

Post Registration Standards Steering Group

Meeting held virtually at 10:30 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: Obi Amadi; Jane Beach; Christina Butterworth; Liz Fenton; Gill Knight; Claire McGuinness; Alison Morton; Donna O'Boyle; Crystal Oldman; Heather Randle; Sharon White.

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 will seek approval on May 26. They 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

Crystal Oldman (CO) welcomed the introduction of a minimum programme length in the programme standards and the reference to 'the intended field of practice' throughout the community nursing SPQ standards. She asked whether requirements regarding a fixed percentage of time to be spent in practice learning had been discussed. AT confirmed that it had been, but that those involved had been content that the reference in section 2.9 to 'a balance of theory and practice' was sufficient to cover this.

Alison Morton (AM) asked for clarification that these programmes would all be at Master's level – AT confirmed this was the case.

Jane Beach (JB) commented that references to practice supervisors and assessors receiving ongoing support seemed to have disappeared. The absence of any mention of the practice teacher role and the perceived lack of support for practice educators was

still seen as an area of concern, and she was surprised this hadn't been reflected more strongly in consultation responses. AT commented that the references should still be there and referred her to section 4.2 but said we would check the wording to make sure our intentions were clear. There was an acknowledgement that the levels of support offered to practice educators did seem to differ across the UK. However, the fact that this matter was firmly embedded in our standards meant that we could seek assurance through the gateway approach to programme approval and during QA monitoring processes.

CO commented that the definition of nursing in the community may need tweaking – in particular the reference to hospitals should be removed. She also returned to the subject of the percentage of time to be spent in practice learning. She still felt it may need more specific reference, as there are still concerns about unwarranted variations. She also felt that the language used on caseload management could be strengthened. GW replied that whilst we would look at the wording, in terms of percentage of time spent in practice learning, there was a balancing act to be achieved, because in other areas of our regulatory responsibility we were being lobbied very hard that we should not be prescriptive about the length of time spent in practice learning, and our approach had to be consistent. AT agreed that findings of the consultation and the feedback following assimilation we needed to strike a balance and reach consensus on the differing views. With regards to the practice teacher qualification – we consulted on the draft standards for student supervision and assessment (SSSA) in 2017 and the Council approved these standards in 2018 as the SSSA standards for all parts of our register and all qualifications we set standards for. That said this is why there are specific standards in the post registration programme standards in relation to supervision and assessment. CO added that the QNI was currently developing voluntary practice teacher standards.

AM commented that the IHV broadly agreed with the standards, but still felt there was an issue over the lack of mention of the practice teacher role. How this had been implemented since 2017 was mixed. She was pleased to see the increased emphasis on mental health, but was more emphasis needed on physical health? She also wanted more information on the SCPHN RPHN qualification. AT clarified that this qualification already existed, but numbers were small. Feedback during assimilation felt that if more people knew about the qualification and the opportunities it could lead to, more professionals would take up the opportunity of studying for this SCPHN qualification, which could only be a good thing.

Christina Butterworth (CB) noted that there had only been one reference to mental health in the OHN SCPHN standards, and wondered why this was. Deborah Edmonds (DE) explained that we wanted to take a more holistic view on health within OHN practice rather than separating 'mental' and 'physical' health, because they are so interlinked. CB said she just wanted to be sure that everyone understood that 'wellbeing' included mental as well as physical health, and that we should define it as such in the glossary.

GW then set out the position on prescribing practice in the standards. This had been an area where consensus had been difficult to achieve. The four Chief Nursing Officers (CNOs) had now stated their preference was for prescribing qualifications to be optional for the present time, but that this matter should come up for further discussion in future

work on the regulation of advanced nursing practice. Heather Randle (HR) asked whether this would lead to these standards needing to be reviewed again within a short time frame. DF said that if they did need a review, it would be on specific elements such as prescribing rather than a wholesale review of all standards.

GW said that if anyone had any further comments on the draft standards, we would need to receive them by close of play tomorrow.

CO informed attendees that the QNI trustees had just announced that the QNI will be setting voluntary field specific standards for a range of community nursing roles going forward – not just in those areas where the NMC annotate qualifications but in wider community nursing roles too. These would be based on the four pillars of advanced practice. She invited anyone who wanted to get involved in this project to contact her.

Closing comments

Andrea Sutcliffe (AS) reflected on the journey so far in co-producing these new post registration standards. We had wanted to work collaboratively, and this steering group had been key to achieving that. The perseverance everyone has shown has exhibited their commitment to this work, which will be a bridge to exploring whether the regulation of advanced practice is needed. She indicated that our commitment to carrying that work forward is set out in our recently published corporate plan. These new standards will be a catalyst for change and will make a difference. The CNOs are encouraging us to progress quickly onto our work in advanced practice.

The next steps will be that the final version of these post-registration standards will go to Council to seek approval at their meeting on May 26. We will then need to consider the publication, launch and implementation phase of the project. She thanked everyone for their involvement.

Meeting closed

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