



30th July 2021

The SCHOOL AND PUBLIC HEALTH NURSES ASSOCIATION

Response to the Nursing and Midwifery Council's Consultation on Post Registration Standards

Dear Colleagues,

Alongside completing the NMC online survey, we offer this additional information as our contribution to the Post-Registration Standards consultation.

Background

SAPHNA, a registered charity, is a Professional Organisation dedicated to the promotion of excellence in practice, taking forward the public health agenda by working in partnerships for the benefit of children and young people and the communities where they live and learn. Since SAPHNA's inception 16 years ago, we continue to grow from strength to strength as a UK and, indeed, internationally recognised voice for School and Public Health Nursing.

We are delighted to have engaged with the NMC throughout this important consultation process, however, we have repeatedly lodged our concerns regarding this consultation taking place during a global pandemic and its inevitable personal and professional impact on our workforce and the public whom we serve. Despite this, we remain concerned that this consultation, therefore, may not reflect a full, inclusive and comprehensive consultation process that could have been achieved. However, we are grateful that the NMC did, by way of part recognising this, apply extended timeframes to respond to the consultation

We are grateful to our colleagues at the iHV, QNI and CPHVA for their transparency and collegiate sharing of their consultation responses, which we have purposively used, in places, to further inform and strengthen our response.

SAPHNA raises a number of areas of feedback in its effort to helpfully assist the NMC in their role to protect the public through regulation.

SAPHNA feedback

SAPHNA is encouraged at the NMC's recognition of the role, scope, challenges, change and expectations of School and Public Health nursing/community nursing, with the commitment to undertake an 'ambitious and transformative' review across the UK. However, we continue to have a number of significant concerns and share those submitted by the QNI for the SPQ draft Standards of Proficiency (SoP) ([QNI Response to NMC Consultation on Post-Registration Standards](#)).

Overall, we have serious concerns with the apparent effort to separate, rather than celebrate and enhance, the key similarities in and between Health Visiting and School Nursing; as the draft SoPs currently reads, each role is illustrated as completely different roles, with less voluminous and in-depth descriptions and proficiencies within school nursing. Whilst we accept that each SCPHN role has explicit uniqueness, both (excluding OHNs) share numerous similarities including population health assessments and responsive interventions, circa the recently refreshed Healthy Child Programme, with many services operating across the 0-19 (up to 24 in some circumstances) age group. And, in accordance with PHE Commissioning guidance, frequently working closely within the same families: [PHE - Giving every child the best start in life](#)

Descriptions and proficiencies for school nursing throughout, therefore, need to be on a par with that given to Health Visitors to recognise the similarities, orientation and practice component of the role; it currently is not, and this is **unacceptable**. Before detailing specific comments, we make several general comments:

- We are concerned that, throughout the document, language is inconsistent and interchangeable e.g. 'development' versus 'maturity', 'holistic' versus 'biopsychosocial'.
- We feel it would be helpful to have each specific field of proficiencies for HV/SN across the spheres to share terminology as well as a correlative sequencing e.g. that the mental health themed proficiencies are numbered the same, showing firstly the similarities and then the differences.
- There should be provision to demonstrate how SCPHN practice builds upon the NMC's Future Nurse (2018) Standards, particularly Platform 2, identifying how school nursing practice is more advanced in public health than a first level registered nurse or midwife. [Future nurse: Standards of proficiency for registered nurses](#)

- An equivalent list of clinical procedures i.e. Annex B, Future Nurse Standards (2018), would be useful, for example, in relation to child development assessment, continence assessments, etc., thus improving public safety and importantly recognising the clinical elements of SCPHN.

Sphere A: 'The role of the SCPHN School Nurse in the 21st century'.

This description needs to be on a par with Health Visitors to recognise the similarities, orientation, and practice component of the role. We suggest (as per Doctor Michael Fanner's response):

As a distinct group of public health professionals for school-aged children, School Nurses base their practice on health creation, human valuing and social ecology. They focus on salutogenic activities to build resilience, self-efficacy and capabilities and enabling health enhancing activities. They optimise the features of unconditional acceptance and human valuing, which are embedded in person-centred practice with people, communities, and populations. Relating to children and young people within their situation and personal environment, School nurses, understand cultural and social learning, assets, and barriers to health.

Para 1. Add in '**and home**' settings

Page 2, para 4: 'Specialist community public health nurses are culturally competent, **advanced clinical** practitioners'.

Page 2, para 5: '**They will work with people to prevent, protect and promote health and wellbeing through explicit and comprehensive use of the public health approach**'.

