SCPHN and community SPQ Standards – supporting information for implementation (May 2023; updated November 2023 V2)

We have produced the following supporting information based on areas identified through our on-going engagement with universities and their practice placement partners; rather than being an exhaustive list of all areas of implementation, it explains some of the most queried areas at this point in time.

The purpose of this document is to support Approved Education Institutions (AEIs) to work with their practice placement partners developing programmes for specialist community public health nursing (SCPHN), and specialist community nursing qualifications (SPQ):

1. Co-production of programmes.

Programmes should be developed in collaboration with AEIs, practice partners, students and **people who use services**. It is important to demonstrate how all parties, including the public (service users), have be involved in the design and development of your programme and their contribution is embedded into the programme. It is important for people who use the services of the programme you present (for example young people in SCPHN school nursing or people who access general practice nurses for SPQ GP nursing) are involved in co production, delivery as well as recruitment, selection and progression of students on these programmes.

Having representatives from each group at your approval event will support your documentation. During approval events, this evidence will be triangulated through discussions between QA team and all stakeholders, practice partners, students, and service users.

2. Self-employed/ self-funded options

All AEIs should evidence how a student who wishes to self-fund on a SCPHN or community SPQ programme can access and be supported on the programme. There should be evidence of support from practice partners to offer this option.

> *Part 3: R1.3 provide opportunities that enable eligible NMC registered nurses and or midwives including NHS, non-NHS, self-employed or self-funded applicants to apply for entry onto an NMC approved SCPHN and NMC approved community nursing SPQ programme.*

Part 3: R3.1 ensure suitable and effective arrangements and governance for practice learning are in place for all students, including arrangements specifically tailored to those applicants who are self-employed and/or self-funded.

3. Entry requirements

Part 3: 1.1.1 and 1.1.2 state that the applicant for a SCPHN or SPQ programme should be a NMC nurse (level 1) or midwife capable of safe and effective practice at the level of proficiency appropriate for SCPHN or SPQ programme **before being considered as eligible to apply for entry**.

This means that applicants must already have registered as a nurse or midwife with the NMC before they can apply; students who have not yet received their NMC pin are unable to apply for these programmes.

Where programmes opt to include the V300 prescribing, applicants must also meet the [standards for entry onto prescribing programmes](), that state:

R1.7 ensure that applicants for V300 supplementary/independent prescribing programmes have been registered with the NMC for a minimum of one year prior to application for entry onto the programme.

4. Preparation and support for practice supervisors and practice assessors and academic assessors

It is essential that each AEI, alongside practice partners, has robust processes in place to support practice supervisors, practice and academic assessors prior to and throughout programmes.

They must ensure that all supervisors and assessors have knowledge and understanding of the programme on which their student is enrolled. They must be able to understand and complete assessment documentation and provide the best support possible for students on SCPHN or community SPQ programmes.

Part 3: R4.2 liaise, collaborate, and agree the necessary approach to the preparation, education, training, ongoing learning, support, and expertise necessary for practice supervisors, practice assessors and academic assessors that support SCPHN and community nursing SPQ student learning and assessment.

5. RPL (recognition of prior learning)

Programme documentation should demonstrate how you are supporting students to use RPL onto and within your programmes. Evidence of RPL should be clear where students can use learning from previous academic modules. For example, where programmes opt to include prescribing, or using RPL from practice experience; or

where SCPHN programmes may support practitioners in gaining experience in an alternative field of SCPHN practice.

> *Part 3: R1.6 consider recognition of prior learning that is capable of being mapped to*
>
> *R1.6.1 Programme learning outcomes for the applicants intended field of SCPHN practice or SCPHN public health practice*
>
> *Programme learning outcomes for the applicants intended field of community nursing SPQ practice*

6. SSSA – and post registration

Programmes should demonstrate clearly how they are working within the requirements of Part 2, Standards for Student Supervision and Assessment (SSSA). Gateway 2 (GW2) relates specifically to how the SSSA is being implemented.

It is expected that AEIs will request for their approved GW 2 to be re-opened with respect to R6.5 (SCPHN) and R6.7 (SPQ) at the point of submitting their approval request.

- R6.5 (SCPHN) states that AEIs and Practice learning partners (PLPs) must ensure that specialist community public health nurse (SCPHN) students are assigned to practice and academic assessors who are NMC registered SCPHNs with appropriate equivalent experience for the student's field of practice.
- R6.7 (SPQ) states that AEIs and PLPs must ensure students studying for an NMC approved post-registration qualification are assigned to practice and academic assessors in accordance with relevant programme standard.

7. Reflective of new standards

It's important that your programmes are reflective of the new standards for SCPHN or community SPQ. This should not look like a reconditioned version of your old or current programme or a periodic review. Modules, learning outcomes and programme design should be new and innovative to evidence how you will develop students working to these ambitious practice standards. The proportionate use of simulation and technology enhanced learning is encouraged within these standards, how you will utilise this should be clear.

8. Programme Hours

The only condition set by the NMC is that full time programmes must be a minimum of 45 programmed weeks (this excludes annual leave time), and part time pro rata.

How the hours are balanced between theory and practice is up to AEI and practice partners to decide and evidence as to how your design will best meet the learning needs of students on the programme. It is important in your consultation that you

consider all options and can evidence why you have chosen to balance the practice and theory hours presented.

