



Department of
Health

An Roinn Sláinte

Mánnystrie O Poustie

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**CAREER
PATHWAY
FOR DISTRICT
NURSING
IN NORTHERN IRELAND**



Foreword

District nursing will be an innovative, collaborative and transformed service, which will deliver world class care to patients, twenty four hours per day, seven days per week no matter where the patient lives” (DoH 2018).

This vision for District Nursing was presented in “A Framework for District Nursing 2018-2026” (DoH 2018), underpinned by four principles to deliver a service which was

- Person Centred;
- Efficient, Effective;
- Expert; and
- Integrated and population based around General Practice.

The development of a career pathway was an important outcome for the realisation of the vision.

As Chief Nursing Officer, I am delighted that this Career Pathway has been developed which helps to clarify and strengthen the important clinical nursing roles, essential to support the required transformational changes highlighted in the Nursing and Midwifery Task Group Report (DoH 2020). Nurses and Senior Nursing Assistants have a vital role in ensuring that District Nursing services meet the needs of their populations, through the delivery of high quality care, collaborative engagement, impact measurement of outcomes and effective co-production.

The District Nursing Career Pathway is designed to facilitate a consistent approach in the development of nursing roles. I am committed to ensuring that the contribution of all nurses across health and social care, regardless of where they are located, are equally recognised and valued. I therefore recommend the adoption and implementation of this Career Pathway in District Nursing across Northern Ireland.

I would like to thank all those involved in the development of the Career Pathway in particular to the Chair of the Steering Group and to the Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC), which led the project management and to the Public Health Agency (PHA). Thanks also for the commitment and contribution of the Steering Group members, made up of representation from: HSC Trust District Nursing Leads, Human Resources (HR), Royal College of Nursing, Unison, Regional Trade Union, Department of Health Clinical Education Centre, Service Users, Queen’s University Belfast and Ulster University. In addition, it is important to acknowledge the role played by the District Nurse Leads, District Nurse Educators, Professional Organisations, HR and Staff Side colleagues who worked with the NIPEC and PHA Career Pathway Leads to develop the specific components within the pathway. Resources are available to view and download at <https://nipec.hscni.net>.



**MARIA MCILGORM
CHIEF NURSING OFFICER**



Contents

CONTENT	PAGE
1.0 Purpose of Career Pathway	03
2.0 District Nursing Roles	04
3.0 Core Competencies and Education/Development	06
3.1 Senior Nursing Assistant	09
3.2 Community Staff Nurse	11
3.3 Senior Community Staff Nurse	14
3.4 District Nurse	17
3.5 Advanced Nurse Practitioner - District Nursing	20
3.6 Consultant District Nurse	21
4.0 References	22

1.0

PURPOSE OF CAREER PATHWAY FOR DISTRICT NURSING ROLES

This Career Pathway is designed to help clarify and strengthen the range of important District Nursing roles that support the delivery of high quality, safe effective, person and family centred care.

The Career Pathway is designed to be used as a guide for:

- Those working in a nursing or support role in District Nursing;
- Employers and managers;
- Education providers.

The Career Pathway identifies the core competencies, education requirements and job descriptions to enable a standardised approach to the continued development of the six main roles within District Nursing, including the role of Senior Nursing Assistant.



transform
health and
social care...

2.0 DISTRICT NURSING ROLES

The nursing and support roles that have been agreed as core to District Nursing in NI are as follows:

SENIOR NURSING ASSISTANT ROLE

The Senior Nursing Assistant works as a member of the District Nursing Team and assists in the provision of safe, effective, person and family centred care under the direction of a registered nurse. Senior Nursing Assistants must have the relevant education and supervision before undertaking clinical care. They take responsibility for delegated activities including limited clinical or therapeutic interventions, within the limits of their competence and in line with the Delegation Framework (NIPEC 2019). Senior Nursing Assistants may also consider the option to progress to **become a Registered Nurse**.

COMMUNITY STAFF NURSE ROLE

The Community Staff Nurse is a Registered Nurse and a member of the District Nursing Team led by the District Nurse. They deliver person and family centred care in the person's home or in the community and assist people to make autonomous decisions about their care. The Community Staff Nurse uses a population health-based approach and works with GPs, other health and social care professionals, as well as individuals, families, carers, community and voluntary agencies.

