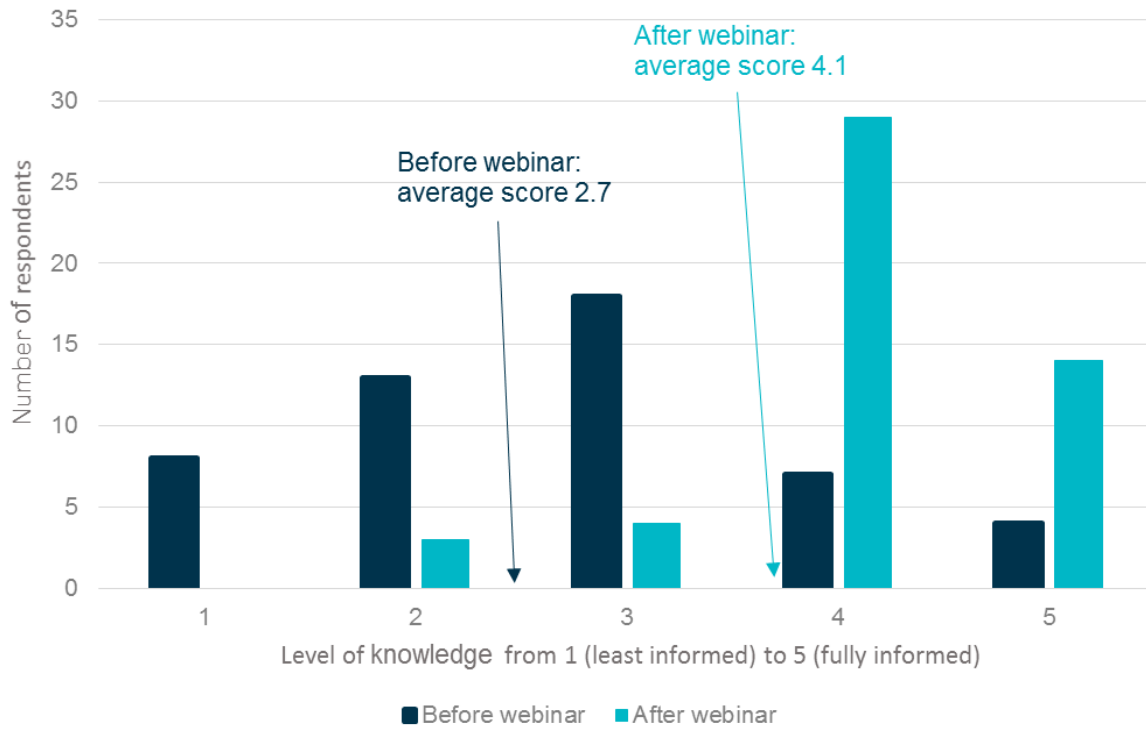
Webinar feedback

We sent a follow up feedback survey to all attendees asking for their views on the webinars. We received only a small number of responses – 50 responses from attendees at seven webinars, total of 644 attendees, so an 8 percent response rate. Although the feedback was positive overall, the findings are not a comprehensive representation of attendees’ views. All responses were anonymous.

Knowledge about the review

We asked respondents to rate their level of knowledge about the development of the new NMC post-registration standards both before and after the webinar.

How would you rate your level of knowledge about the development of the new NMC post-registration standards?