> ***Part 3: R2.11.2 no less than 45 programmed weeks of theory and practice learning for full time programmes/pro rata for part time programmes.***

> ***R2.9 ensure that the curriculum provides a balance of theory and practice learning opportunities, using a range of learning and teaching strategies.***

9. Academic resourcing

When designing programmes each AEI must consider what resources they have to support the programme. The QA assessors need to be assured that each AEI has the appropriate academics who are knowledgeable and experienced to support students on **each pathway** that is presented for approval. Programmes which offer some of the less subscribed routes should have also academic staff in this field who can ensure each student is provided the same context of learning opportunities and support.

> ***Part 3: R2.1 confirm programmes comply with the NMC standards framework for nursing and midwifery education including the confirmation of appropriately qualified and experienced people for programme delivery for R2.2.1 all selected fields of SCPHN practice and/ or R2.1.2 all selected fields of community nursing SPQ and/ or in other specified fields of community nursing SPQ in health and social care practice***

10. Practice development document (PAD) /ongoing record of achievement

Programmes can choose whether they are using a nationally or regionally developed PAD within their programmes. This can be either hard copy or electronic.

The PAD should provide opportunities for students to evidence their practice learning against the SCPHN or community SPQ proficiencies, alongside the provision for constructive practice feedback, action plans and reviews. How each AEI maps the PAD to their programme learning can be decided by each AEI and their practice partners.

> ***Part 3: R4.8 ensure all SCPHN and/ or community nursing SPQ proficiencies are recorded in an ongoing record of achievement which confirms SCPHN and/ or community nursing SPQ proficiencies have been met.***

11. Practice supervisors and practice assessors

As well as the SSSA (part 2), the standards for post registration programmes provide additional information about how students should be supervised and assessed.

> ***Part 2, R6.5 standards for student supervision and assessment : allocate a student to a practice supervisor or assessor who are also registered SCPHN with appropriate equivalent experience in the student's field of practice.***

In some fields this may be difficult and *Part 3: R4.4.2 and R4.5.2,* provide clarification that a student may be allocated a supervisor or assessor who may not have the same SCPHN or Community SPQ qualification *but can demonstrate experience to facilitate supervision or assessment in the context of SCPHN or community nursing SPQ.*

Part 3 allows a decision for practice supervision and assessment to be made in consultation between practice partner and AEI, ensuring that the student has someone who is experienced in their field of practice to support their learning and assessment throughout the programme.

12. Prescribing – optional module

The decision whether to integrate prescribing into a SCPHN or community nursing SPQ programme lies with the AEI and practice partners as part of their consultation and programme development. V300 is the only non-medical prescribing programme which can be integrated into post-registration programmes. Where V300 is integrated it must meet NMC standards for prescribing programmes and students must meet the criteria to enrol on a prescribing programme as set out in the NMC standards for prescribing programmes.

It is important to consider the learning offered for the whole programme and where an optional module is offered, how will students who opt to take prescribing be ensured they have access to the same learning as peers who opt for an alternative module, in order to meet all programme standards.

> *Part 3: R2.3 confirm SCPHN and/ or community nursing SPQ programmes that include admission to NMC approved prescribing programme comply with the NMC Standards for prescribing programmes.*

13. Optional modules

Where programmes chose to offer V300 as an optional module, they can develop an alternative module for students to study should they opt out of taking the V300 module.

NMC are outcome focused and do not stipulate what this optional module needs to look like. All students however should be able to achieve the same outcomes on the programme regardless of what module option they take. Students should not be disadvantaged in their learning and ability to meet programme outcomes dependant on the module option.

14. Academic level of programme

> *5.1 ensure that the minimum academic level for SCPHN and community nursing SPQ is at postgraduate masters' level*

Our standards expect that post-registration programmes will be at a postgraduate master's level.

AEIs together with their Practice learning partners can determine the qualification to be awarded which can be a PGdip or full masters. A master's programme may also include an exit award at Diploma.

15. Simulation and technology enhanced learning.

> *Part 3: 2.8 states ensure technology enhanced and simulated learning opportunities are used effectively and proportionately across the curriculum to support learning and assessment.*

Within post registration programmes the use of simulation and technology enhanced learning can provide a strong teaching methodology to assist and promote student learning, enabling wider opportunities across the curriculum. This can be embedded widely as appropriate across your curricula.

Where simulation is used as part of practice learning, practice learning partners including practice supervisors and assessors should be part of the simulated experience to enable effective and fair assessment to occur. Anyone who meets the criteria as a practice supervisor within your programmes can act in this capacity for **simulated practice learning**. Other colleagues, people who use services and other students can all support and enhance the simulate learning experience through feedback and reflection. Simulation does not always mean high resource or technology-based learning.

Simulated practice learning can help students gain knowledge and experience in often complex or less common areas that may be challenging within practice settings. For instance, bereavement support conversations for young families can be learnt in a simulation-based environment as part of SCPHN HV training. Within post registration programmes the amount of simulated practice learning should be proportionate and detailed clearly within your documentation.

16. Gateway 3

Prior to uploading at Gateway 3 for QA assessor review, it may be useful to read the QA Handbook to ensure you have all the required information ready, including CV for academic and **significant practice partners** which demonstrate appropriate experience and knowledge to support each of the programmes you are presenting for approval. **Page 20: 74. Curricula vitae for academic and practice learning staff who contribute significantly to each programme, including the registered nurse responsible for directing the education programme.**

For further enquiries on the standards contact Educationandstandards@nmc-uk.org and for enquiries on QA contact QAteam@nmc-uk.org