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Unite the Union Response to:

The Nursing and Midwifery Council (NMC); *a public consultation on post registration standards.*

This response is submitted by Unite in Health. Unite is one of the UK's largest trade union with 1.5 million members across the private and public sectors. The union's members work in a range of industries including manufacturing, financial services, print, media, construction, transport, local government, education, health and not for profit sectors.

Unite represents in excess of 100,000 health sector workers. This includes eight professional associations - British Veterinary Union (BVU), College of Health Care Chaplains (CHCC), Community Practitioners and Health Visitors' Association (CPHVA), Guild of Healthcare Pharmacists (GHP), Hospital Physicists Association (HPA), Doctors in Unite (formerly MPU), Mental Health Nurses Association (MHNA), Society of Sexual Health Advisors (SSHA).

Unite also represents members in occupations such as nursing, allied health professions, healthcare science, applied psychology, counselling and psychotherapy, dental professions, audiology, optometry, building trades, estates, craft and maintenance, administration, ICT, support services and ambulance services.

Executive Summary

Introduction

Unite CPHVA welcomes the opportunity to respond to the Nursing and Midwifery Council (NMC) consultation; *a public consultation on post registration standards.*

Unite CPHVA has been involved in this work from its inception and has had representatives on the Programme Board and Standards Development Group. This has been a positive experience and has been welcomed as Unite CPHVA has been calling for a review of the out dated Specialist Community Public Health Nursing (SCPHN) standards for over ten years. Previous attempts to commence the review were subsequently shelved by the NMC. We therefore commend the NMC team for taking forward this essential work, in spite of the additional challenges presented by the Covid-19 pandemic and once again calls for it to be paused.

Unite CPHVA has once again used its consultative provisions throughout the organisation to hear back the views of Community Practitioners' and Health Visitors' Association (CPHVA) health visitor and school nurse members. The focus of our response relates to health visiting and school nursing. A number of webinars, conferences and on line meetings have taken place with members to ascertain their views. We consider that using online methods, combined with more home based working, has facilitated positive engagement. In addition, the use of polls during the webinars also provided a useful snapshot of member's views

Whilst Unite CPHVA members acknowledge that the timing has not been ideal in terms of them struggling with the capacity to engage with the consultation as they cope with the extra demands resulting from the Covid-19 pandemic, they continue to hold the view that a pause would have led to the review being once again 'kicked into the long grass'. This would have been extremely concerning at a time when changes to services are being made, particularly in England, in part as a consequence of severe public health funding cuts. Indeed, members experience is that many organisations are taking advantage of the inconsistencies that currently exist to make inappropriate changes to health visitor and school nurse roles, and services, that present a risk to the public. They therefore consider this has amplified the requirement for the standards to be reviewed.

The approach to the programme has been a good example to follow and whilst as will be presented, there are areas that Unite CPHVA have suggested amendments, they expressed confidence that the standards have been developed by experts in the fields.

Unite CPHVA members particularly welcome the recognition that health visiting and school nursing require bespoke as well as generic standards. Much is written about the ambiguity around, in particular, health visiting (Baldwin, 2012)[1]. The plethora of titles that currently exist and indeed are proliferating, serves to increase inconsistency and is leading to different approaches being applied to both the school nurse and health visitor roles. The standards should go some way to address these issues as they are very clear in defining what health visiting and school nursing is and what health visitors and school nurses can and should do at the point of registration.

Whilst members consider the standards do allow for greater flexibility, and they can appreciate the opportunities this presents, they expressed concern around the possibility of

[1] Baldwin S (2012) Exploring the professional identity of health visitors. Nursing Times; 108: 25, 12-15.

unacceptable variation in the content of programmes and in how they are delivered. Potentially, this could have the effect of increasing rather than reducing health inequalities. Around the time of the Health Visitor Implementation Plan 2011-2015[2] Unite heard many concerns from health visitors who had trained in one area or country and having subsequently gone to work in another area or country, felt they lacked competency in an aspect of practice that had not been included in their programme. This was also raised by health visitor managers who saw an increase in development plans and also an increase in rates of attrition. It is suggested therefore that if the standards were more specific, this would facilitate interpretation and increase parity of programmes across the UK.