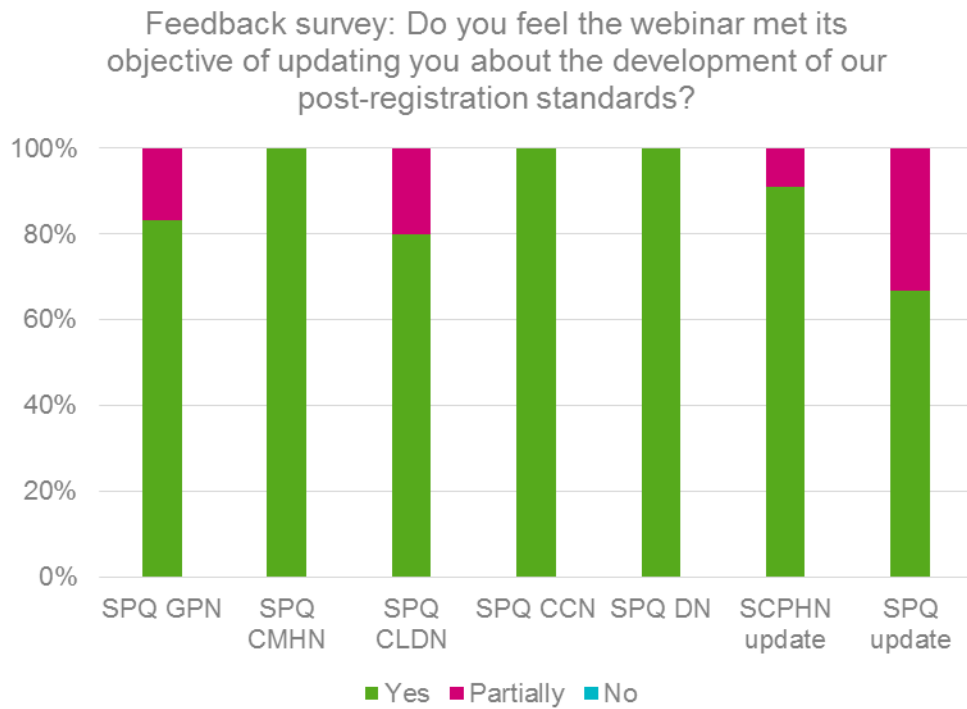


Data from feedback survey after 7 webinars, 50 responses.

Knowledge about the development of the new post-registration standards improved – with people scoring their 'before webinar' knowledge as an average of 2.7 (on a 1 to 5 scale, with 1 being least informed and 5 being fully informed), increasing to an 'after webinar' average score of 4.1.

Meeting objectives

We asked whether respondents felt the webinar met its objectives.

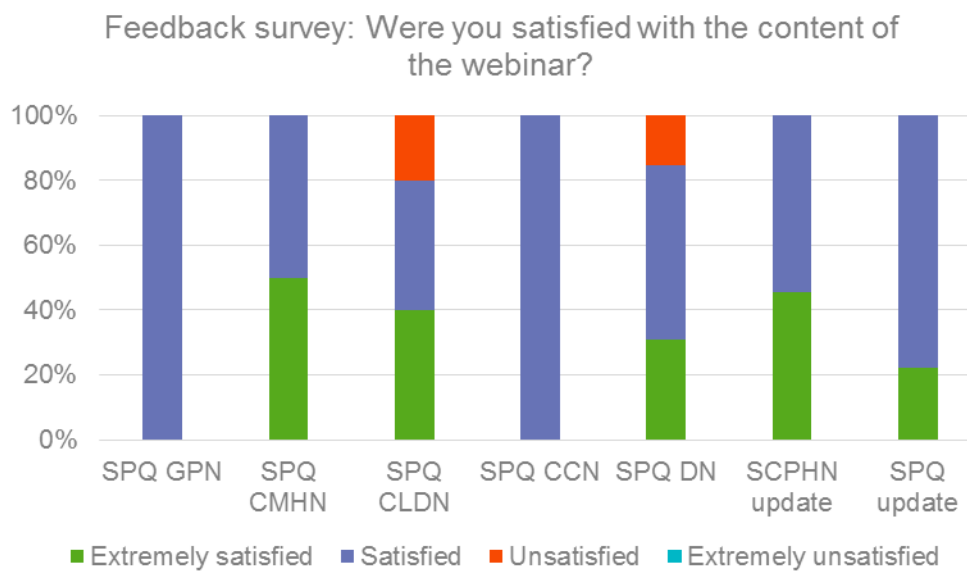


Data from feedback survey after 7 webinars, 50 responses.

Most respondents felt the webinar met its objectives (89%) with 11% stating it only partially met the objectives.

Webinar content

We also asked respondents about the content of the webinar.



Data from feedback survey after 7 webinars, 50 responses.

The overwhelming majority of respondents were extremely satisfied (27%) or satisfied (68%) with the content of the webinar, compared with only 5% reporting they were unsatisfied.

Diversity of respondents

On the anonymous feedback survey, we asked various questions to understand the diversity of respondents. With such a small sample we cannot draw any definitive conclusions, but we do know that the majority of respondents are aged 41-60, work in England, identify as female, white British and heterosexual. Five respondents identified as another ethnic group (not white British). There are some respondents who have disabilities including deaf/hearing loss and mobility.

We will continue to monitor the diversity of respondents and attendees at our events to ensure we are hearing from a range of diverse voices and that we are ensuring all groups can engage with us meaningfully.

