



**UNISON response to NMC Consultation**  
**'Building on ambitions for community and public health nursing'**  
**August 2021**

**Introduction**

- UNISON is the largest union in the United Kingdom with over 1.3 million members. Our members work across public services including health, local government, education and police services.
- UNISON is the largest trade union operating in health and social care in the UK. We represent members in the 3 professional groups regulated by the NMC, registered nurses, midwives and nursing associates. We provide expert professional support and representation to our membership and aim to influence policy to strengthen public services and improve the working conditions for our members.
- We hope that the NMC will note the weight of UNISON's views as a major stakeholder and consider the significant proportion of the nursing and midwifery workforce that we represent.

**Summary**

The Covid-19 pandemic has made it more evident than ever the importance of a skilled, knowledgeable community and public health workforce. As we face up to the long-term consequences of the pandemic there will only be growth in demand for the skills of the professionals working in these services.

At this time however we are seeing worrying stagnation or even falls in the numbers of professionals regulated by the NMC who access community and public health qualifications and annotations. Amongst our wide membership there is often limited understanding of these qualifications and annotations and a very limited ability to access them.

Regulation needs to be modern, appropriate and supportive. It is indeed important that these qualifications and annotations are reviewed and updated.

There is, however, a lot of debate about the best way to achieve this. Because of the nature of the pandemic and the stress upon the health and care workforce, as well as other competing priorities, we have been unable to conduct in-depth consultation on this issue with our membership. We imagine other organisations have faced similar challenges.

Whilst there is a need for modernisation and improvement, these changes need to be sustainable and fit for the longer term. Some flexibility will be welcome but it is also crucial that high standards are maintained. We urge the NMC to listen openly and closely to the wider profession and to pay close attention to the concerns that have been expressed about the proposed changes.

As an organisation we remain very concerned by the workforce pressures that continue to mount in healthcare in the UK. Immediate, short-term demands on services often prevent health professionals from accessing education and development opportunities. Junior staff often find themselves in positions of greater responsibility without having had sufficient development and support.

The wider health system, including the NHS, Government and Higher Education Institutes, must collaborate closely to ensure these changes work for the public and the professions. There must be suitable investment to ensure education and training opportunities are available and accessible.

We will continue to work constructively with the NMC and other stakeholders on this issue and are happy to be contacted for further discussion and involvement.

### **Key question responses**

*Do post-registration community SPQ standards require regulation?*

The need for specialist public health and community nurse practitioners and the skills and knowledge they have will only continue to grow in the future. The level of autonomy that these professionals practice with and the necessary level of skill means that their qualifications should continue to be regulated. This will remain important to protect the public and give them confidence that those caring for them have the appropriate skills and knowledge.

*Are bespoke regulatory standards needed for each of the fields of community nursing SPQ?*

There are many developed and developing roles for nurses in the community. It is important that regulation is not burdensome and inhibitory to nurses working in these roles. They should have funded, accessible opportunities to develop their skills and knowledge through appropriate qualifications and so we support the introduction of a general community nursing SPQ that could meet this need in the short term.

We are concerned, however, by the lack of bespoke regulatory standards proposed for the different fields of community nursing. Whilst we acknowledge regulation should be outcome focussed and it should be for education providers to collaboratively develop their curricula and the course content – there is a wide variation in practice between the different fields of community nursing for which there are existing SPQs. A community learning disability nurse or community mental health nurse, has a very different role requiring different knowledge, to that of a district or general practice nurse for example.

Given the structure of the proposed standards of proficiency for SCPHNs, with field specific standards applied, we see no obvious reason why additional field specific proficiencies couldn't be devised which account for some of the important specific knowledge and skills which are required in the different community SPQ roles.

*Are the current SPQ annotations sufficient?*

The possibility of adding further SPQ annotations, to better reflect the diversity of nursing roles in the community, should be explored. We support the development of training and education opportunities for the wider nursing workforce and we think it is vital there are opportunities extended to those working in developing community roles. The NMC must thoroughly explore this need with other stakeholders to ensure there is appropriate, modern regulation to ensure the workforce has the right skills for modern nursing.