The Community Staff Nurse provides care and supports individuals who have a wide range of conditions and complex care needs, including palliative and end of life care. They enable people, including those living with long term conditions, to be cared for safely in their home and where possible reduce unnecessary hospital attendances or admissions. The Community Staff Nurse also promotes self-care and independence, mental and physical health

and well-being and prevention of ill health. The Community Staff Nurse works in a self-organised District Nursing team using collective leadership skills and participates in quality improvement activities within the team.

SENIOR COMMUNITY STAFF NURSE

The Senior Community Staff Nurse is a Registered Nurse and member of the District Nursing Team and deputises in the absence of the District Nurse. They support the District Nurse to assist people to make autonomous decisions about their care by co-ordinating and delivering person and family centred care in their home or in the community. The Senior Community Staff Nurse uses a population health-based approach and works with GPs, other health and social care professionals, as well as individuals, families, carers, community and voluntary agencies.

The Senior Community Staff Nurse provides care and supports individuals who have a wide range of conditions and complex care needs, including palliative and end of life care. They enable people, including those living with long term conditions, to be cared for safely in their home and where possible reduce unnecessary hospital attendances or admissions. The Senior Community Staff Nurse also promotes self-care and independence, mental and physical health and well-being and prevention of ill health. They work in a self-organised District Nursing team using collective leadership skills and proactively lead quality improvement activities within the team.

DISTRICT NURSE

In Northern Ireland, a District Nurse is a Registered Nurse with a NMC recordable Specialist Practice Qualification and is employed as a District Nurse.



CORE JOB DESCRIPTIONS

Core job descriptions have been developed for each of the roles identified in the career pathway. Each job description comprises the minimum core elements required of individuals employed in that role. The job descriptions are accessible at <https://nipec.hscni.net>

The District Nurse leads the team and manages a caseload within a designated community area aligned to a GP practice, using collective leadership skills. The District Nurse assists people to make autonomous decisions about their care by co-ordinating and delivering person and family centred care in their home or in the community. The District Nurse uses a population health-based approach and proactively works with GPs, other health and social care professionals, as well as individuals, families, carers, community and voluntary agencies.

The District Nurse has specialist competencies and works autonomously with individuals who have a wide range of conditions and complex care needs, including palliative and end of life care. They enable people, including those living with long term conditions, to be cared for safely in their home and where possible reduce unnecessary hospital attendances or admissions. The District Nurse also promotes self-care and independence, mental and physical health and well-being and prevention of ill health.

ADVANCED NURSE PRACTITIONER IN DISTRICT NURSING

The Advanced Nurse Practitioner is a Registered Nurse and is a highly experienced, expert member of the District Nursing team who provides person and family care and practices autonomously within their expanded scope of practice in line with the Advanced Nursing Practice Framework (DoH 2016). They are accountable for the total episode of care for people with undifferentiated and undiagnosed needs.

They undertake comprehensive health assessments, and manage a range of illnesses and conditions that present in community settings, such as acute illnesses, exacerbation of long term conditions, palliative and end of life care needs. They also practice within a framework of Comprehensive Geriatric Assessment and management of frailty.

The Advanced Nurse Practitioner leads on population health, developing and sustaining partnerships with a wide range of stakeholders. They also develop networks to influence and improve healthcare outcomes and healthcare delivery, as well as addressing health inequalities. They educate, supervise and mentor nursing colleagues and other healthcare professionals. The Advanced Nurse Practitioner contributes to and undertakes activities, including research, monitors and improves the quality of healthcare and the effectiveness of practice.

CONSULTANT DISTRICT NURSE

The Consultant District Nurse is a Registered Nurse and practices autonomously at an advanced level in the delivery of high quality, safe and effective person and family centred care. The Consultant District Nurse's role blends a significant proportion of direct, higher level clinical care with education, research, service development and evaluation activities. The Consultant District Nurse works with multidisciplinary teams across organisational and professional boundaries. They lead and influence service policy development at a strategic level while continuing to provide a strong clinical commitment and expert advice. They drive improvements in population and public health and wellbeing outcomes across community services and the adult population and work in partnership to progress the digital agenda within District Nursing services.

3.0

CORE COMPETENCIES, EDUCATION AND DEVELOPMENT



Core Competencies have been developed for each of the six roles identified as core to District Nursing.