2. Virtual roundtables

Virtual roundtables provided an opportunity for more in-depth discussion among a smaller sample group of individuals. We organised a series of virtual roundtables for between 3 and 20 participants, facilitated by members of the NMC team.

Roundtables were small events, so we could hear from all participants and listen to their views. Invitations were sent to individuals who'd been nominated by rep bodies and those who'd contacted us directly and asked to join roundtable discussions. The sessions reflected a broad range of voices with an interest in our post-registration standards development.

The roundtables provided a rich source of feedback helping us to shape the draft standards.

There was a lot of interest from webinar attendees in being involved in the roundtable discussions. The number of roundtables and their small size meant we couldn't involve everyone who expressed interest, but we aimed to achieve a mix of participants from the four countries of the UK and scope of practice. We also heard from a number of advocacy groups, employers and educators.

Topic	Date	Number attended*
Frontline practitioners		
<ul style="list-style-type: none"> • SCPHN • SPQ (x2) • School nursing • Health visiting • Occupational health nursing 	20 July 22 July & 13 August 24 July 29 July 4 August	22 38 21 16 22
Educators		
<ul style="list-style-type: none"> • SCPHN • SPQ 	23 July 27 July	23 22

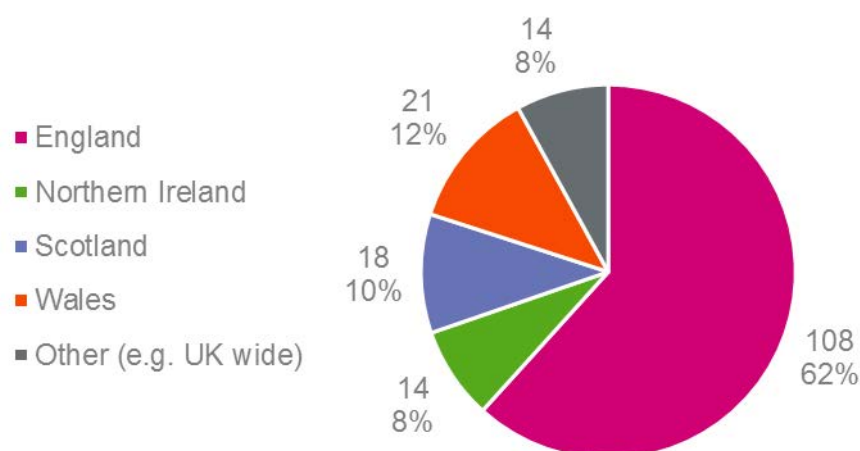
Topic	Date	Number attended*
Employers <ul style="list-style-type: none"> • Direct employers • Commissioners 	12 August 25 August	19 5
Social care	20 August	16
Other professions	3 August	3
Advocacy groups <ul style="list-style-type: none"> • Disability and long term conditions • Older people • Children and young people • Mental health and learning disabilities 	30 July 31 July 6 August 14 August	3 4 6 8

*A few people attended more than one roundtable due to their roles being relevant to more than one area, so the numbers do not refer to unique people.

There were 228 attendees across 16 roundtables. 11 individuals attended 2 roundtables, the remainder attended 1.

Country

Roundtable attendees: country of work (where known)



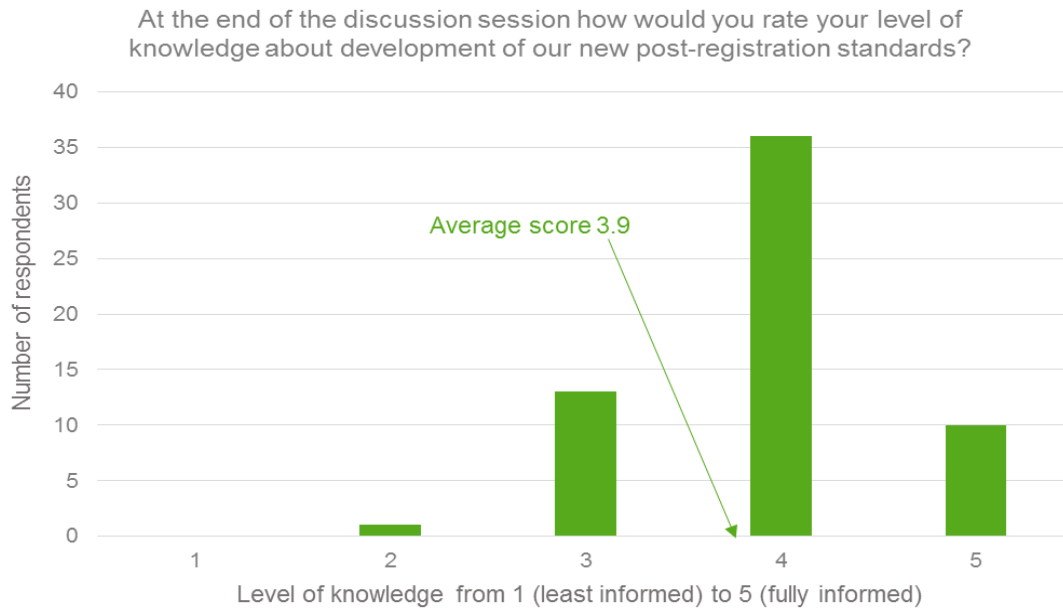
Data from 11 roundtables where country location of roles was recorded – frontline practitioner, educator and employer sessions. Total number of attendees 203, data for 178. The data exclude those for whom we did not have a specific location recorded (28).

