

Key messages from the RCN's response to the NMC consultations on:

- Standards of proficiency for registered nurses
- Education framework: standards for education and training
- Prescribing and standards for medicines management

POLICY CONSULTATION RESPONSES

The Royal College of Nursing used a variety of strategies to engage members and key stakeholders in the Nursing and Midwifery Council's (NMC's) proposed standards for education to enable registered nurses to ensure future nurses are fit for practice at the point of registration.

Almost 8,000 members and stakeholders shaped this response. 600 participated at 18 workshop events across the UK and 7,380 members responded to our survey in July 2017 to test initial findings and gather member feedback on some emerging RCN positions. We also drew on the evidence base to supplement and support our response.

We broadly welcome the proposed changes and believe them to be timely and necessary. The full consultation can be accessed here: <https://www.rcn.org.uk/news-and-events/news/rcn-responds-to-nmc-education-standards-consultation>



Standards of proficiency for registered nurses

We support the move towards standardising the student nurse experience, so that students, employers and patients and service users know what they can expect of a newly registered nurse.

We believe that all nurses, whatever their field of practice, should be able to undertake a full assessment of patients and service user's mental health, physical health and cognitive abilities and welcome this in these standards.

Valid and reliable assessment of skills is essential and we believe that this would be enhanced by a national practice assessment document, which would ensure that registered nurses can work across all health care sectors and all geographical areas. This could become the foundation of a skills passport.

We recommend that the focus of skills and competence development should be grounded in how individuals make judgements and decisions, rather than a reliance on reproduction of behaviours.

Practice learning is vital and we believe that an increase in simulation activities from 300 to up to 600 hours throughout student nurse training could provide a valuable alternative teaching and learning strategy. This would be amendable to assessment through the use of Objective Structured Clinical Examinations (OSCEs). The QA framework will need to assess this in a robust and transparent manner to ensure quality.

To ensure parity of esteem between fields, a sound curriculum must explicitly reflect this ambition and regularly monitored for its relevance and fitness for purpose.

It is unclear how some of the standards will be assessed; for example: healthy lifestyle, emotional intelligence and resilience; while we agree these, along with self-management skills, should be included in the standards, they have to be framed in a way that enables them to be objectively measured

We strongly support the emphasis on research, evidence skills and critical evaluation skills and think that these need to be more strongly accentuated across the standards. This will be particularly important in the context of distinguishing criterion between the developing roles and routes into nursing.

A stronger emphasis is required on the development of clinical leadership skills through the three years, with better preparation for leadership. Effective use of the final module of every pre-registration programme as a management placement would support this. We have suggested this could be non-supernumerary to demonstrate the importance of this.

Clinical decision-making also needs to be emphasised more strongly across the standards, acknowledging that this skill is developed over time.

We strongly recommend a formal preceptorship period in order to address transition into the profession. Any such period must be clearly defined, ideally through a national framework or standards set.

We are also clear that there must be investment in the current nursing workforce to enable them to implement the proposed changes and enable a smooth transition to new ways of educating and supporting the future nursing workforce.

Education framework: standards for education and training

We support a review of the current education framework, however the proposed framework is not currently sufficiently robust. Removal of the current mandated requirements for learning and assessment in practice presents a risk which will impact on public protection. If all registered nurses and other registered professionals are to be practice supervisors, the skills of teaching, coaching and giving feedback must be incorporated into the pre-registration training curricula.

We agree that a team and systems approach to mentorship, the development of a community of practice that doesn't just rely on individuals, could allow for such much needed change to practice placement learning. However, practice assessors need to be formally trained, ideally through a framework which might culminate in an award that would also support career progression into an education role (such as PGCE/PGDE.)

It is essential to have a named person who takes responsibility for learning and assessment in the placement setting and who collaborates effectively with the University.

Any new education framework will need to ensure effective student nurse preparation for, and support in, placement; effective learning strategies and fair assessment strategies must be adopted by practice supervisors, practice assessors and academic assessors who will require support and knowledge to do this.

We expressed concern that in order to increase the range of skills there is a clear need to upskill the current workforce and this will require funding and protected time to do so.

We agree that inter-professional learning is essential, recognising that practice supervisors do not always have to be NMC registrants, but that there must be understanding of the unique contribution different healthcare professionals make.

The new Standards for education need to ensure that the “professional (soft) skills”, personal qualities and attributes, as well as the complex competences related to caring, interpersonal interactions and decision-making elements are assessed and acknowledged as equally important.

We encourage the NMC to consider the terms competence and proficiency and acknowledge that proficiency cannot be fully achieved upon registration.

The overarching quality assurance framework for future nurse education needs to be clearly articulated, as increased flexibility is given to education institutions and their practice placement and work based partners.

Whilst we do not advocate for a reduction of practice hours, we believe it to be essential that the NMC is prepared for this future scenario and the possibility that other stakeholders may advocate this.

Prescribing and standards for medicines management

We are supportive of the NMC's proposals regarding newly registered nurses being "prescribing-ready", in terms of an enhanced theoretical knowledge of pharmacology, pharmacokinetics and medicines management. The move to increasing the knowledge and understanding of newly registered nurses may in turn expand the numbers of nurses prescribing.

There is clear evidence for the benefits that nurse prescribing can bring for patients, nurses, the wider health service and other health care professionals with the potential for more appropriate prescribing and reduced prescribing and associated cost-effectiveness.

Nurse prescribing needs to be supported through the provision of mentorship and training programmes and support for supervisors, with protected time for CPD being fundamental to ensure prescribing decisions remain safe and clinically appropriate.

We agree with the proposal that a shared competency framework should be in place, and that this could be the Royal Pharmaceutical Society one as suggested, which is endorsed by the RCN. However this is not a substitute for the essential development of new medicines management standards.

We agree that additional guidance in such areas as prescribing practice should be developed in line with the Code to ensure public protection. This should include the principle that prescribing incorporates advanced level assessment of the patient by the prescriber.

We advocated a framework for independent practice and the consideration of indemnity arrangements for these independent nurses.

We agree that in certain settings it would be beneficial to care if nurses could complete V150 immediately after registration if appropriate for that setting; this could be an opportunity to extend the nurse formulary. Despite this, we recognise that many of our members have shared concerns that the pace of becoming prescribing-ready may mean that newly qualified nurses have less time to develop and embed general competencies.

We agreed in principle that there could be a reduction in the current 3 year requirement before registrants could complete the supplementary / independent prescriber (known as V300), but the individual practitioner and the context in which they work will need to be considered. Not all settings require nurses to have V300. It is essential that a formal programme of health assessment has been obtained beforehand; so realistically, we felt it would be difficult to complete the training in less than two years.