Page 3, para 1: We welcome and accept that the current spheres of influence are reasonably defined. However, further description on their interrelationships is required. (See 2004 SCPHN standards).

Para 4. 'School nurses **listen**', replace with '**actively engage with the voice of the child**'.

We suggest adding the following to further enhance this section:

- 'School nurses, as a unique, distinct group of advanced specialist public health professionals, adopt a salutogenic model of practice optimising those factors that support health and well-being. Using a trauma informed and strength-based approach, they co-create resilience, empowerment and self-care within people, communities and populations'.
- School nurses are committed to reducing health inequalities through early help, prevention, influencing and challenging discriminatory practice, acting as advocates for equity, fairness and justice'.

Page 5, para 4; Consider adding mental health

'And the global upsurge in mental health problems, with the majority of mental health signs and symptoms presenting in the early adolescent population'

Page 10 Sphere of influence A

'Registered nurse with this qualification will be able to', consider changing to '**Registered SCPHN HV/PHN AND SN will be able to**'

1. 'Practice at an **advanced specialist level** of autonomy"
The four pillars of advanced clinical practice apply to SCPHN's work: research, leadership, management and education. [What is advanced clinical practice? | Health Education England \(hee.nhs.uk\)](https://www.hee.nhs.uk/what-is-advanced-clinical-practice)
Not all work 'front-line' so there needs to be provision in the standards to enable/facilitate and recognise this
2. 'To influence their own, **and aligned** fields of practice'
6. 'proactively and **dynamically**'
9. '**utilise both public health and nursing science with people and in practice at an individual,**

community and population level, supporting innovative approaches including social prescribing to positively influence people's motivation, lifestyle choice and behaviours'.

10. 'skills required alongside the ability to synthesise, adopt and adapt population level intelligence according to local circumstances'.

Page 11 Sphere of influence B

1. 'Of evidence, **critically including the voice of service users**'.
3. 'Based on need and through co-production, School nurses innovate ideas and concepts.
6. 'Identify gaps in public health informatics related to public health priorities, **lived experiences**...'
10. 'Technological and **clinical skills** required...'
11. We agree that V300 should be an **optional** part of SCPHN standards of proficiency; and, following the Master's level SCPHN course, should be undertaken immediately once registered as a SCPHN. A set of proficiencies should exist that outline the required clinical knowledge, skills and acumen required of V300 practice. This might include:
 - Minor injuries/illness
 - Oral methods of contraception
 - Enuresis
 - Nicotine replacement therapy

Page 12 Sphere of influence C

Consider adding to description of School Nurses:

'Due to their universal offer and alongside their understanding of the broader determinants of health, School Nurses are ideally placed to identify, highlight and address health inequalities that impact the physical social, mental, economical, spiritual, and emotional health and wellbeing of children and families/carers'

'They actively seek to uphold the human rights of all those they engage with and advocate on behalf of those vulnerable and/or without voice'.

Point 3. 'Appreciate the **practical**, legal....'

Point 6. Change current text and consider adding additional outcome:
'...conduct, interpret and evaluate health assessment and screening, surveillance and profiling for people, communities and populations'

And

'Lead the promotion, support and delivery of immunisation and vaccination programmes for people, communities and populations'.

Point 10. The use of genomics evidence should be elaborated on here

Point 11. 'Emergency care and other **urgent and responsive** support when needed'.

Page 12, para 3: (As per Doctor Michael Fanner's response):

'School nurses uphold the rights of children and young people, they identify and address health inequalities within the school aged population. They use their expert knowledge of the wider determinants of health which impact physical, mental, emotional and spiritual health and wellbeing to highlight needs, risks and vulnerability'.

Page 13 Point 5: 'on the risks to themselves and others of the use **of nicotine**, alcohol.'

Page 14. **Points 1,2,3, 4 and 5 equally apply to School nursing and should be adopted and included on Page 15.**

NB: We are concerned that the current proposed safeguarding proficiencies do not appear to be comprehensive enough in identifying nor representing the unique contribution of SCPHN HV/SN in preventing and protecting children from potential or actual harm.