*Are the three fields of SCPHN routes and qualifications sufficient?*

Dropping numbers of SCPHNs on the register would suggest there needs to be modernisation to ensure the sustainability of these sections of the workforce. The patchy UK public health response to the Covid-19 pandemic and the wider population consequences of the pandemic that will continue into the future also indicate there is a need to renew interest and commitment to community and public health nursing.

We believe there should be close consideration with stakeholders of the option of retaining the general community public health nursing qualification. This could potentially ensure there are high standards maintained in emerging roles of practice in community public health. Again this requires consideration with the wider health system and will require sufficient investment to make a reality.

*Standards content and emphasis (SCPHN and SPQ)*

*Whether one set of community nursing SPQ standards can safely be applied to all fields of community nursing SPQs through appropriate programme design and delivery?*

As above, we are concerned by the lack of proposed field specific standards for the community nursing SPQs.

We believe there should be close collaboration between the NMC and the wider health system to ensure the standards make sure those who qualify have the right complex and specialist skills for their field of practice.

Given feedback from our members we are concerned that without the NMC showing leadership in recognising the specialist skills of the different fields there is a potential risk that these will not be provided for in practice.

*Whether draft bespoke standards for the different fields of community SPQ nursing should be included, and if so, what should they be?*

Our response would be similar as to above. We won't specify the content of these standards but believe it is important key stakeholders with expertise in this field are consulted and involved in their drafting to ensure they reflect the complexity and specialist practice necessary for these specific fields.

It will be important that any bespoke standards are fit for purpose and that they result in funded and accessible opportunities for the nursing workforce. It should be a priority to ensure appropriate bespoke standards for the existing community SPQ fields before branching out into others.

*Whether the proposed new SPQ annotation in other identified fields of community nursing practice could be successfully and appropriately applied to community roles, in areas such as social care, nursing homes or offender health ?*

We believe it is important there are high standards maintained in the many new and expanding roles that exist in community nursing. This is important for the workforce

and for the public who rely on these services which, though crucial, have often been overlooked.

It is also important there are opportunities for those in these areas of the workforce to improve their knowledge and skills. They should have access to funded, appropriate and accessible learning to be able to maintain high standards.

The introduction of new generic, community nursing SPQ could, if introduced with effective collaboration, support this aim. This could be an effective way of raising standards in these areas in the short-term. In the longer-term, however, we believe there could be exploration of further bespoke standards for these newly-considered fields that set out the specialist proficiencies required for them.

*Whether the NMC should specify the length of SCPHN and community nursing SPQ programmes?*

The public and the regulated professions need to have confidence in the skills and knowledge of those who have undergone these qualifications. Whether through the implementation of outcomes which will require comprehensive education or through a requirement for minimum hours or length, the NMC must ensure that these qualifications are robust enough to meet these needs.

*Whether the NMC should specify a period of consolidated practice or leave this to individual university curricula designs?*

Our nursing and midwifery membership in UNISON highly value the experience gained from time in clinical practice. The new standards should require that clinicians gaining these qualifications have spent an appropriate amount of time in quality practical learning environments.

This practical learning should enable them to safely interact and engage with patients, families and communities while they develop their skills and knowledge. They must also ensure these professionals have quality supervision and support from experienced clinicians in their area.

## Online consultation response

We have only selected those questions which we believe it is appropriate for UNISON to respond to.

### ***Section B: Specialist Community Public Health Nursing: Draft standards of proficiency***

*Q17. 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?*

We agree that these standards do reflect the specialist knowledge, skills and attributes necessary for SCPHN registrants. We believe it strengthens the approach that there are field-specific standards where appropriate.

*Q31. Should the NMC retain the SCPHN RPHN qualification for public health nursing roles other than health visiting, occupational health nursing and school nursing?*

Yes.

*32. Please explain your rationale*

As the consultation explains above – there are new and emerging roles in public health nursing that the NMC does not currently regulate. We believe there should be educational opportunities that can meet the needs for these new roles in the future and so the NMC should maintain this SCPHN RPHN qualification.

We do recognise, however, that the numbers with this recorded qualification are now very low and would urge that the NMC collaborate with the wider health system to ensure there is sustained investment in making these qualifications accessible and appropriate.

*Q33. If yes, would the draft core SCPHN standards be appropriate for other public health nursing roles*

We believe so.