Unite CPHVA remains concerned that the standards alone may not be sufficient to prevent those who do not possess this level of knowledge, skills and experience from portraying themselves as health visitors or school nurses. Indeed, at the present time there is nothing to prevent individuals from doing so, and this is a public protection risk. The recent case involving a registered nurse, stuck off the NMC register for spreading misinformation about Covid-19 and vaccines, who has stated that she intends to continue to refer to herself as a nurse, demonstrates this issue. Indeed, it has led to calls, including from the NMC, that the title 'nurse' should be protected so that only those who are registered with a regulatory body, can use it. Unite CPHVA supports this and suggests if this were to happen, that it could also provide some protection for the title of school nurse. However, it would do nothing to protect the situation in relation to health visiting.

Recognising this issue is not the subject of this consultation, Unite CPHVA considered it appropriate to raise at this time. Indeed, Unite CPHVA has on many occasions highlighted that the title 'Specialist Community Public Health Nurse (SCPHN) HV/SN' has not been widely adopted by registrants and furthermore is not understood by the public, in contrast to the trusted title health visitor. In addition, employers are increasingly using a whole range of titles which is both confusing and a risk to the public.

A recent example is a Trust in England that is proposing to call their SCPHN school nurses and health visitors 'public health practitioners'. In Unite CPHVA's view, children and families will have no idea of what knowledge, skills and experience these 'public health practitioners' possess, whether they are regulated or indeed by whom. Moreover, Public health practitioners already exist and are voluntarily registered with the United Kingdom Public Health Register (UKPHR).

[2] https://www.gov.uk/government/publications/health-visitor-implementation-plan-2011-to-2015

Consultation questions

Our responses to the consultation questions are as follows;

Standards of Proficiency

1. **Do you agree or disagree that the draft core and field specific standards of proficiency adequately reflect the specialist knowledge, skills and attributes necessary for all SCPHN registrants?**
   Agree

   Unite CPHVA members welcome the recognition that health visiting and school nursing require bespoke field specific, as well as core standards.

2. **Do you agree or disagree that the draft core and health visiting field specific standards:**

	In relation to health visiting	
	Will enable future health visitors to practise with a high level of autonomy?	Agree
	Reflect the breadth and depth of the evidence-base needed for SCPHN health visiting practice?	Agree
	Focus on the health visitor's role in working in partnership with children, parents and families in relation to their mental, physical, emotional, spiritual and social needs?	Agree
	Focus on the importance of the health visitor's role in being able to recognise, identify and provide person-centred support and care to meet the needs of women with perinatal mental health needs?	Agree
	Focus on the importance of the health visitor's role in being able to recognise, identify and provide person-centred support and care to promote infant mental health and identify infant distress?	Agree
	Emphasise the knowledge and skills the health visitor needs to proactively support and work in partnership with people and families and other agencies to safeguard those in vulnerable circumstances, and those at risk of harm or abuse?	Agree
	State the knowledge, skills and attributes health visitors require to strategically influence and lead change?	Agree

In relation to school nursing	
Will enable future school nurses to practise with a high level of autonomy?	Agree
Reflect the breadth and depth of the evidence-base needed for SCPHN school nursing practice?	Agree
Enable school nurses to deliver improvements aligned to key public health priorities for children and young people?	Agree
Place health promotion and improvement in the health and wellbeing of children and young people as central to SCPHN school nurse practice?	Agree
Enable future school nurses to advocate for promoting positive health and wellbeing in children and young people?	Agree
Prepare school nurses to deliver strategies and interventions that support and improve children's and young people's health and wellbeing choices and behaviours within and outside of school?	Agree
Focus on the knowledge, skills and attributes required for school nurses to strategically influence and lead change?	Agree

Comments

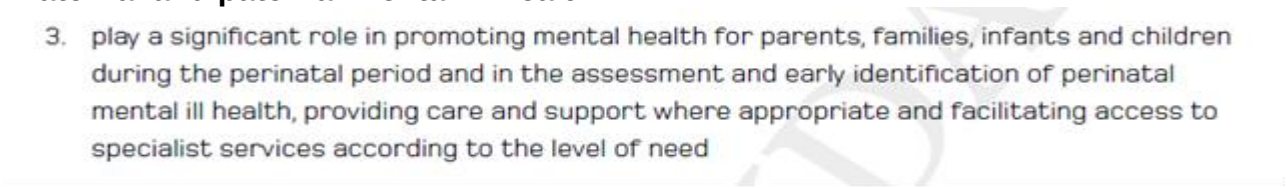
Sphere A
Generally, members consider that the standards raise the bar in terms of autonomy and that this is absolutely appropriate. Increasingly members describe how they are finding themselves deskilled and with less autonomy. Services appear to be moving towards a task orientated model of working which misses the very essence of health visiting and school nursing. The draft standards remind commissioners and employers that SCPHN health visitors and school nurses are a highly specialised asset, capable of working to a high degree of autonomy.