Roundtable feedback

We sent a follow up feedback survey to all roundtable attendees asking for their views on their session. We received only a small number of responses – 60 responses from 228 attendees, 26 percent response rate. Overall the feedback was positive. All responses were anonymous.

Knowledge about our review of post-registration standards

We asked respondents to rate their level of knowledge about the development of our new NMC post-registration standards after each session.



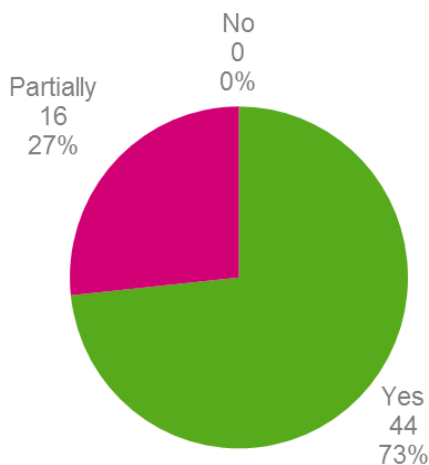
Data from feedback survey after 16 roundtables, 60 responses.

Across all the roundtables, respondents scored an average of 3.9 (on a 1 to 5 scale, with 1 being least informed and 5 being fully informed).

Meeting objectives

We asked respondents if they felt the discussion group met its objective of hearing feedback on what we need to consider in developing our new standards.

Do you feel the discussion group met its objective of hearing your feedback on what you think we need to consider in developing our new standards, and what themes they should cover?



Data from feedback survey after 16 roundtables, 60 responses.

73% of people said the session met its objectives, while 27% said it partially met its objectives.

Diversity of respondents

The majority of respondents were female, aged between 41 and 60, identified as white British, heterosexual, Christian, with no disabilities and no caring responsibilities.

We had some responses from men (10%), those with disabilities (10%) and those identifying as LGBT+ (8%).

3. Additional meetings

To ensure we heard from a broad range of voices, we approached organisations who represent those we were not hearing from through other routes.

We met with:

- Professional groups – Royal College of Psychiatrists, Royal College of Paediatrics and Child Health, Royal College of General Practitioners, National Association of Primary Care
- Diversity in nursing – British Sikh Nurses, Mary Seacole Trust, Nigerian Nurses Charitable Association UK
- LGBT+ issues – Stonewall
- Children – children’s commissioner for Wales (we contacted children’s commissioner for all nations to request input, but to date only the Wales office have responded)

These meetings helped ensure we’re hearing from some diverse voices in the shaping of the draft standards.

We know that our standards must reflect the diversity of the people who receive support and care in their homes and communities. So it’s important that professionals are able to tailor their communication approaches and use of language to take account of the needs of different population groups.

Other communications activity

In addition to holding webinars and virtual roundtables, we also created a web hub for the post-registration standards review. This hosts all information about the review, enabling people to find out how the work is progressing and to get involved in shaping our work.

We promoted the review and the opportunities to get involved in our existing newsletters to specific audiences such as nurses and midwives and educators.

In August we initiated a regular email update for those who signed up or are part of our post-registration standards community of interest (PRSCOI). This is currently sent to over 500 individuals, and updates have been sent out monthly during the pre-consultation engagement with details of how to sign up to forthcoming events.

