



Nicola Rowlands
RPNE Competency Work Stream Lead
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19/6/09

Dear Nicola

Re: NMC RPNE Draft Generic Competency Framework

As you are aware, the group considered the above at our termly meeting today. Whilst individual members have sent feedback to the NMC, as the time frame for feedback has been brief, the group felt it would be useful to highlight some key points which we would wish to re-emphasise at this stage. Many of the points below strengthen principles outlined in our letter dated 24.2.09.

Progression points

We believe that careful re-consideration should be given to where NMC, as opposed to academic level/HEI, progression points will be placed. We strongly argue against the adoption of further NMC progression points as they would undermine potential flexibilities in terms of different programme designs and may lead to increased stepping off, as has been the case since the introduction of the 12 week Foundation to branch rule.

It is the view of this group that if there are no exit points, except for final entry to the register, we see little justification for further 'NMC imposed progression points'. All HEI's have regulations regarding progression from one academic year to the next, therefore the NMC standard should require 'all HEI's to clearly indicate progression points prior to approval of the programme'.

Specified competencies

We are pleased to see that there will continue to be specified NMC competencies for generic and field specific practice and community and public health practice. MHNA(UK) members of the MH Field specific Group will be advocating strongly that competencies for Mental Health Nursing are cognisant of, and in line with, recently developed competencies outlined in for example 'Best practice competencies and capabilities for pre-registration mental health nurses in England' (DH 2006) and the National Framework for Pre-registration Mental Health Nursing Programmes in Scotland

(NES 2007) and implementation of 'The Ten Essential Shared Capabilities' (NIMHE 2004) with mental health service users and carers in any area of practice.

Since the NMC have adopted the approach of identifying generic competencies first (in advance of the 'at the point of registration' combined generic & field specific competencies), we believe that there may be a need to re-review the draft Generic Competencies and Essential Skilled Clusters for pre-registration nursing once the ALL Field groups have identified Field specific competencies/skills to be achieved at the point of registration.

Summative Assessment of Practice

Mental health nurses work with services users and carers across the life-span. In this capacity care programmes often involve working in close collaboration with education, social work and other health professionals. As a principle, therefore, we welcome inter-professional mentors and the signing off of competencies by mentors who have evidenced standards and competence in both practice and mentorship.

Length of Practice Learning Experience

We believe it is more important to place the emphasis on demonstrating the quality of learning rather than setting minimum periods of practice. We advocate therefore that it is sufficient to achieve outcomes in practice. Feedback from students and mentors indicate that the 12 week period of supervised practice in the final part of the programme has enhanced learning.

APEL

Rigorous AP(E)L systems are already in place in HEI's. We would advocate that evidence provided **may** include practice assessment. Students applying with clear (verified) evidence of supervised practice hours would not necessarily require re-assessment of practice.

In summary, our view is that whilst 'public protection' is absolutely essential to all, we need to guard against trying to achieve this through the over-regulation of HEI & Trust / independent sector programme providers.

We look forward to continuing to work closely with the NMC on this timely Review of Pre-Registration Nursing.

Yours sincerely,



Linda Cooper.
Chair Mental Health Nurse Academics (UK).

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