

NORTHERN IRELAND PRACTICE AND EDUCATION COUNCIL FOR NURSING AND MIDWIFERY

PROJECT STEERING GROUP DEVELOPMENT OF A CAREER FRAMEWORK FOR SPECIALIST PRACTICE NURSING ROLES

Meeting, Monday, 26 March 2018 at 1.30pm

Attendance

Heather Monteverde, MBE, LTCANI (Chair)	HM
Sharon Burnside, Southern HSC Trust	SB
Rita Devlin, RCN	RD
Majella Doran, CEC	MD
Loretta Gribben, PHA	LG
Clare Martin, Unison	CM
Cathy McCusker, NIPEC, (Project Lead)	CMcC
Sharon McRoberts, South Eastern HSC Trust	SMcR
Genevieve Murphy, Macmillan	GM
Hilary Thompson, Ulster University	HT

Web-conference

Heather Finlay, DoH	HF
Dr Kevin Gormley, Queens University Belfast	KG
Allison Hume, Northern HSC Trust	АН
Aisling Pelan, Belfast HSC Trust	ΑP
Annetta Quigley, Western HSC Trust	AQ

Apologies

Dawn Ferguson, Southern HSC Trust Lisa Houlihan, NIPEC Council Member Rose McHugh, PHA

Draft Action Notes

Item No	Notes	Action by
1	Welcome and Introductions Heather Monteverde welcomed everyone to the meeting including Sharon Burnside who was there on behalf of Dawn Ferguson.	



2	Apologies	
_	Noted as above.	
3	Action Notes of the Meeting held on 28 April 2017 The previous Action Notes were agreed.	
	The previous / total restes were agreed.	
4	Matters arising Sharon McRoberts confirmed that she had advised the ECG members of the outcomes of this Project in relation to the need for SPQs and Non-Medical Prescribing as a priority. Cuts to the Education Commissioning Group's (ECG) budget continue and have an impact on Specialist Nurse roles in light of the requirements for Specialist Nurse roles. It was agreed there was a need to inform the post-reg. Education Framework and capture information on the nursing workforce numbers requiring SPQ and NMP qualifications. Roisin McSwiggan agreed to undertake this analysis for Tissue Viability Specialist Nurses; collate this for each of the five Trusts and submit to Heather Finlay.	RMcS
	Cathy was still awaiting feedback from Maura McKenna about the outcome of the matching/evaluation of the Adult Cancer and Adult Diabetes Specialist Nurse JDs. It was agreed that it was important that this process needed to be completed for all the JDs and that Cathy should send the JDs once signed off by the Steering Group to the Directors of HR Forum and Regional Trade Union Forum to have the process of matching/evaluation expedited.	СМсС
	The core specific competencies and JDs had been completed for all subgroups except for District Nursing. It was agreed with CNO that the core specific competencies would be better completed through the development of a career pathway for District Nursing which would incorporate all roles including Nursing Assistants.	
5	Career Framework for Specialist Practice Nursing Roles - discuss & sign off	
	The core competencies had been tested with all the sub-groups and the overarching framework was agreed as being applicable for all Specialist Practice Nursing Roles. It was agreed that Cathy send the Framework out to the Steering Group members for final proofing and shared widely with Specialist Practice Nurse colleagues to ensure: the Framework was easy to read, understand and useful for appraisal, supervision and revalidation.	СМсС
	In the supervision section include reference to DoH policy rather than the supervision standards which are currently under review.	СМсС