Sphere B
Whilst working with individuals as well as communities makes health visiting and school nursing unique in the area of public health, providing opportunities for greater creativity in health promotion and prevention, members consider the focus on specific outcomes is disproportionate. It is suggested there should be more emphasis on public health approaches rather than single outcomes. For example, during the Covid-19 pandemic, health visitors and school nurses in many cases, were redeployed to care settings, when they were well placed to work with their communities and populations on public health and prevention initiatives.

Furthermore, members consider population based health and community approach could be more evident (public health activities), for example, less targeting and more universal.

Sphere C
Members consider there needs to be a greater emphasis on maternal mental health. They suggest the point below could be more specific and could be made more specific and state

‘**maternal and paternal mental ill health’**



3. play a significant role in promoting mental health for parents, families, infants and children during the perinatal period and in the assessment and early identification of perinatal mental ill health, providing care and support where appropriate and facilitating access to specialist services according to the level of need

Initially, members considered the standards related to relationships was too specific. However, they quickly realised that in reality, they describe what they are already doing. Again, it was felt there could be more focus on relationships with communities, on challenging local elected representatives and advocating for better services.

Sphere D

In terms of child development, whilst it was recognised that the focus is on well populations, it was considered this should include knowledge around common childhood illnesses, particularly infectious diseases. In particular as those coming into health visiting or school from an adult nursing or midwifery background are likely to require this. In the current context, this may also include the effects of Covid-19 on children and young people.

It was suggested that the complex nature of relationship building and maintenance did not come through. Furthermore, that more emphasis could be given to empowerment.
Unite CPHVA school nurse members expressed concern that the standards focussed primarily on safeguarding and as such are problem focussed. They suggest more of a focus on early intervention as this is essential to prevent young people requiring a safeguarding intervention.

Our school nurse members also questioned whether the standards are future proofed as things move very quickly with this cohort and so for example, language can become out of date. For example, they suggested removing language around ‘gangs’.

Prescribing Practice

3. **Please tell us if you think that a prescribing element should be a mandatory integrated programme requirement, should be an optional requirement, or is not necessary for the role/s of the SCPHN programmes' fields of practice**

Optional

4. **Please tell us which level of prescribing qualification – either the V100 or V300 – you believe is most appropriate for the SCPHN programmes’ field of practice routes**

The benefits of prescribing to children and families as part of a holistic service were well articulated by members. However, they suggested that although the V100 may be an optional or in some cases compulsory, module for the programme, the reality is many practitioners who complete it, do not use it, either because their employer no longer has the infrastructure to support them to prescribe or they have lost confidence to prescribe by the time they are provided with a prescription pad. If they do use the qualification, they are limited to basic prescribing and there is little evidence to demonstrate the value of this to the wider public health role. There was also concern about how, in particular, the V300 could be incorporated into an already full, programme. It was considered to be a big ask, especially for those practitioners with a heavy caseload**.** Members therefore concluded that inclusion of the V300 would require an elongated programme.

Retaining the RPHN title

5. **Should the NMC retain the SCPHN RPHN qualification for public health nursing roles other than health visiting, occupational health nursing and school nursing?**

   No.

   Unite CPHVA members do not consider that a generic title contributes to public protection. In addition, they point out that generic public health nursing roles are voluntarily regulated by the UKPHR.

6. **Do you have any other comments about any part of our proposed SCPHN standards that you've not had a chance to raise above?**

   No.

Standards for post-registration programmes: SCPHN and SPQ programmes

7. The NMC propose that Level 1* NMC registered nurses and midwives can be considered for entry to a SCPHN programme, as long as the applicant is capable of safe and effective practice at a level of proficiency for the intended field of SCPHN practice.

   Do you agree or disagree with this proposal?

