



Garth Long
Education Adviser
Nursing and Midwifery Council
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16th April 2010

Dear Garth

Re: RPNE consultation

Now that the NMC's Review of Pre-registration Nurse Education is out for final consultation, MHNA (UK) would like to continue the helpful dialogue between us and yourself following your meeting with us on 6 March last year.

Having taken the opportunity to discuss the review with group members and at our meeting on 25th March 2010, which Nicola Rowlands attended, we would now like to offer some further views on the final proposals and the consultation process.

Members will of course also feedback via the on-line survey.

As you are aware, MHNA (UK) has welcomed the retention of individual fields of practice with specific competencies developed for each field. As you also know some of our members have contributed to these developments as members of the Mental Health Field Specific and Generic Working and Reference Groups.

However, we still have some points for clarification and issues of concern.

Consultation process and surveys

Concern: The opportunity for the working group to develop the specific field competencies has resulted in a good set of competencies. However, we feel that while the consultation has been on a large scale, the opportunity for *genuine* consultation has been limited, with the surveys being complex and affording little scope to affect the outcome in a significant way (e.g. questions about specific areas (such as progression points or ESCs) are worded around the clarity of the guidance, minimum benchmarking for public safety or challenges to implementation, as opposed to providing a cue for any more fundamental critiques.)

We hope that the complexity will not deter mental health nurses in practice and would like some confirmation after the consultation of the numbers from each field who have participated and the extent of their participation (e.g. to the whole survey or to specific points and whether there is consensus within fields).

We feel that the specificity of the questions limits the likelihood of alternative suggestions being offered. In addition the word limits of 100 or 250 words further limit the opportunity for a more qualitative perspective (especially for those submitting responses on behalf of institutions or groups) and this is a concern for group members. We would welcome information about the way in which the existing qualitative data will be considered and analysed.

Standards for education

Clarification: It is explicit that not all nursing fields need to be offered by any one institution, however, it is not clear whether institutions will be *required* to offer more than one. This would seem important to enable the provision of the welcomed emphasis on inter-professional/field learning opportunities required by the new programmes. Alternatively, could a mental health programme be offered as a single nursing programme, provided inter-professional learning opportunities with other professional groups (such as social work, or occupational therapy) are available?

Concerns: We have some concerns about omissions which might broadly be linked to standard 1 (Safeguarding the public) as well as more specific ESCs. These would include understanding of mental capacity and participation in decision making with people who lack capacity, safeguarding of vulnerable groups, legal implications of mental disorder and related legislation which should concern all fields.

Competency Framework

The standards and competencies will allow programme providers welcome flexibility to develop curricula which can evolve to meet future needs.

Concern: However, we do note that some of the original competencies produced by the Mental Health Field group have been edited in such a way as to alter the intended meaning and level of expectation - this particularly applies to areas such as physical health care, psychological therapies and many more. We would be happy to provide further detail if required. We also feel that flexibility would be significantly reduced with the overlay of the more reductionist Essential Skills Clusters and their link to progression points.

Concern: When the ESCs are added to the framework it becomes very complex, which is likely to be confusing for students, commissioners and employers. It is our view that the generic and field specific competencies cover all that is included in the ESC and therefore, we question the continued need for the ESC. Commissioners are increasingly becoming involved in specifying the expected output of the HE programmes they commission and it is important that the framework is clear while allowing some additional local flexibility.

Concern: There is a continuing perception of a 'hospital' bias. In-patient care, especially in acute mental health services, remains important but is not the site for the majority of mental health activity and in the context of UK mental health policies this is likely to diminish further with the emphasis on non-hospital care contained within such publications as 'New Horizons' (DoH 2009) and 'Towards a Mentally Flourishing Scotland' (The Scottish Government 2007) and equivalent documents relevant to Wales and Northern Ireland.

Generic standards for competence

Concern: The generic standards appear to be appropriate and sufficient; however when overlaid with the ESCs (see below) the generic aspects appear more dominant and confirm the impression of hospital based or adult field skewing.

Mental health standards for competence

On the whole the mental health standards and competencies are well received. In particular we welcome the focus on 'recovery'.

We note the expectation of service user involvement within the education standards, but would also be happy for a more explicit emphasis on service user involvement (e.g. involvement in assessment) and partnership in the mental health standards. This is the focus of some ongoing work by MHNA (UK).

