

Post Registration Standards Steering Group

Meeting held virtually at 12:15 on 28 April 2022 via Go To Meeting platform

Meeting notes

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

Independent Chairs: Owen Barr (Chair, SPQ group); Julie Critcher (Chair, School Nurse group); Deborah Edmonds (Chair, Occupational Health Nurse group).

External attendees: Claire Cable; Karen Jewell; Linda Kelly; Maria McIlgorm; Wendy Nicholson; Stuart Tuckwood.

Apologies: Gwendolen Bradshaw (Chair, Programme standards group); Jane Harris (Chair, Health Visiting group).

Welcome and introductions

David Foster (DF) opened the meeting, welcomed attendees and set out the agenda. The notes of the last meeting were agreed with one minor amendment.

Presentations

Geraldine Walters (GW) and Anne Trotter (AT) provided an update on the progress of the project and recent activity in developing the draft standards in readiness for going to Council when we seek approval on May 26, highlighting key areas of discussion, where standards had been refined and where new additions to the standards have been made.

Those independent chairs in attendance then commented as to how they felt the work and their role in it had gone, and how the draft standards now reflected the discussions and recommendations that had been reached during the assimilation process.

Discussion and comments via chat box

Stuart Tuckwood (ST) asked whether the standard on 'stigma' spanned all SCPHN and SPQ roles. AT confirmed that it did. ST then also asked if we could talk through our prescribing proposals in more detail, and also give more detail on some of the EDI considerations behind the standards. Taking EDI first, AT said that our register holds details of who actually has these qualifications, and it is clear the overwhelming majority are white, which means the workforce is not reflective of the communities they serve in many parts of the UK. We don't know the reasons why this is the case, but we do need to do what we can and use all available levers to try and address this, particularly in the programme standards. GW also commented on the role our QA processes can play in this area.

On prescribing, GW highlighted that there was no consensus in favour of making prescribing a compulsory inclusion within programmes, and as a result it had been decided to leave it as an optional element for now, in line with the views of the four Chief Nursing Officers (CNOs) on this matter. Maria McIlgorm (MM) highlighted that

from a CNO perspective, this seemed to be the right position at this time. She commented that in her experience many people in these roles who have a prescribing qualification never get the chance to actually make use of it, and their prescribing skills may quickly diminish as a result.

Wendy Nicholson (WN) commented that the standards still read in places as though we were looking at this from a 'patient and hospital' perspective rather than a community perspective, and through an NHS lens. Many SCPHNs in England are now local authority rather than NHS employed. Many local authorities don't understand the benefits of prescribing for their SCPHNs. She also felt we should be more careful in the use of words such as 'patients', which SNs for example would not use. DF said that it had been difficult to engage with some employer groups during the consultation period for obvious reasons but a breadth of views had been secured. GW and Deborah Edmonds (DE) noted that we had been very careful to avoid using words such as 'patient/s' and 'diagnose' in the standards.

Claire Cable (CC) echoed comments made in the earlier meeting that the wording of the definition of community nursing in the glossary needed finessing, particularly the use of the word 'hospital' in the definition.

DF made a plea for any further comments on the draft standards to be with the NMC by close of play tomorrow.

Closing comments

Andrea Sutcliffe (AS) reflected on the journey so far in developing these new standards. It had been a tremendous collaborative effort to get us to this point, especially as we've been engaging with people and co-producing these new standards during a pandemic. It has taken longer than planned and we have had to adapt our ways of working accordingly. Everyone has remained committed and involved because they realise how important our work in updating these standards is. This is a bridge to considering whether the regulation of advanced practice is needed, which is still very much part of our corporate plan and strategy. This has the potential to be a catalyst for change and make a real difference. She welcomed the views from the CNOs on some of the more complex issues raised during the consultation. It is clear they support the general direction of travel and that they are encouraging us to progress quickly onto our work in advanced practice. This work will inform this future work.. She closed by thanking everyone involved.

Meeting closed

DF thanked everyone for their attendance and for their work on the project, and formally closed the meeting.