   Agree

   Members were asked; do you agree or disagree with position for the level of SCPHN programmes? Their responses were as follows;

   88% agreed
   8% disagreed
   4% did not know

   There was a difference in opinion from members depending on the country in which they worked. Those practising in England considered that the standards should specify that those entering the programme should have post registration experience as a nurse or midwife. Again, it was suggested around the time of the Health Visitor Implementation Plan, when there was an increase in newly qualified nurses or midwives moving directly into health visiting, they were more likely to return to their previous area of practice. However, this may be more to do with a degree of pressure to do so. Scotland however, reported the opposite. It was reported that in Northern Ireland and Wales, applicants are required to have at least twelve months post registration, and this was considered beneficial.

8. The NMC propose that in line with entry to existing SPQs, Level 1 NMC registered nurses* can be considered for entry to a community SPQ programme that leads to the new proposed SPQ in other intended fields of community nursing practice, as long as the applicant is capable of safe and effective practice at this level of proficiency.

   Do you agree or disagree with this proposal?

   Neither agree nor disagree

9. **Do you agree or disagree that the design of the programme standards enables education providers and their practice partners to be creative and innovative in the way they develop programmes?**

Agree

10. **Do you agree or disagree that the draft standards will enable Approved Education Institutions (AEIs) together with their practice learning partners to design a curriculum which supports students in meeting programme outcomes for their intended field of SCPHN practice (health visiting, occupational health nursing and school nursing)?**

    Agree

11. **Do you agree or disagree that AEIs together with their practice learning partners should have flexibility to decide how theory and practice are integrated into the curriculum to support students to meet the SCPHN programme outcomes?**

    Disagree

    Members, in particular those working in academic settings, consider that this needs to be determined by the NMC. In addition, that it needs to be standardised across the UK to protect students and enable equal learning opportunities.

12. The draft outcome focused programme standards do not specify the duration of SCPHN and SPQ programmes, giving AEIs together with their practice learning partners the flexibility to develop programmes of suitable length that support student achievement of proficiencies, programme outcomes and the qualification to be awarded.

    Do you agree or disagree with this above approach for SCPHN programmes?

    Strongly disagree

    Members were asked; do you agree or disagree to the approach to the length of the programmes (i.e. that the NMC will not specify a length)? The responses were as follows;

    69% disagreed
    22% agreed
    9% did not know.

    Concerns were raised that there was the potential for a race to the bottom if the length of the programme is not specified by the NMC. Members referred back to the previous hard-fought campaign to retain a 52-week course as some programmes had reduced to 30 weeks or less. Budgetary pressures within some organisations were suggested as reasons why there may be pressure to develop the shortest SCPHN programme, rather than the best quality. It is considered this would lead to increased inequality in the preparation of SCPHNs with those areas that have more resources having longer programmes.

    Unite CPHVA already sees noticeable variation in the preparation of health visitors and school nurses across the UK which causes issues when practitioners move areas and find they are not competent in an aspect of care that those educated in that area are. This risks widening such variation, as well as limiting movement and in our view, it poses a risk to practice.

    Members consider the length of the programme should be at least 52 weeks particularly given the additional recognition of the wider SCPHN role.

13. The draft outcome focused programme standards do not stipulate the requirement for SCPHN and SPQ programmes to have a specified period of consolidated practice.* This gives AEIs and their practice learning partners the flexibility to develop programmes that support continuous student achievement of proficiencies, programme outcomes and the qualification to be awarded.

    Do you agree or disagree with this approach for SCPHN programmes?

    Strongly disagree

    Members were asked; do you agree or disagree to the approach to consolidated practice? Their responses were as follows;

    86% disagreed
    12% agreed
    2% did not know.

    The period of consolidated practice enables health visitors and school nurses to put their newly acquired knowledge and skills into practice by managing their own small caseload but in a safe, supportive environment. In addition, our health visitor members considered it essential as health visiting is a distinct role and a very different role to that of nursing or midwifery. Some members stated they did not have a defined period of consolidated practice and were very much ‘thrown in at the deep end’. Adding, ’the risk of throwing people in at the deep end (some may get preceptorship, but many won't) is that some will swim but many will sink and will quickly leave’**.**

    Some school nurse members however, pointed out that many miss out on consolidated practice as it falls during the school holidays and consider this needs to be addressed.

    Members consider the standard should say at least 50 days, which is the current length. They suggest this would fit well into a 52-week programme and stated that they could not see that a lesser period would be as enabling.