*Q34. Please explain your rationale*

They seem to reflect the broader skills that would be required across most public health nursing roles, though again we would urge there to be collaboration and

consultation with other stakeholders to ensure all the requirements of these roles are addressed. Potentially in the future there could be the examination of whether entirely new public health nursing roles with some bespoke proficiencies are required.

***Section C: Community nursing Specialist Practice Qualifications: Draft standards of proficiency***

*Q.55 - Do you think there is a requirement for an annexe to detail the specific skills and procedures required to underpin the proficiencies? If so, are there examples of skills that you would like to see included?*

We discussed this issue closely with members in specialist community fields. They believed that there are numerous specialist skills and procedures which practitioners need to be competent in delivering as well as being capable of teaching and evaluating, in each of the different community fields.

In community mental health nursing for example these might include; skills for bio-psycho-social assessment, skills in psychosocial formulation, skills for psychosocial therapeutic interventions and skills for working co-productively with service users and their families, social circles and multi-disciplinary teams.

In district nursing and general practice nursing examples of specialist skills that are necessary that were suggested included those in areas like wound care or palliative care and management.

*Q56 Five community SPQ annotations currently exist and will continue. Do you agree or disagree that the NMC should seek to extend these standards for other community roles which do not currently have a community nursing specialist practice qualification?*

We agree.

*Q57 Please give reasons for your answer.*

We support the development of training and education opportunities for the wider nursing workforce. We think it is important that there is regulation of the required competency for these roles. We are concerned about the loss of longer form specialist development and training opportunities in recent years and believe there needs to be collaboration and investment in these to ensure there are sufficient practitioners with specialist skills and knowledge required for community nursing.

*Q58 Do you agree or disagree that the draft SPQ standards are appropriate for nurses who practice in other community settings?*

We believe the majority of the standards would apply to other community roles. There should, however, be detailed collaboration with other stakeholders from these groups to determine whether there is a requirement for other bespoke, field-specific standards for their roles.

*Q59 Please give reasons for your answer.*

We are aware nurses from other community roles have petitioned for recognition and regulation of the qualifications in their field. We think it is important there is regulation of wider, developing community roles and appropriate, accessible training and education for the nurses working in them. Regulation should account for the potential specialist skills and knowledge required in these roles.

*Q60 Please explain here if you consider there to be any unintended consequences to the proposal for a new community SPQ qualification?*

There is the possibility that education providers would seek to provide only the generic community nursing SPQ rather than the other more specific qualifications. It will remain important there is collaboration and regulation across the sector to ensure those working in specific roles such as district nurses have access to the appropriate qualifications.

*When someone has gained the community SPQ, it is annotated next to their name on the register. Our proposal is that these qualifications would be annotated in future as Community Nursing SPQ (CCN), Community Nursing SPQ (CLDN), Community Nursing SPQ (CMHN), Community Nursing SPQ (DN), Community Nursing SPQ (GPN), and Community Nursing SPQ (CSPQ), for the proposed additional annotation.*

*Q61 Would these forms of annotation be appropriate for all six SPQs?*

Yes.

*Q62. Explain your answer.*

They seem easy to understand and appropriate.

*Q63 Should the NMC continue to refer to these qualifications as SPQs?*



We're unsure. We don't feel there is sufficient recognition and understanding of these qualifications amongst practitioners and the public so it would be worth considering whether updated terminology is required.

*Q65 Do you agree that the NMC should continue to regulate new standards, programmes and qualifications in community nursing?*

Agree.

*Q66 Please explain your rationale.*

The need for specialist public health and community nurse practitioners and the skills and knowledge is only continuing to grow. These professionals practice with a high degree of autonomy and their work requires a high level of skill and knowledge; higher than can be guaranteed by the NMC only regulating undergraduate education.

The regulation of post-registration education for community and public health nurses will protect the public and give them confidence that those caring for them have the appropriate skills and knowledge.

***Section D: Standards for post-registration programmes: SCPHN and SPQ programmes***

*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*

*Q69 Do you agree or disagree with this proposal?*

Agree.

*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.*

*Q70 Do you agree or disagree with this proposal?*

Agree.

*Q76 Do you agree or disagree that AElS 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.

*Q77 Do you agree or disagree that AElS 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 SPQ programme outcomes?*

Disagree.