The core competencies have been organised around four pillars, previously known as domains:

- Clinical Practice
- Education and Learning
- Research and Evidence-Based Practice
- Leadership and Management

The Advanced Nurse Practitioner - District Nursing and Consultant District Nurse are developed against similar pillars.

It is important that individuals acquire all the competencies appropriate to their specific job and are supported to develop through relevant education and development including preceptorship, supervision and continuous professional development (CPD).



Core competencies organised into:

- Clinical Practice
- Education and Learning
- Research and Evidence-Based Practice
- Leadership and Management

CORE EDUCATION AND DEVELOPMENT

The core education and development requirements have been identified for the six key roles in District Nursing. Each District Nursing Team will have its own local induction, including mandatory training, which will complement the core education requirements for each role.

The core education and development will ensure that the individuals are adequately prepared for their roles and supported in their ongoing CPD.

The following elements are core to the induction for those working in roles in District Nursing. With additional learning and development for specific roles.

- Orientation to Primary Care and Community Nursing - systems, processes, policies and procedures.
- Community IT systems, District Nursing documentation, cyber security and UK General Data Protection Regulation (GDPR).

- Referral Access Criteria.
- Lone worker.
- Risk assessments including equipment assessment and review.
- Population and Public Health.
- Quality 2020 Attributes Framework.
- Delegation Framework (NIPEC 2019).

The core professional education and development requirements for each role is identified in Figure 1.

ONGOING CPD

In addition to the educational requirements specific to the roles, individuals should also have access to a range of ongoing professional development activities to enable them to continue to enhance their knowledge and skills throughout their career.

These include:

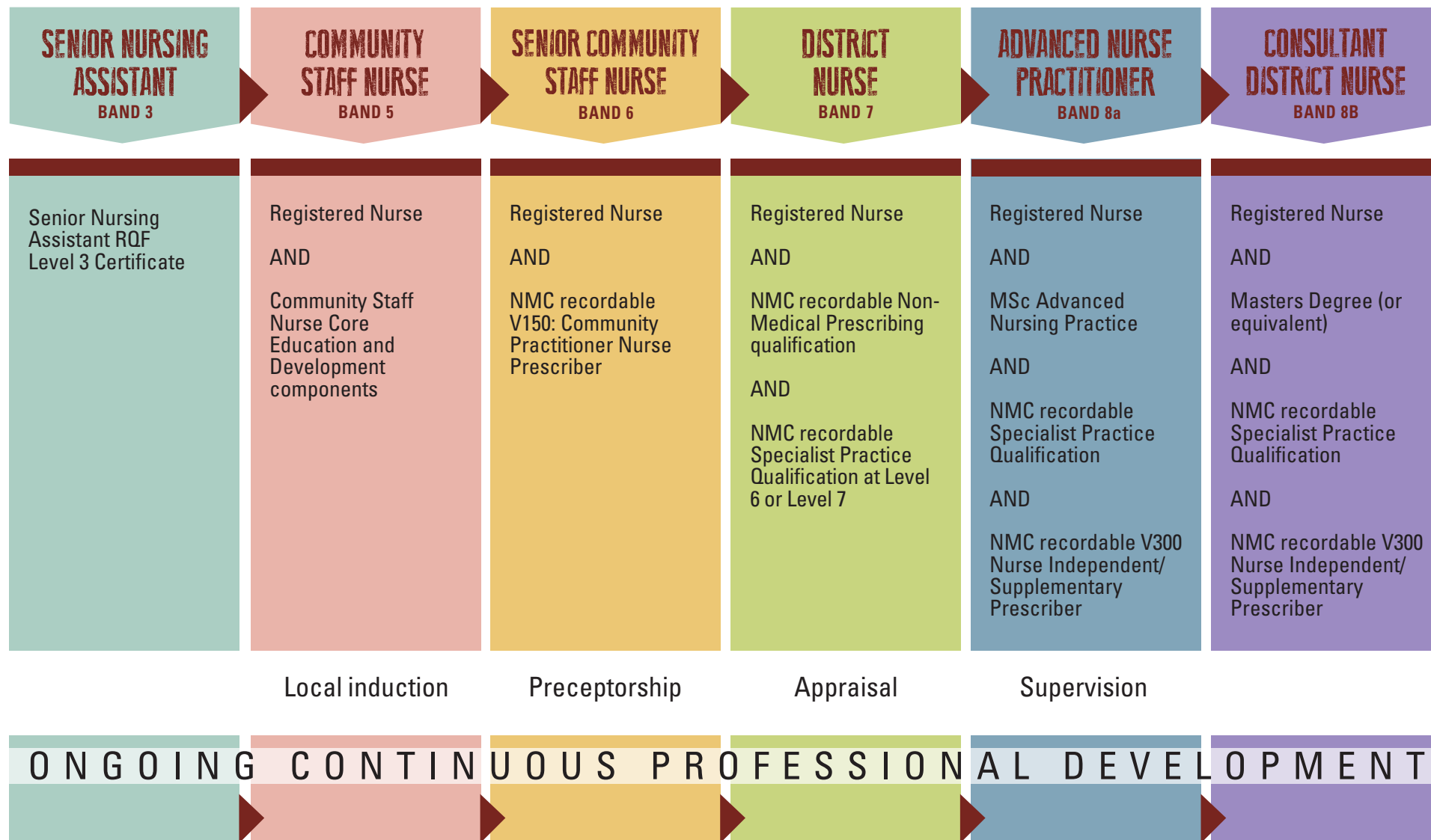
- Mandatory training.
- Appraisal and personal development planning.