    Members also pointed out that the SCPHN apprenticeship route does have a period of consolidated practice.

14. Supervision and assessment of post-registration SCPHN and SPQ students must comply with the NMC standards for student supervision and assessment in ensuring that practice supervisors and practice and academic assessors are suitably prepared, and receive, ongoing support to fulfil their roles when supervising and assessing these post-registration students.

    Do you agree or disagree with this requirement for the supervision and assessment of SCPHN post-registration students?

    Agree

    Members were asked; do you agree or disagree with the requirement for the supervision and assessment of SCPHN post-registration programmes? Their responses were as follows;

    93% agreed
    5% disagreed
    2% did not know

It was difficult not to answer yes to this question because of course those supervising and assessing SCPHN students should be suitably qualified and prepared. Members suggested the term 'suitably qualified and prepared' is up for interpretation and means organisations could decide the criteria themselves. They consider this needs to be properly defined.

The changes made to the supervision and assessment of SCPHNs have been controversial and in practice, with a few exceptions, have not been positive. Unite CPHVA considers that the *Standards for Student Supervision and Assessment* (SSSA) were applied to post registration programmes without a comprehensive assessment of the unintended consequences being undertaken. Indeed, this proposal was embedded in the *Future Nurse* and *Future Midwife* consultations, therefore was not on the radar of most post registration practitioners. Unfortunately, many employers have used the new standards to remove the existing practice teacher role, with many practice teachers being down banded as a result. The move now is for all SCPHNs to be trained as both supervisors and assessors, with them expected to undertake these functions in addition to being responsible for managing very large caseloads. Members suggest this might be acceptable for pre-registration students who spend a limited time on placement, but it is not suitable for post registration students on a twelve-month programme, who require support and expertise to prepare them for all that is required to practice as a health visitor or school nurse.

Members describe how they have already seen the implications of the application of the SSSA standards to SCPHN programmes in terms of students' learning experiences. They describe how students have experienced wide variations of supervision and assessment depending on whether they have a practitioner who is new to the role of supervisor or assessor or a more experienced practitioner who has been a practice teacher. Indeed, supervisors or assessors who have not benefited from the previous practice teacher module, have experienced difficulties with not fully understanding their roles and obligations. In the worst cases this has resulted in students withdrawing from the programme.

At present many organisations are relying on the experience of previous practice teachers, which will become an issue when these practitioners are no longer in practice. The practice supervisor and practice assessor preparation is considerably less than the previous year long practice teacher course that included a further twelve months consolidation. In many cases the preparation consists of a minimal three hours or one day. Others have retained the previous model of preparation and have simply updated titles to reflect the change in standards. Again, this has created an unequal system of supervision and assessment experiences in SCPHN practice. Members also report discrepancies in how students are assessed and in areas where support is provided remotely, that they are not seeing a shift in perspective from nurse/midwife to health visitor. Moreover, some report an increasing number of students are subsequently unsuccessful at interview. Consequently, members question how this protects the public.

Members experience in Northern Ireland, similar to their colleagues in England, is illustrated by the following comment;

'*health visitors with a full case load, that have had no previous training or experience of supporting, facilitating and mentoring a specialist postgraduate student, have additional overall responsibility for supervising the SCPHN student for a full year of practice'*.

They went on to say, '*the SCPHN course is different from the pre-registration student nurses in academic attainment, experiential learning in practice, caseload management and safeguarding responsibilities. It is a specialist postgraduate course lasting for one year with a significant level of responsibility upon successful completion'*

The student/practice teacher relationship is vital for the quality for preparing students for practice and a quality learning for a new and distinct role is essential if we are to ensure future safe practice and consistency of service delivery.

Unite CPHVA has expressed concern to the NMC on a number of occasions about the support being provided to those SCPHN students currently in training under this model, especially in the context of the pandemic where ways of working have had to change. Practitioners supporting these students report that they are struggling to know how they should be preparing and supporting students and are concerned they are not able to do so! In one example, a lecturer was having to provide more frequent and intense support to 70 assessors and supervisors, for example with their student's portfolio, as they were not being adequately supported in their organisation. Members consider this is not sustainable and contend generic preparation does not cover what is required to assess SCPHN students.