*The draft outcome focused programme standards do not specify the duration of SCPHN and SPQ programmes, giving AElS 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.*

*Q78 Do you agree or disagree with this above approach for SCPHN programmes?*

Disagree.

*Q79 Please explain your answer.*

There should be a required minimum period of duration or other specifications which ensure these professionals are given sufficient opportunity to develop their knowledge and skills. There is a risk that without any specifications there will be a race to the bottom because of workforce pressures.

This does not mean we do not believe in the necessity for flexible course structures with different study options to support the needs of different learners. Given workforce pressures, some professionals may need to study through modular based learning or full time where secondment opportunities exist.

*Q80 Do you agree or disagree with the above approach for SPQ programmes?*

Disagree.

*Q81 Please explain your answer*

There should be a required minimum period of duration or other specifications which ensure these professionals are given adequate opportunity to develop their knowledge

and skills. There is a risk that without any specifications there will be a race to the bottom because of workforce pressures.

This does not mean we do not believe in the necessity for flexible course structures with different study options to support the needs of different learners. Given workforce pressures some may need to study through modular based learning or full time where secondment opportunities exist in their role.

*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 AEs 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.*

*Q82 Do you agree or disagree with this approach for SCPHN programmes?*

Disagree.

*Q83 Please explain your answer*

Our membership highly value the experience and knowledge that is gained through time spent learning in clinical practice. Whilst we acknowledge it is important for there to be some flexibility in application at the level of the AEs we do think there needs to be some minimum specifications for consolidated practice, again to avoid workforce pressures leading to a race to the bottom.

*Q84 Do you agree or disagree with this approach for SPQ programmes?*

Disagree.

*Q85 Please explain your answer.*

Our membership highly value the experience and knowledge that is gained through time spent learning in clinical practice. Whilst we acknowledge it is important for there to be some flexibility in application at the level of the AEs we do think there needs to be some minimum specifications for consolidated practice, again to avoid workforce pressures leading to a race to the bottom.

*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*

*Q86 Do you agree or disagree with this requirement for the supervision and assessment of SCPHN post-registration students?*

Agree.

*Q87 Please explain your answer.*

It's vital to ensure learning in practice is supportive and high quality. Adequate training and preparation for supervisors and assessors is important to achieve that.

There is also a substantial need for ongoing support and outreach to those supervising and assessing students in practice. Particularly given ongoing workforce pressures it is important that assessors and supervisors have protected time to keep up to date with latest practice, to update their skills and to consider the learning needs of those they are supervising.

*Q88 Do you agree or disagree with this requirement for the supervision and assessment of SPQ post-registration students?*

Agree.

*Q89 Please explain your answer*

It's vital to ensure learning in practice is supportive and high quality. Adequate training and preparation for supervisors and assessors is important to achieve that.

There is also a substantial need for ongoing support and outreach to those supervising and assessing students in practice. Particularly given ongoing workforce pressures it is important that assessors and supervisors have protected time to keep up to date with latest practice, to update their skills and to consider the learning needs of those they are supervising.

*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*

*Q90 Do you agree or disagree with this approach for SCPHN programmes?*

Agree.

*Q91 Please explain your answer.*

A high standard of supervision and assessment is vital for the development of skills and knowledge in community nursing roles. We agree with proposals which will maintain high standards to support quality learning.

*Q92 Do you agree or disagree with this approach for SPQ programmes?*

Agree.

*Q93 Please explain your answer*

A high standard of supervision and assessment is vital for the development of skills and knowledge in community nursing roles. We agree with proposals which will maintain high standards to support quality learning.

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

*Q94 Do you agree or disagree with this position for SCPHN programmes?*

Agree.

*Q95 Please explain your answer*

These roles require high levels of knowledge and skill commensurate with a postgraduate standard of education. It will be important to maintain standards at this level.

*Q96 Do you agree or disagree with this position for SPQ programmes?*

Agree.

*Q97 Please explain your answer.*

These roles require high levels of knowledge and skill commensurate with a postgraduate standard of education. It will be important to maintain standards at this level.

For more information please contact;

[s.tuckwood@unison.co.uk](mailto:s.tuckwood@unison.co.uk)

Stuart Tuckwood

National Officer for Nursing

Health Service Group

UNISON

130 Euston Road

London NW1 2AY

Office - 0207 121 5374

Mobile - 07538101246