Registered Nurses should also engage in the following:

- Reflective Supervision with access to peer support and professional networks relevant to the role;
- Preceptorship processes;
- Engagement in local and national initiatives.
- Management and leadership development.

Figure 1.

CAREER DEVELOPMENT PATHWAY FOR NURSING ROLES IN DISTRICT NURSING



*Modules at Level 6 are only for those Nurses who do not have a Primary Degree.

3.1

SENIOR NURSING ASSISTANT ROLE

These are the specific core competencies relevant to the Senior Nursing Assistant role in District Nursing, and have been developed with reference to the following:

- Standards for Nursing Assistants employed by HSC Trusts in Northern Ireland (DoH 2018);
- Induction and Development Pathway for Nursing Assistants Employed by HSC Trusts in Northern Ireland (DoH 2018);
- District Nursing and General Practice Nursing Service Education and Career Framework (HEE 2015);
- Q2020 Attributes Framework: Supporting Leadership for Quality Improvement and Safety (DHSSPS 2014).

The core competency pillars have also been mapped to the relevant DoH (2018) Standards for Nursing Assistants which are:

STANDARD 1:

Support the delivery of safe, person and family centred and compassionate care to people who use our services.

STANDARD 2:

Communicate openly and honestly to promote the health and wellbeing of people who use our services.

STANDARD 3:

Maintain your knowledge, skills and experience to enable you to do your job properly, in order to improve the quality of care to people who use our services.

STANDARD 4:

Respect and protect at all times the right to confidentiality, privacy and dignity for people who use our services.

**CORE COMPETENCY PILLAR:
CLINICAL PRACTICE**

The Senior Nursing Assistant uses effective clinical and communication skills when carrying out safe, effective, person and family centred care which has been delegated by a registered practitioner, within the limits of their competence (NIPEC 2019).

The Senior Nursing Assistant will:

- Provide care in line with the relevant guidelines, protocols, policies and procedures.
- Document care in line with the NI Record Keeping Guidelines (NIPEC 2016) and the District Nursing HSC Trust systems.
- Be aware of the Legal and Professional issues pertinent to working as a Senior Nursing Assistant, including:
 - Accountability and delegation (NIPEC 2019);
 - Access to Health Records;
 - Consent;
 - Mental Health and Capacity;
 - Duty of Candour;
 - Record keeping;
 - Safeguarding Adults and young people;
 - Infection prevention control measures;
 - COSHH regulations (HSE 2018);
 - Waste management.
- Undertake the following as directed by a Registered Nurse in line with the NIPEC Delegation Framework (2019): phlebotomy; clinical observations -temperature, pulse, blood pressure, oxygen saturation; urinalysis; collection of samples; blood glucose monitoring; catheter care; ostomy care; continence management; prevention of pressure ulceration (does not include risk assessment), application of prescribed topical creams, ointments and eye drops, simple wound and skin care; and lower limb care.

