

**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	AH
Aisling Pelan, Belfast HSC Trust	AP
Annetta Quigley, Western HSC Trust	AQ

**Apologies**

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

**Draft Action Notes**

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



<p><b>6.</b></p>	<p><b>Draft Core Competencies - <i>discuss &amp; sign off</i></b></p> <ul style="list-style-type: none"> <li>• <b>Cancer (Adult)</b></li> <li>• <b>Diabetes (Adult)</b></li> <li>• <b>Diabetes (Children’s)</b></li> <li>• <b>Palliative &amp; End of Life Care (Adult)</b></li> <li>• <b>Tissue Viability</b></li> </ul> <p>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 &amp; multidisciplinary” is amended to “interprofessional”.</p> <p>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:</p> <ul style="list-style-type: none"> <li>• Entitled Specialist Practice Nurse with a footnote “hereafter referred to as Specialist Nurse”</li> <li>• Self-assessment information &amp; rating scale as per palliative and end of life care</li> </ul> <p>All reference to “Paediatric” in documents for Diabetes Specialist Nurses to be amended to “Children’s”</p> <p>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.</p>	<p><b>CMcC &amp;RD</b></p> <p><b>CMcC</b></p> <p><b>CMcC</b></p>
<p><b>7</b></p>	<p><b>Draft Core Job description – <i>discuss &amp; sign off</i></b></p> <p>Discussion was held regarding the challenges in agreeing a regional Job Description for all Specialist Practice Nursing roles.</p> <p><b>Title Specialist Nurse</b> In particular the issue raised by Palliative Care Nurses in Belfast Trust which</p>	

<p>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.</p> <p>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.</p> <p>Universities have confirmed they would review individual requests for APEL for SPQ.</p> <p><b>SPQ not in area of practice</b> 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.</p> <p><b>Succession Planning</b> Allison also shared a point of learning in terms of succession planning and need to support registrants to attain the relevant qualifications.</p> <p>The following were also agreed:</p> <ul style="list-style-type: none"> <li>• Specialist Practice Nurse with a footnote “hereafter referred to as Specialist Nurse”</li> <li>• All reference to “Paediatric” in documents for Diabetes Specialist Nurses to be amended to “Children’s”</li> <li>• Any reference to Band remove insert “to be confirmed at desktop matching”</li> <li>• 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.</li> <li>• Regionally agreed JDs should state have or willing to undertake the NMP prescribing qualification which should be identified as V300 or V100 or V150</li> <li>• TVN JD to include have or willing to undertake V100/V150</li> <li>• FAQs developed to support the JDs and the core competencies which</li> </ul>	<b>CMcC</b>
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	<p>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;</p> <p>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.</p>	<p><b>CMcC &amp;RD</b></p>
<b>8</b>	<p><b>Review Project Plan objectives</b></p> <p>All the objectives have been achieved.</p>	
<b>9</b>	<p><b>Next Steps</b></p> <p>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 &amp; Consultant Midwife Guidance. Cathy &amp; Heather to meet towards end of May to finalise report, plan for submission to CNO end of May 2018.</p>	<p><b>CMcC &amp; HM</b></p>