

Post-Registration Standards Consultation
Professional Practice Directorate
Nursing and Midwifery Council
23 Portland Place
London
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Via email to consultations@nmc-uk.org

29th July 2021

Dear Colleagues,

QNI Response to NMC Consultation on Post-Registration Standards

Thank you for the opportunity to contribute to the Post-Registration Standards consultation with a letter in addition to the online survey which we have also completed.

Background

The Queen's Nursing Institute (QNI) is the oldest nursing charity in the United Kingdom and has been recognised as the oldest in the world, being founded under the direction of Florence Nightingale and William Rathbone in 1887. The charity has grown and developed for over 130 years, but it remains at its core a professional organisation supporting nursing in the community in all its specialisms, with a clear focus on educational standards to support nursing practice in the community: <https://www.qni.org.uk/explore-qni/about/>

As you are aware, the QNI has in recent years developed voluntary standards of proficiency for community nurses in a number of specialisms in order to complement and augment the NMC's standards. For the last seven years, we have undertaken our voluntary standards work with full participation of a representative of the NMC in the advisory group. The charity also carries out a wide and growing range of work to support all nurses in the community and our knowledge of nursing practice, education and policy in the community is current, inclusive and comprehensive.

The comments of the QNI in this letter are made primarily in the interests of patient safety, public protection and effective public administration, and not in the interests of protecting professional or historic titles or interest groups. However, it should be noted that we do also believe there are serious implications for the nursing profession and the nursing workforce itself under the NMC's current draft standards for community post-registration qualifications.

We appreciate the legal framework and constraints that the NMC are working under, as described in the consultation documents. Therefore, we will not rehearse the current arrangements for SPQ and SCPHN as described very fully on the NMC website and within the standards documents. We also note that the NMC has worked on this review process during the period of an unprecedented global pandemic.

The QNI is pleased to note the NMC's acknowledgement that the scope and role of nursing in the community is changing and that it is facing new challenges, and new expectations from the public and from government in all four countries of the UK. We note that the NMC wishes the outcome of this review to be 'ambitious and transformative' for the profession and we welcome this sentiment.

QNI representatives have participated throughout in the engagement process since 2019 and we have also reviewed the consultation documents on your website, both from the point of view of a healthcare professional and as a member of the public.

This letter summarises our serious concerns about the position reached by the NMC at the time of going to this public consultation, in particularly regarding the draft standards of proficiency for Specialist Practitioner Qualifications.

This letter is intended to complement the online consultation questionnaire which has been completed by the QNI, but which does not allow the opportunity to comment on many of the important issues raised in this letter.

As always, the QNI raises these issues in the spirit of co-production and in doing so, assisting the NMC in their role to protect the public through regulation.

Specialist Practitioner Qualifications – Standards of Proficiency

The QNI has serious concerns about the production of a single set of generic standards for the Specialist Practitioner Qualification (SPQ), which it is proposed to apply to the five existing annotations and to all other fields of community nursing practice now and in the future.

Following the intervention of the Chief Nursing Officers in November 2020, annotation for the five existing fields of community nursing was agreed, but with no opportunity for pathway specific standards on which to consult. As we have stated publicly elsewhere, the QNI is extremely concerned that there are no field-specific ('bespoke') standards of proficiency proposed for the five existing annotated SPQs and none proposed for the new 'catch all' community SPQ with no specified field of practice, designed to embrace all other areas of community practice such as adult social care nursing and homeless and inclusion health nursing: <https://www.qni.org.uk/explore-qni/policy-campaigns/nmc-review-of-post-registration-standards/>

Incomplete Engagement Phase

The QNI is very disappointed with the position reached by the NMC at the point of going to full public consultation this year. We have already aired serious reservations about the process of the Review, of the lack of separate strands of work regarding the five existing annotated specialisms, and the decision to proceed to public consultation while the Covid-19 pandemic continues to have such a serious impact on the capacity of community nursing teams and the nursing profession generally.

