

## Post Registration Standards Steering Group

Meeting held virtually at 13:30 on 8 December 2020 via Go To Meeting platform

**Chair and presenters:** David Foster (chair); Andrea Sutcliffe (NMC Chief Executive and Registrar); Geraldine Walters (Executive Director, Professional Practice, NMC); Anne Trotter (Assistant Director, Professional Practice, NMC).

**Independent SME Chairs:** Owen Barr (Chair, SPQ group); Gwendolen Bradshaw (Chair, Programme standards group); Deborah Edmonds (Chair, Occupational Health Nurse group); Jane Harris (Chair, Health visiting group)

**Attendees:** Crystal Oldman; Elizabeth Eades; Gill Turner; Gill Walton; Jane Beach; John Lee; Kerri Eilertsen-Feeney; Maggi Clarke; Maria McIlgorm;

**Apologies received from:** Alison Leary; Barbara Morgan; Charlotte McArdle; Fiona King; Jean White; Margaret Willcox; Penny Greenwood.

## Meeting notes

### Welcome and introductions

**David Foster (DF)** welcomed all attendees to the meeting, which he said was likely to follow a different and more discursive course than previous meetings. The purpose of this meeting and a similar meeting tomorrow was to come to a joint decision on final recommendations to Council on progressing this work. He would ensure he came to all attendees to get their views, and thanked everyone for their work so far in getting us to the good place we are in now.

### Review of minutes

It was agreed that to facilitate extra discussion time, any comments on the minutes of the last meeting would be provided to the NMC team in writing.

### Update on current position and proposal

**Geraldine Walters (GW)** gave an update on the current position. Sets of the current versions of the draft standards had been circulated to all attendees in advance of the meeting. GW provided an overview of the discussions from Council meeting, the week before. The wording of the SPQ proposal as set out to them differs slightly from those previously discussed with this group, and the rationale for those differences was outlined. The SPQ proposal was that the set of standards would be sufficiently high level to be applicable across all of the specialties, including the new additional proposed annotation of specialist community nurse, with no field of practice specified.

**Anne Trotter (AT)** outlined how the proposed programme standards could influence bespoke areas of specialist nursing practice, with up to six field routes available within a single SPQ programme. AElS could seek approval for as many strands as they want. Successful students will emerge with the relevant qualification and annotation for their

intended field of specialist practice. This system gives education providers and commissioners the flexibility they require.

## Discussion

DF invited **Crystal Oldman (CO)** to kick off the discussion.

CO said how grateful she was to have the opportunity to feed back to the NMC and the group on these proposals and to work in co-operation with the NMC on these standards. The QNI remains concerned about the impact of the Covid-19 pandemic on community and primary nursing care, and the consequent impact this could have on meaningful engagement at this time.

On annotations, it had been helpful to hear where the bespoke elements of the standards might appear i.e. within the programme standards. It was clear the plan did not envisage bespoke standards of proficiency for the separate SPQs. She understood why the new sixth annotation was being proposed and supported it. But we should still think about bespoke standards for the six annotations and have the discussion as to whether they were needed. Now we are having six separate annotations, should we now review whether we need distinct standards of proficiency for each of them?

On terminology, she argued that 'specialist' is not a level of practice. Nurses in these roles work at an 'advanced' level of practice. Therefore should this advanced level be reflected in the language and terminology in the standards? This would help provide a clearer route to the regulation of advanced practice going forward. She appreciated that none of this drafting work had been easy, but if we use the terminology of advanced levels of practice in her view the standards would be much clearer.

She also asked whether we had considered the risk a sixth annotation may pose to existing roles, including whether and where they would fit under this new qualification and whether there would be a lack of parity of esteem for such a role? Should we consider engaging with those who work in such roles in e.g. social care and nursing home settings to involve them more closely and bring them along on the journey with us?

**Owen Barr (OB)** was then invited to give his reflections on the development of the draft SPQ standards. In developing these standards there had been wide-ranging discussions about what each area of practice thought was important about and to their work – and there were a lot of commonalities. In the discussion with different groups, the view was that all the things people had mentioned applied to a greater or lesser extent to all areas of specialist community nursing practice – there was nothing that was identified that was unique to one role/field of community nursing practice only – it was just the area of practice they were applied in that was different.

DF commented that whilst bespoke standards were still possible, that may be getting down to the level of detail that is for a curriculum rather than regulatory standards to cover.

GW stated that the NMC hadn't set out not to identify bespoke standards – it was that the subject matter experts and groups we had engaged and worked with hadn't

identified any. The draft new standards were an improvement on the existing standards which are out of date and less comprehensive. If we had separate bespoke standards, based on current proposed content, from a regulatory point of view they would all say very much the same thing. But we would specifically consult on the issue of whether completely bespoke standards for each SPQ were necessary and could be justified.

CO commented that when we consult, it will be the feedback we receive from those who work in these roles which will define what a specialist practitioner in a field actually does and any bespoke proficiencies could evolve from that feedback. She also commented that defining what is meant by the various specific fields of specialist practice would be useful, and that we need to avoid any disconnect in wording between the SPQ and programme standards. She also felt that there was a need for the NMC to make clearer the rationale as to why there was a split between core and bespoke in the SCPHN standards but not in the SPQ standards.

**Andrea Sutcliffe (AS)** thanked Crystal for her comments. Between now and the January Council meeting conversations would need to be had to help shape what the consultation documents will look like. There is a clear need to set out the history of how we got to where we have got to, and what further insights respondents can bring during the consultation to make the standards and their structure and content better. AS also clarified that the NMC had committed to exploring whether the regulation of advanced practice is needed. She intimated that there are many views on this subject which need to be sought and explored. The post-reg review is a stepping stone towards that and there is recognition about this by the CNOs as well. We don't want to pre-empt what next steps and future decisions will be. But we are aware that these conversations need to be had.