6.	Draft Core Competencies - discuss & sign off	
	 Cancer (Adult) Diabetes (Adult) Diabetes (Children's) Palliative & End of Life Care (Adult) Tissue Viability 	
	Each of the Chairs' of the sub-groups or their representative reported back on the development of the core specific competencies. There was excellent engagement from the Specialist Nurses in the development/refinement of the specific core competencies and on some occasions competencies were agreed to be core for all Specialist Practice Nursing roles and were then added to the overarching competency framework. Rita Devlin suggested the inclusion of key principles in the overarching core competency framework on how it should be used. Rita and Cathy to review document and insert key principles if needed in overarching framework. Kevin Gormley requested that all reference in the competence statements to "uni & multidisciplinary" is amended to "interprofessional".	CMcC &RD
	Heather thanked all sub-group Chairs' and sub-group members for their hard work and contribution in the development of the outputs. Steering Group members agreed that each of the core specific competency frameworks to have the following:	СМсС
	 Entitled Specialist Practice Nurse with a footnote "hereafter referred to as Specialist Nurse" Self-assessment information & rating scale as per palliative and end of 	
	All reference to "Paediatric" in documents for Diabetes Specialist Nurses to be amended to "Children's"	СМсС
	Once amends have been made to all core specific competency frameworks they can be sent to Chairs' as the final document before they are submitted to CNO.	
7	Draft Core Job description – discuss & sign off Discussion was held regarding the challenges in agreeing a regional Job Description for all Specialist Practice Nursing roles.	
	Title Specialist Nurse In particular the issue raised by Palliative Care Nurses in Belfast Trust which	



was also identified in other areas of practice, of nurses currently working as Specialist Nurse in an area of practice who have a Master's qualification and who do not have an SPQ. This was identified as being unfair that these nurses could not now apply for a Specialist Nurse post using the regionally agreed JD. Heather Finlay confirmed CNO's strategic professional position to use the title eg Specialist Diabetes Nurse the individual must have a SPQ. This did not involve changing registrants existing terms and conditions but did apply to the recruitment of all specialist practice nursing posts.

It was confirmed that if it was known that there were not applicants able to apply for the post, the post could be advertised with SPQ as desirable and the successful registrant to have the title Diabetes Nurse until the SPQ was attained, within an agreed timeframe.

Universities have confirmed they would review individual requests for APEL for SPQ.

SPQ not in area of practice

CNO has agreed that it is not necessary for registrants to collect SPQs in areas of practice. The example used was of a District Nurse, with the Specialist Registrable qualification wanting to work as a Diabetes Specialist Nurse would only require to undertake the diabetes specific modules as the core Specialist Practice modules would not need to be repeated.

Succession Planning

Allison also shared a point of learning in terms of succession planning and need to support registrants to attain the relevant qualifications.

The following were also agreed:

- Specialist Practice Nurse with a footnote "hereafter referred to as Specialist Nurse"
- All reference to "Paediatric" in documents for Diabetes Specialist Nurses to be amended to "Children's"
- Any reference to Band remove insert "to be confirmed at desktop matching"
- 3 years post-registration experience in relevant setting. This can be increased if needed for the specialist area of practice. Must be suitable for District Nursing as this JD will also apply to them.
- Regionally agreed JDs should state have or willing to undertake the NMP prescribing qualification which should be identified as V300 or V100 or V150
- TVN JD to include have or willing to undertake V100/V150
- FAQs developed to support the JDs and the core competencies which

CMcC



	will be available on DoH website eg Can I call myself a specialist?; what if I have a Master's; What do I do if I have a specialist qualification in a different area of practice?; What is an SPQ; What is a Specialist Nurse; Cathy to liaise with Rita to develop the FAQs. These can be added to by Specialist Nurses, DoH and Universities as questions come up. Cathy to finalise JDs with agreed amendments and send to sub-group Chairs for sharing for information to those involved in their development. JDs to be matched/evaluated with Staff and Management side.	CMcC &RD
8	Review Project Plan objectives	
	All the objectives have been achieved.	
9	Next Steps	
	Once all the amends have been made to the Core Framework and specific competencies and JDs and shared as agreed above, all outputs will be submitted with the Project Report to CNO. It is hoped that there will be a launch of these as part of the suite of resources, including advanced practice nursing framework and Consultant Nurse & Consultant Midwife	
	Guidance. Cathy & Heather to meet towards end of May to finalise report, plan for submission to CNO end of May 2018.	CMcC & HM