When field-specific SPQ annotations were agreed, there was a missed opportunity to hold an open discussion and thorough exploration with key stakeholders, to determine and change to the educational framework which supported a single set of standards and the prospect of developing field-specific standards of proficiency to support the annotations. This effectively left the engagement phase incomplete and in professional regulatory terms, rendered the annotations meaningless.

In contrast to SPQ, during the engagement process, a structure of core and field-specific standards for SCPHN was determined at the outset and as a result, there were three distinct groups created for SCPHN led by field-specific chairs. This enabled interested practitioners in these field-specific groups to discuss, debate and create both core and specific standards for each of School Nursing, Health Visiting and Occupational Health Nursing. This opportunity for a field-specific, sustained level of engagement was not offered to practitioners and other key stakeholders even after field-specific annotations for SPQ were agreed, at the end of the planned engagement phase.

Field-specific Standards

The NMC's approach to the Review of Post-Registration Standards appears to be highly reductionist and seeks to diminish the essence of community nursing practice to its most basic constituents. This approach is fundamentally at odds with the perspective of this organisation and we would argue of the majority of educators and specialist practitioners themselves.

We are deeply concerned that there is an assumption that all five existing SPQ fields of practice are all very similar in nature and that the specific nature and scope of the work that those expert nurses undertake is limited to a development of the competencies for initial registration as a nurse.

Without field-specific standards of proficiency, there will be greater variation in education, with resulting variation in practice and community specialist practitioners will not be adequately prepared as leaders of high-risk, field-specific nurse-led services which address the complex nursing needs of high-risk members of the public.

All specialist practitioners working in the community are autonomous practitioners working at an advanced level of practice, leading, managing and providing care for people with complex health needs and each field of practice requires a unique set of knowledge and skills. We believe this is a missed opportunity to articulate and demonstrate the distinctive knowledge and skills required to prepare nurses for clinical leadership in the nurse-led services of these high-risk fields of practice.

There is no opportunity to raise the issue of the SPQ educational framework and the need for a structure of shared and field-specific standards within the online questionnaire, hence the detail set out in this letter. The consultation questionnaire simply asks if there are any standards that are missing and we have given many examples of missing standards for each of the fields in the online questionnaire. However, these are examples only and it is recognised that many more would have been identified in a systematic and inclusive way if the engagement phase had continued, following the agreement of annotations in November 2020.

The QNI urges the NMC to continue the engagement phase following the public consultation with sustained and meaningful discussions with the expert professionals who are leading and managing services in each of the annotated and unannotated SPQ nurse-led fields of practice in the community. These include: Adult Social Care Nursing, Community Children's Nursing, Community Learning Disability Nursing, Community Mental Health Nursing, Criminal Justice Nursing (Prison Nursing), District Nursing, General Practice Nursing, Homeless and Inclusion Health Nursing and Hospice Nursing.

Risk to public protection and patient safety

By seeking to reduce the skills and knowledge of all community nursing specialisms to a single set of generic standards, the NMC risks eroding and undermining the qualities that make each community nursing field of practice unique and give those specialist practitioners their professional pride and identity. We believe this poses genuine and serious risks in terms of staff motivation, of ambition, of development, and therefore of staff retention, at a time when the National Health Service is constantly endeavouring to recruit and retain staff to meet serious shortfalls, none more serious than in the community.

However, our overriding concern is that generic standards will lead to unwarranted variation in course quality and content, be more difficult to administer, and will lead to wider variation in educational outcomes for nurses, leading to increased risks of suboptimal or poor care for people in homes and communities.

Specialist Practitioners working in the community are autonomous practitioners working at an advanced level, leading and managing nurse-led services in the community to high-risk populations; the potential for harm to arise in these services and settings is arguably greater than in a hospital setting.