CORE COMPETENCY PILLAR: EDUCATION AND LEARNING

The Senior Nursing Assistant participates in relevant education and learning opportunities and is supported to improve knowledge, skills and behaviours.

The Senior Nursing Assistant will:

- Undertake work-based induction and relevant education and training.
- Engage with line manager to identify professional education and development needs and undertake appropriate learning and development.
- Reflect on practice with line manager as part of appraisal and personal development planning.
- Undertake mandatory training and relevant professional updates including: Basic Life Support; Safeguarding Adults; and Safeguarding Children and Young People.

CORE COMPETENCY PILLAR: RESEARCH AND EVIDENCE-BASED PRACTICE

The Senior Nursing Assistant follows relevant guidelines, protocols, policies and procedures and understands the need to provide evidence-based care.

The Senior Nursing Assistant will:

- Follow the direction of registered practitioners in accordance with the relevant evidence-based guidance.
- Participate in quality improvement activities and audits as directed by the registered practitioner.

CORE COMPETENCY PILLAR: LEADERSHIP AND MANAGEMENT

The Senior Nursing Assistant is a vital member of the District Nursing team and works with other Health Care Professionals and agencies to provide high quality, safe effective, person and family centred care.

The Senior Nursing Assistant will:

- Understand their role within the District Nursing Team.
- Contribute as a member of the District Nursing Team and practise within the limits of their competence.
- Be able to manage their clinical workload and effectively prioritise delegated duties.



SENIOR NURSING ASSISTANT EDUCATION REQUIREMENTS

The specific knowledge and skills required for the Senior Nursing Assistant role in the District Nursing service are detailed below and Senior Nursing Assistants should be trained in the following:

- Lone worker role
- Phlebotomy
- Clinical observations: temperature, pulse, blood pressure, oxygen saturation, urinalysis, collection of samples, blood glucose monitoring
- Record keeping and community documentation and information systems
- Catheter care
- Ostomy care
- Continence management
- Prevention of pressure ulceration (does not include risk assessment)
- Simple wound and skin care
- Lower limb care
- Awareness of palliative and end of life care
- Awareness of: local community and voluntary services, Public Health Initiatives, frailty and social isolation

Continuous Professional Development including:

Continue with updates of mandatory and skills training in addition to promotion of health and well-being.

3.2

COMMUNITY STAFF NURSE ROLE

These are the specific core competencies relevant for Community Staff Nurses and have been developed with reference to the following:

- Q2020 Attributes Framework (DHSSPS 2014)
- Delivering Care Phase 3 District Nursing (PHA 2017)
- Diabetes Competence Assessment Tool for District Nursing (PHA 2017)
- Transforming Nursing, Midwifery and Health Professions' (NMaHP) Roles (Scottish Government 2017)
- Enabling Professionalism Framework (NMC 2017)
- A District Nursing Framework 2018-2026 (DoH 2018)
- Neighbourhood District Nursing Interim Report (PHA 2020)
- Outstanding models of District Nursing (QNI & RCN 2019)
- Deciding to Delegate: A decision support framework for Nursing and Midwifery (NIPEC 2019)
- UK GDPR (2021)
- All-Ireland Digital Capability Framework for Health and Social Care (2022)
- Northern Ireland Preceptorship Framework for Nursing and Midwifery (DoH 2022)
- Reflective Supervision Framework (DoH 2022)

The competence statements are mapped against the four themes of the NMC Code (2018) and the Knowledge and Skills Framework's core dimensions (DH, 2004).

CORE COMPETENCY PILLAR:

CLINICAL PRACTICE

The Community Staff Nurse uses effective clinical and communication skills in the assessment and management of patients ensuring care is planned in partnership with them and relevant Health Care Professionals. The Community Staff Nurse will also deliver anticipatory and preventative care to meet the patient's health and social care needs, in line with public health priorities.