We feel that support for self help and the promotion of self care could be strengthened within the mental health competences.

We feel the potential for sharing with other contemporary mental health programmes (e.g. module 3 of the national IAPT Low Intensity (Psychological Wellbeing Practitioners) programme) could be increased. 'New Horizons' (DoH 2009) is also likely to create further demand for services focusing on wellbeing and increasing resilience within the population as a whole. Mental health nurses need to be prepared to play a part in future developments in this respect.

Progression points

Concern: Members feel that the additional NMC defined progression points, particularly if as suggested they are linked to ESCs, will make for unnecessary complication. HEIs already have robust progression point processes, and the allocation of the non-mandatory ESCs to defined progression points potentially limits the development of programmes.

A second '12 week rule' point is likely to create difficulties for a small number of students. The concern is that attrition (and its associated impact) may be

unnecessarily increased. We believe that the existing mechanisms by which HEIs handle such difficulties are transparent and robust.

Essential Skills Clusters (ESCs)

Clarification: The status and role of the ESCs seems unclear. They are described as being for 'guidance' yet they must be mapped to outcomes which would appear to make them requirements. There seems a real ambiguity between the concept of guidance and their 'essentiality'.

Concern: Members feel that the inclusion of the ESCs at this level creates a very complex matrix which is not congruent with the otherwise coherent feel of the standards and competencies. There is still a feeling that the ESCs are too prescriptive and too 'adult nursing dominated'. We feel the standards statement '*G7.1.5b Programme providers should refer to the essential skills clusters (ESCs) when developing learning outcomes*' should be clarified so that their status as advice and guidance in this context is clear and that comprehensive mapping should not become a requirement or an expectation at monitoring.

Concern: We recognise that the intention is that the ESCs are applicable across fields and settings. However, we have concerns that at later progression points they have more applicability to hospital care or more physically ill clients. While this may represent a higher order of essential skill within adult nursing, higher orders of essential skill in mental health nursing are characterised by abilities to work with more complex psychosocial interventions. There is no flexibility between fields to allow for this when ESCs are linked to the same specific progression points for all fields.

We thus feel the ESCs are unnecessary **as part of the new standards document** and while some ESCs could be expressed as generic standards, on the whole we feel they should be removed from this document. If they are indeed 'guidance', they could be included by HEIs in pre-registration programmes at their discretion. However, this would be along with other key documents or competency sets

considered important in each field. In Mental Health examples would be (some of these are referenced within the document):

- ▶ The Chief Nursing Officer's best practice competencies and capabilities for pre-registration mental health nurses (DoH 2006)
- ▶ The National Framework for Pre-registration Mental Health Nursing Programmes in Scotland (NHS Education for Scotland 2008)
- ▶ National Occupational Standards for Mental Health (Skills for Health 2003)
- ▶ The Ten Essential Shared Capabilities (NIMHE, SCMH and NHSU 2004)
- ▶ The Capable Practitioner (SCMH 2001)

We feel that the Essential Skills Clusters as guidance should be issued separately, albeit in their now slightly revised form. This would be as before under an NMC circular. This would make explicit their changed status but would also be pending their full evaluation / revision.

We would urge further consideration of the issues highlighted above. In particular, we hope that there will be an opportunity for key stakeholders, including members of the Field Specific Working Groups to discuss the outcome of the consultation before final confirmation of new standards by council.

Yours sincerely



John Rawlinson
Academic Lead, Mental Health, University of Plymouth
On behalf of MHNA (UK) members



Linda Cooper, Chair MHNA (UK)

References:

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The Sainsbury Centre for Mental Health (Training and Practice Development Section) (2001) *The Capable Practitioner: A framework and list of capabilities required to implement the National Service Framework for Mental Health. (A report commissioned by the National Service Framework Workforce Action Team)*. London, The Sainsbury Centre for Mental Health.

The Scottish Government (2006) *Delivering for mental health* Edinburgh: The Scottish Government

The Scottish Government (2007) *Towards a Mentally Flourishing Scotland: The Future of Mental Health Improvement in Scotland 2008-11* Edinburgh: The Scottish Government

Skills for Health (2003) *National Occupational Standards in Mental Health* London, NIMHE/DoH

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