This potential risk of harm has been well understood for the duration of modern professional nursing and it is a principle that is of growing importance, as ever more sophisticated and complex care is delivered in people's homes and communities, as enabled by new technologies and demanded by public opinion and government policy.

Unwarranted variation in programmes and outcomes

By relying on standards that are so generic and lacking in precision for specific fields of practice, the task of universities in framing their programmes, and NMC Visitors in assessing them, will be made that much more difficult. Essentially the NMC is deferring work on a national level in order to postpone it to countless future deliberations at a local level. We believe this does not represent good use of the resources of either Approved Educational Institutions or the NMC and, critically, this approach does not uphold public safety.

We also note that the Specialist Practitioner Qualification for District Nursing (SPQ-DN) is currently enjoying a steady growth in popularity with students, with educators and employers. It is a well-established, subtle and refined qualification that serves communities in all parts of the UK. The most recent data reported by the QNI (QNI, 2021 <https://www.qni.org.uk/explore-qni/policy-campaigns/district-nurse-education-reports/>) evidences an educational system that is highly successful and a large part of that success can be attributed to the distinctiveness of the course, which attracts applicants who wish to specialise, to acquire advanced skills that have been articulated and which contribute to their professional growth and identity.

New evidence gathered in 2021 from Directors of Nursing in community services providers, collated by the QNI and shared with the Chief Nursing Officer for England and the Chief Nurse for Health Education England, shows a twofold and sustained increase in demand for the numbers of the DN-SPQ for the next three academic years (over 1400 DN-SPQs in England per year versus 706 commissioned places in 2021/22).

Programme Standards

The QNI supports both SCPHN and SPQ to be delivered as a full Master's programme of 180 credits.

Length of Programme

We are concerned that there is no length of course stipulated in these standards. A stated course length is one of the proven best methods of assuring consistency of course content and student progress. It is one of the acknowledged ways in which the regulator can most efficiently avoid the creation of courses that do not meet its standards.

We are concerned that widespread variation in courses of a wide variety of length offered by different Approved Educational Institutions will introduce unwarranted variation in care provision.

Definition of Fields of Practice

There is no definition provided for each of the annotated SPQ fields of practice against which to provide assurance in the consistency of the application and to anchor the programme. Again, wide and unwarranted variation will result.

Practice Learning

The Programme Standards do not state a length of time to be spent learning in practice, nor a balance of theory and practice expressed as a percentage of time on the programme. This is problematic in terms of the consistency of learning, the achievement of learning outcomes and the student experience, all of which will be judged at the time of validation.

Consolidation of Practice

The absence of a requirement for a period of consolidation within the programme is unsafe for practitioners being prepared to work at this level of autonomy and with the responsibility of managing down-stream risk and we recommend that this is introduced as a matter of public protection.

Advanced Practice

We note that there appears to be considerable confusion about the relationship between the standards of proficiency for SPQ and Advanced Practice. It is clear to the QNI that the SPQ standards of proficiency reflect an advanced level of practice at a time when the NMC do not regulate Advanced Practice.

This matter has been unresolved throughout the engagement phase and there is a missed opportunity to be more explicitly ambitious in relation to the new standards and to reflect the complexity and risk of current and future regulated post-registration practice.

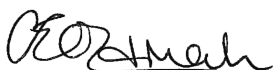
Summary

We ask that the Nursing and Midwifery Council acknowledges the significant and sustained concerns that the QNI and other key stakeholders have raised throughout the engagement and public consultation phases.

Furthermore, we specifically urge the NMC to reconsider its position regarding field-specific SPQ standards of proficiency and work with the professionals in these fields of practice, to ensure that the standards accurately reflect the complex and high-risk work of leading each of these fields of practice. In this way, the care of people in the community and their families will be given the most secure regulatory foundations.

This work can be undertaken through a post-consultation period of focussed engagement with the key stakeholders and experts, which the QNI would be pleased to support.

Yours faithfully



Dr Crystal Oldman CBE
Chief Executive