At this point, DF called on all attendees in turn to give their views.

**Gill Walton** said it had been interesting to watch this process as a midwife. The NMC has come a long way in clarifying what is needed in this area in terms of core SPQ proficiencies that apply to all. The key point now was to decide if now is the time to go out and consult. At some point you need to be brave enough to go out there and discuss all this – something that had happened in the pre-registration midwifery standards. As they are currently draft standards, going out and engaging and consulting will help them raise up a notch. The focus some people are putting on advanced practice may complicate things at this time given that the work still needs to take place.

**John Lee** said it had been an interesting discussion, and that Scotland was content with the introduction of a sixth community SPQ annotation, which may be a useful addition and reiterated that Scotland has their own programme of work for specialist practice roles aligned to their vision for workforce transformation. As for the timing of consultation, is there ever a good time? On advanced practice, he said that conversation needed to be held in the future with a much broader focus and context, at a time when engagement was easier to achieve.

**Jane Beach** acknowledged this was a complicated topic. She had been more involved in the SCPHN side of the work, but reflecting on this from that point of view, she was concerned that if you didn't have some form of bespoke standards the core standards can become unduly complicated. She was very happy with the draft SCPHN standards,

but we should be clear that they don't represent advanced practice. There were difficulties with consulting now but having built up a head of steam if we didn't follow through now with consultation that had its own risks – too much was at risk of being lost if we didn't move on the consultation.

**Elizabeth Eades** also said that she had been more involved in the SCPHN work, in her case from an OH perspective, but that the SPQ debate had been interesting. She felt we really did need to go out to consultation to determine whether there was anything that really and genuinely was bespoke in the SPQ context.

**Maggie Clarke** was happy with the SCPHN standards, although she did query the ordering within the document for OHN and SN. She felt the non-specific SPQ annotation needed more clarity, and she was concerned about the timing of the consultation.

**Maria McIlgorm** was also concerned about the timing of consultation. She confirmed that pretty much everything she had raised during this period of engagement had been taken on board. She also highlighted the current differences between supply and demand for these programmes and roles.

**Kerri Eilertsen-Feeney** welcomed the draft standards, and felt that whilst the timing was not perfect for consultation, given all the hard work that had gone into them they would generally be welcomed by all interested parties and stakeholders.

**Gill Turner** felt that bespoke standards support professional identity. This could be important in attracting people to these professions and the workforce, as it reflects and recognises the vital role these people play now and in the future. Consultation will be important, but the message from the regions is that there are huge demands on the workforce at the moment. We must consult at a time when we are able to engage with as many frontline practitioners as possible to ensure a meaningful consultation.

OB said he felt it had been really useful to have this discussion. He reiterated that in fact we had started with the intention of developing bespoke standards – it was the feedback we got from those stakeholders we engaged with that took us in a different direction. He shared other people's concerns over the timing of the consultation and Covid 19, but there are things we can do that promote engagement even during a period such as this. The last few months had shown that. We have had much wider engagement than would usually be the case in the pre-consultation standards development period due to the way we have had to engage up to now.

**Jane Harris** noted that the SCPHN experience had been positive. We had looked very carefully at what people had put forward, and it hadn't been difficult to determine what was core and what was bespoke. The consultation and its outcomes will be fascinating.

**Deborah Edmonds** felt that looking at feedback via bespoke lenses had helped develop what was core as well as what was bespoke. She felt the new standards would help provide a clear pathway for those who wanted to work in areas such as occupational health nursing in the future. The whole process had been fabulous and thoroughly enjoyable.

**Gwendolen Bradshaw** said that from a programme standards viewpoint she was very encouraged by the feedback and comments received. She was looking forward to the consultation. Consultation is always an important aspect of standards development work, and past experience shows there will be more changes to the standards as a result. Items that could go into bespoke SPQ standards may even emerge as a result. Her experience of approving pre-registration nursing degree programmes under the new nursing standards had shown how different routes through programmes can be delivered from the same overarching education standards. We should remember that one of our key design principles was to avoid unnecessary duplication. On the new sixth SPQ annotation, she thought this was an exciting proposal that would provide AEs and their practice placement partners with opportunities to develop and bring forward approved programme routes for many roles that have no NMC recognition yet. Many people are taking, and many institutions are delivering programmes that are not currently NMC approved but which now could be in the future.

DF said that he was encouraged that attendees generally agreed that we should consult on the current proposals, but accepted that for some the timing of any consultation was a genuine issue. There was a need to engage more on this point and a balance to be struck before going to Council with a proposal on timing.

AS thanked everyone for their contributions. She too was encouraged by their feedback. She acknowledged this had been challenging. There was a lot of positivity around the SCPHN proposals, but still some specific questions on SPQ around bespoke/core standards that needed to be addressed in the consultation. She welcomed the sixth SPQ annotation but acknowledged that the wording needed tightening. She agreed that we should consult on the basis of these proposals, but that timing was an issue. We had already agreed that there would be no external engagement over the next 2 months before the Council meeting in late January. There is definitely a need to build consideration for timing into any proposals taken to Council. We may have a better understanding of the future landscape by the time of that meeting which is planned for the end of January 2021. We definitely need to be mindful of what we are expecting people to do at such a busy period, and we had certainly heard and will take on board what had been said about timing today.

AT reminded people that the consultation overview document situates and contextualises the consultation. This would accompany the consultation surveys and would be posted on the website to help set the scene for the consultation and set out how we had got to this point.

### **Closing remarks**

DF brought the meeting to a close. There are no future meetings of this group timetabled for the moment, but we would be re-engaging with all members in due course as the engagement and consultation process progresses.