



Mental Health Nurse Academics (UK)

Promoting and advancing UK Mental Health Nursing education, research, policy and practice

Garth Long,
Professional Adviser
Nursing and Midwifery Council
23 Portland Place
London
W1B 1PZ

3rd December 2006

Dear Garth

Re: Essential Skills Clusters for Pre-registration Nursing programmes – comments on principles and draft document - FINAL DRAFT 1 - Version 6 91106

Following our e-mail correspondence, I am writing on behalf of the group with some comments and views on the above.

The introduction of any new guidance which ultimately seeks to enhance the experiences of service users, patients and carers through assuring safe and effective nursing practice is welcome and the background to the development and introduction of ESCs can be seen as one factor that attempts to do this. As those working within Nurse Education we recognise that there have at times been some deficits in certain areas in relation to the clear identification, development and assessment of specific skills. Whilst such skills are often already embedded in existing curricula we recognise the general need to make them much more explicit and measurable. However, whilst clarity is welcome, there was some concern to ensure that they are used in such a way as to be genuinely useful rather than merely introducing another layer of bureaucracy. Maybe this is as much about the way in which they are utilised and implemented in terms of curriculum development, delivery and monitoring though there was some concern that the sheer number of skills and the inaccessibility of some of the language used may at times be overwhelming for students and mentors alike. Many mentors already struggle with length, level of detail and language used to assess a students performance in the practice arena and some more specific examples of what might be assessed in relation to some specific skills would be useful; rarely in evidence in the document apart from a few bullet points. More of this would at times be helpful.

Clearly in terms of professional regulation of Nursing the NMC is the key body, however there was some concern raised as to the way in which the ESCs relate to the plethora of other guidance, particularly for mental health nursing – for example: *The Ten Essential Shared Capabilities* (SCMH/NIMHE 2004); The CNO's *Best practice competencies and capabilities for pre-registration mental health nurses* (DH 2005); The developing framework for pre-registration MH in Scotland which came out of the Report of the National Review of Mental Health Nursing in Scotland (SEHD 2006); *Mental Health National Occupational Standards* (SfH 2005) etc.

Chair: John F Playle
Head of Mental Health Division
School of Nursing, Midwifery & Social Work
University of Manchester
Coupland III, Oxford Road
Manchester, M13 9PL
Tel: 0161 275 7954
e-mail: john.playle@manchester.ac.uk

Vice-Chair: Linda Cooper
Director of Mental Health &
Learning Disabilities Directorate
Cardiff University, 6th Floor Eastgate House,
35 – 43 Newport Road,
Cardiff, CF24 0AB
Tel: 02920 917 999
e-mail: cooperlh@cardiff.ac.uk

Cont'd p.2

The other key issue raised related to the need to emphasise the key roles and responsibilities of practice to provide and create opportunities for the development of the majority of ESCs in students and for their subsequent assessment. Many of the ESCs it can be argued are most appropriately developed and assessed in the practice context and whilst partnership with practice is central to all pre-registration education, all too often HEIs are seen as the *'cat to be kicked'*. There is a risk that if the responsibility of practice partners in relation to ESCs (to ensure that appropriate types, patterns and quality of placements are made available to develop such skills) is not made very explicit, possibly through a clear statement, then this familiar scenario may arise.

Other points raised are briefly listed below:

- Duplication identified in a number of areas (e.g. 2x; 2xi and 3viii; 3xii). Where this is the case, as many as possible need to be either merged or removed.
- Some of the ESCs may be overambitious for the point of registration and more appropriate to nurses who have been in practice for a year or longer. e.g. bullet points 2xv and 4ix
- The different and confusing terminology that has been used and often changed: *Outcomes – competencies – proficiencies – and now ESCs* was seen as problematic. ESCs are very close to TESC*s* (*The Ten Essential Shared Capabilities* (SCMH/NIMHE 2004)) with which most MHNs will already be familiar.
- The use of some abstract terms, e.g. bullet point 5i 'kindness'.
- The document does read as quite a generic nursing set of ESCs and though it is recognised that this is the intention, there are only a few mentions of relating the ESCs to *'appropriate field of practice'*. Is the document moving us further in a generic direction? Again as highlighted above, how do the NMC ESCs relate to other guidance on similar core capabilities and skills? There are likely to be multiple and competing masters in relation to ESCs for MH & MHN?
- The increased focus on communication is welcome, however perhaps more emphasis on self awareness, self confidence, self assessment etc could be grouped and highlighted more. There could be more emphasis given to building relationships (with clients, families and the MDT) which is the clearly the aim of good communication.
- The focus on involvement and promoting self care is welcome though it was felt that some of these may be at too high level for the point of registration. These areas are of course core in relation to current health policy – perhaps more of a clear reference (or heading) to 'values and rights based practice' might be helpful.
- The medication administration section detail is welcome and mirrors many of the issues arising from other related reports and guidance. The 100% pass requirement for medication skills is logical but it needs to be recognised that this has the potential to result in a high fail rate, which may impact on retention unless additional medication skills sessions are provided (in an already overloaded programme), the exam is very carefully set and reassessment opportunities are flexible. The difference between essential medication calculation skills at CFP (calculations) and

Cont'd p.3

registration (calculations of medication) is welcome. The needs of the different branches are alluded to but not in detail. This does need to be more clearly stated. The stepped approach to prescribing which should begin in Pre-registration programmes is welcome.

- It is important that the ESCs are as forward looking as possible to avoid further changes in the next few years. Although '*different settings*' are mentioned, there seems to be an implicit hospital based institution/clinical feel to them. New ways of working as per 'Delivering Health' (2006) and the Review of community Nursing (Scotland) (2006) perhaps could be more apparent in the required skills clusters – particularly in relation to community/health promotion.

We trust that the above points are helpful in the finalisation of the ESCs, which as indicated above, were generally felt to be useful if they further contribute to safe and effective practice and the enhancement of care for clients, patients and their families and carers.

Yours Sincerely on behalf of the group

A handwritten signature in black ink, appearing to read 'John F Playle'.

John F Playle
(Chair of MHNAcUK)
&
Hugh Masters
Senior Lecturer
School of Community Health
Napier University