We utilised all our NMC social media platforms to promote our virtual engagement opportunities. The main channel used was twitter, with posts also being made on

Facebook and LinkedIn. The posts were mainly to promote the webinars, but also to increase awareness of the review to interested audiences.

Learning for the future

Webinars

There was confusion expressed by a few attendees over the purpose of a webinar versus other engagement opportunities. Webinars by their nature are a broadcast communication channel, although we sought to encourage engagement through the use of snap polls.

We know that some attendees would have liked to see the chatbox comments from others and have opportunities for networking. The platform that the NMC uses, GoToWebinar, does not have this functionality – comments and questions submitted during a webinar are visible to webinar organisers only. However, we did build in opportunities for some comments to be raised with the independent chairs and questions asked so everyone could hear the responses.

We need to ensure we set expectations appropriately so attendees are aware what to expect when they join a webinar, and that we signpost other opportunities to get involved such as smaller group discussions.

Virtual roundtable sessions

Early feedback told us that a pre-discussion briefing or copy of the slides to be presented would be helpful. We responded positively to this feedback and as a result, we started sending out slides and briefing in advance after the first few roundtables. We will take this learning into future similar sessions.

To ensure that everyone has an opportunity to contribute at virtual roundtable sessions, we should involve no more than 20 attendees, or make use of breakout rooms.

Feedback was received on the limitations of the GoToMeeting platform, for instance there is no hand raising function or breakout room facility.

Participants also reported that they struggled to focus on both the chat box, the presentation and the verbal conversation at the same time. We need to be mindful of what we are asking of participants and how we want them to contribute at future sessions in order to ensure the events are as inclusive as possible.

Advocacy organisations / groups

Engaging advocacy groups was a challenge at times, with many providing feedback that the Covid-19 pandemic had badly affected their resources, with many of their staff made redundant or on furlough and a need to focus on their core purpose

This meant that inevitably numbers for the roundtables for advocacy groups were much smaller than those for frontline practitioners and educators despite our efforts to send bespoke invitations to over 100 organisations. Despite being smaller groups, these sessions were high-quality conversations providing rich feedback.

Organisations who were unable to attend the roundtable session were invited to provide offline responses to questions. A couple of organisations responded in this way ensuring we heard their views to help shape the content of the new standards.

We are now drawing up plans regarding the input we want and can achieve from advocacy organisations to promote the consultation and how we can manage this to be the least time-consuming possible for them.

Appendix

Overall numbers at engagement activities

Date	Type of activity	Topic	Number attended on the scheduled date	Number registered / invited that were unable to attend on the scheduled date but received the relevant presentation*
29-Jun	Webinar	SCPHN core	646	274
30-Jun	Webinar	SPQ	558	359
10-Jul	Webinar	School nursing	324	198
15-Jul	Webinar	Occupational health nursing	275	228
21-Jul	Webinar	Health visiting	460	365
20-Jul	Roundtable	SCPHN core	23	17
22-Jul & 13 Aug	Roundtable	SPQ (x2)	40	32
23-Jul	Roundtable	SCPHN educators	23	23
24-Jul	Roundtable	School nursing	22	18
27-Jul	Roundtable	SPQ educators	22	19
29-Jul	Roundtable	Health visiting	15	22
30-Jul	Roundtable	Advocacy groups: disability	3	42
31-Jul	Roundtable	Advocacy groups: older people	4	25
03-Aug	Roundtable	Other professions	3	18
04-Aug	Roundtable	Occupational health nursing	22	23
06-Aug	Roundtable	Advocacy groups: children and young people	6	20
12-Aug	Roundtable	Employers	19	64
14-Aug	Roundtable	Advocacy groups: mental health / learning disabilities	8	27
20-Aug	Roundtable	Social care	16	47
25-Aug	Roundtable	Commissioners	5	23
01-Sep	Webinar	SPQ general practice nursing	63	43

09-Sep	Webinar	SPQ community mental health nursing	53	27
09-Sep	Webinar	SPQ community learning disabilities nursing	95	46
10-Sep	Webinar	SPQ community children's nursing	49	34
10-Sep	Webinar	SPQ district nursing	117	80
20-Oct	Webinar	SCPHN update	131	85
22-Oct	Webinar	SPQ update	136	92

* For webinars this is the number of individuals who registered but didn't attend the session. For roundtables this is the number of individuals who were invited but unable to attend on the scheduled date of the event. Those individuals who were unable to attend on the scheduled date received the relevant presentation and were given the opportunity to send in further feedback.