The SSSA will take many years to become effectively and efficiently embedded into practice and SCPHN students should not be disadvantaged during this time, as they clearly have been in this first year of their implementation.

Members propose that a compulsory module or training package involving the theory of teaching, learning, assessment, evaluation, and practice portfolio, should be the minimum necessary to prepare practitioners who are supervising or assessing SCPHN students. In addition, there needs to be clear definition around the responsibilities of the supervisor and the assessor.

15. To facilitate effective supervision and assessment for SCPHN and SPQ post-registration students, we propose that practice supervisors and practice assessors for SCPHN and SPQ programmes must be able to evidence relevant prior learning and experience necessary for the practice supervisor and assessor roles. For example, undertaking a period of preceptorship in line with the NMC principles for preceptorship and/or in line with local and national preceptorship policies for SCPHNs or SPQs prior to assuming a practice supervisor and/or assessor roles of post-registration SCPHN and SPQ students.

Do you agree or disagree with this approach for SCPHN programmes?

Strongly disagree

Members were asked; do you agree or disagree with this approach for SCPHN programmes? Their responses were as follows;

90% agreed
8% disagreed
2% did not know

Again, it was difficult not to agree in principle with this question. In the SSSA model however, it is unclear who is responsible for assessing learning needs and style, designing an appropriate programme for the student and developing the supportive longer-term relationship that is required.

Unite CPHVA members point out that the SSSA standards do not at any point refer to 'teaching' which is an essential component of support in practice. They consider this should be included. They also point out that not everyone has the skills or approach required to be an assessor. Indeed, not all want to undertake this role.

'The pre-registration students' responsibilities are remarkably different from the specialist postgraduate nurses and therefore the support and supervision are considerably more

complex which needs to be given due attention and consideration. Hence the need for good preparedness for the SCPHN students, Practice Supervisors and Assessors'

Unite CPHVA considers it inappropriate that newly qualified SCPHNs or those who do not feel confident to take on this role, should be compelled to do so. Indeed, to insist on this risks further attrition in services that are already short. Members strongly express the view that in their experience generic preparation does not cover what is required to assess a post registration SCPHN student. The standards should therefore determine the parameters around which SCPHNs can act as supervisors or assessors. Members suggest supervisors and assessors;

- Need to be adequately supervised and assessed and deemed proficient to support the development of a SCPHN student.
- Need to be prepared in relation to the theory of teaching, learning, assessment, and evaluation at post graduate level.
- Need to be supported by a more experienced practice supervisor or assessor (previous PT) if they are new to the role.
- Should express a desire to become a practise supervisor or assessor; whilst all nurses and midwives as part of the Code should support the learning of others, this is specifically in relation to their role when supporting the development of post graduate SCPHN students.
- Should have a least 2 years post graduate experience of practicing as a SCPHN before they assess a SCPHN student.
- Should be assessed in the assessing and supervising of SCPHN students and deemed proficient in this prior to taking on the role of supervisor or assessor.
- Should have a formal teaching qualification

The recent Department of Health and Social Care (DHSC) consultation; *Regulating healthcare professionals, protecting the public*[3] says in relation to education;

The proposals set out in this document aim to give regulators greater flexibility to determine how they set standards for, and quality assure, education and training. For example, on the proposal outlined several regulators would gain the power to set standards for and approve specific courses or programmes of training rather than just education and training providers.

Unite CPHVA therefore questions why the NMC have stepped away from approving the preparation of practice educators?

The consultation also states;

All regulators will be able to specify if there are additional exams or other assessments which qualified healthcare professionals must pass prior to registration or annotation of the register.

Unite CPHVA suggests this would allow the NMC to specify the standards for an additional course for the supervision and assessment of post registration students that should be completed before registration/annotation.

16. The NMC has set a minimum degree level requirement for pre-registration qualifications. In order to surpass this, the draft programme standards indicate that the minimum academic level for specialist community public health nursing and specialist practice qualifications is to

[3] (https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/978833/Regulating_healthcare_professionals__protecting_the_public.pdf)

be postgraduate level. This also gives flexibility for AEIs across the UK to determine the academic credits for their curricula and programme outcomes.

Do you agree or disagree with this position for SCPHN programmes?

Agree.

Again, we refer to previous comments contained in point 12 in relation to the length of the programme, in particular the importance of not undermining standards.

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This response is submitted on behalf of Unite CPHVA by:
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