As per the iHV and Doctor Michael Fanner's responses, we join them in their ask of you to consider the following safeguarding-centric proficiencies:

1. Maintain a focus on the needs of the child / young person (which are paramount), ensuring their voice is heard within complex home situations where the parents/carers have wide-ranging needs.
2. Provision of early help and support to children/young people through recognition of risk factors, promoting resilience and knowing how to help parents/carers, is much more effective in promoting children's welfare than reactive later.
3. Through an ecological and contextual safeguarding approach, recognise children/young peoples' physical, psychosocial, and psychosexual vulnerabilities to neglect, abuse and/or exploitation in its many different forms within family, digital environment and wider community.
4. Recognise and empower the developing agency of children and young people in potential and actual harmful contexts, emphasising trust building, respect, relationship based, solution and strength-based approaches.
5. Maintain professional curiosity and objectivity to name and act upon concerns with parents/carers/others with responsibility for child health and welfare.
6. Communicate concerns clearly to other health, social and justice system professionals orally and in writing and participate in child protection proceedings with relevant agencies.
7. Recognise and act upon potential indicators and trends across local populations, for example through case reviews/safeguarding supervision, to system-wide learning that enhances community safety for children, young people, vulnerable adults and more.

8. Advocate and communicate, ideally, but not exclusively, with a young person's consent, with other health and social care system professionals when existing or new safeguarding vulnerabilities are present in the lives of young people rising 18 years old or where school nursing provision ends.

Page 15, Point 7: 'School community, **including those NEET**'.

Page 16 Sphere of influence D

NB. The first two paragraphs re HV equally apply to School nursing and should be adopted and included in the SN section below.

Consider adding final para: 'School nurses require a child developmental focus. Add to end of paragraph: 'this includes development trajectories, processes and transitions throughout childhood, with particular reference to the changing anatomy, neurodevelopment and physiology of adolescence'.

Page 17. Point 3: 'expertly apply knowledge of behavioural, psychological and social sciences to the health of people from pre-conception across the life course, populations, communities and specialist public health practice that enhances collaborative, strength-based therapeutic relationships'

Point 7. 'To minimise the **impact** and risk of'.

Point 10. '**Related to risk-taking behaviours including....**'

NB: This is an incomplete list of risk-taking behaviours e.g sexual health, smoking etc. are missing, so either needs a comprehensive list or capture in 'risk-taking' adding safeguarding issues to separate safeguarding bullet point.

Point 11. '**Understand** and evaluate....'

Point 13. 'Signpost and support children, young people, parents/carers and families to local funds, financial and other services/resources to develop self-advocacy,

capability, opportunity and motivation to change/influence and optimise facilities and assets in their community’.

Page 20, Point 9: Consider adding: ‘Use professional judgement to identify children and young people experiencing signs and symptoms of common mental health problems/conditions including mood disorders, anxiety, post-traumatic stress, self-harm and eating disorders.

Page 21 Sphere of influence E

Point 3. ‘**Demonstrate professional leadership, business and financial acumen when designing,** developing and presenting cases that create investment for change and value for money’

NB Page 22 points 1, 2,3,4 and 5 equally apply to SN and should be adapted and included.

Page 24 Sphere of influence F

Description of School Nurses work consider adding:

‘They promote collaborative working within multidisciplinary and multi-agency teams, ensuring smooth transition between services, and also in working in partnership with families, communities and populations to provide a safe, effective and person centred proportionate universal school nursing service which addresses the physical, social, mental, economic, spiritual and emotional health of all’.

‘base any decisions on delegation of tasks and responsibilities to other health or appropriate multi-agency practitioners, based on assessment of risk, complexity and competence with due regard to professional accountability and clinical governance’.

Points between 1-11 consider adding:

- Lead and contribute to development of care pathways, resources and services for specific high impact health needs, conditions and/or marginalised groups and workforce, in readiness for implementation.
- Lead discussions and make joint decisions at the interface of primary, secondary health care, social services, education and other agencies regarding the referral, support and management of children and families where there are concerns around the wellbeing of the child/children, based on assessment and contextual knowledge of the family.
- Work in partnership with health visitors and others primary, secondary health and social care professionals, services and agencies to ensure consistency and continuity of care and a smooth transition between HV/SN and adult services.

Conclusion

Having comprehensively considered the draft SoPs for school nursing, as well as echoing other professional organisations' consultation responses, we feel that the draft SoPs still require significant development, especially in relation to the overall organisation of the SoPs, specific details of many proficiencies and illogical differences to health visiting.

SAPHNA welcomes the opportunity to work with the NMC further to improve the school nursing SoPs once the public consultation has closed. This is a much-needed review of the regulation for contemporary school nursing practice but it is essential that this review is co-produced through an ongoing open and transparent expert informed dialogue beyond this public consultation.

Yours sincerely



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