The Community Staff Nurse will:

- Demonstrate effective communication skills to develop a therapeutic relationship with patients and articulate clearly the rationale for care and treatment to patients and their families/carers.
 - Demonstrate holistic person and family centred assessment skills to determine patient needs utilising a range of evidence-based tools.
 - Co-produce care plans with patients families and/or carers, develop therapeutic relationships and promote self-management and independence.
 - Deliver safe, effective person and family centred care and/or treatment ensuring regular monitoring and evaluation of care.
 - Understand symptom management for patients identified as palliative/end of life, intervening promptly and liaising with the District Nurse and other Healthcare professionals as necessary.
- Recognise and manage the signs of a patient's deteriorating health and/or social care status, referring to other health and social care professionals/agencies as necessary.
 - Demonstrate personal accountability and responsibility to monitor and evaluate the provision of safe, effective, person and family centred care against local governance arrangements and escalate concerns immediately.
 - Undertake risk assessment and initiate measures to manage and reduce the level of risk; report and record findings and actions to the District Nurse.
 - Maintain clear, accurate and contemporaneous records, in accordance with HSC Trust policies and professional standards.
 - Communicate effectively with other health and social care professionals involved in the patient's care.
 - Participate in evidenced-based public health initiatives to enable people to maximise their health and well-being to "make every contact count" and recognise opportunities for anticipatory and preventative care e.g. elderly and frail population.
 - Understand approaches to influence behaviour change taking account of health beliefs and use brief intervention techniques to reduce health damaging behaviours.
 - Know when to liaise with relevant specialist services for people presenting with signs of mental ill health.
 - Develop digital literacy skills to enable effective use of a range of information technology applications and systems to support patient care.

CORE COMPETENCY PILLAR: EDUCATION AND LEARNING

The Community Staff Nurse will act as a positive role model and is able to recognise personal development needs and also facilitate learning for patients, carers, other staff and students. The Community Staff Nurse participates in education and learning opportunities and is supported to improve knowledge, skills and behaviours and maintain requirements for NMC revalidation.

The Community Staff Nurse will:

- Accept responsibility for own professional development and the maintenance of professional competence and NMC revalidation.
- Engage in a range of learning activities and reflective supervision to improve care and practice.
- Participate in appraisal and the development and implementation of Personal Development Plan to ensure continuous professional development.
- Contribute to the development of learning materials in various formats for patients, their families/carers and students.
- Facilitate students and other members of the District Nursing Team, to develop their knowledge, skills and experience, encouraging a supportive learning environment.
- Learn from shared incident reporting to facilitate the delivery of safe, effective person and family centred care and services.
- Participate and contribute to local professional fora and meetings.
- Act as a supervisor /assessor for students and staff to facilitate learning.

CORE COMPETENCY PILLAR: RESEARCH AND EVIDENCE-BASED PRACTICE

The Community Staff Nurse has an enquiring approach to practice and updated knowledge and skills to promote and deliver safe, effective, person and family centred care.

The Community Staff Nurse will:

- Critically appraise research and available evidence to enhance the quality, safety, and effectiveness of person and family centred care.
- Contribute to the audit of District Nursing quality indicators to improve patient care.
- Engage in and actively contribute to quality improvement, quality assurance processes, service development/improvement initiatives and involve service users to improve patient outcomes.
- Understand ethical implications when participating in audit, research, clinical trials or quality improvement activities.

CORE COMPETENCY PILLAR: LEADERSHIP AND MANAGEMENT

The Community Staff Nurse will work as a member of the Multi-disciplinary Team and with other agencies to provide a person and family centred, co-ordinated and prevention-focussed district nursing service to the local community using a collective leadership approach.



The Community Staff Nurse will:

- Have knowledge of the political, social and economic strategies/policies that impact on district nursing services and be able to demonstrate the value and unique contribution of the District Nursing Service.
- Develop a personal leadership role and resilience skills supported by effective team working.
- Demonstrate the ability to prioritise a delegated workload, manage time and work effectively within the team, using information systems.
- Delegate clearly using the principles that underpin delegation (NIPEC 2019) including assessment of clinical risk and ongoing evaluation of delegated care.
- Demonstrate the ability to recognise and challenge poor practice/performance and know how to raise and escalate concerns according to HSC Trust policies and professional guidance.
- Contribute to Population Health Community Profiling and community health needs assessment to prioritise service delivery for health improvement.
- Demonstrate an understanding of effective resource management.

COMMUNITY STAFF NURSE EDUCATION REQUIREMENTS

Community Staff Nurses will undertake a learning needs analysis with their line manager to plan their learning and development based on the core competencies required for the Community Staff Nurse role, listed below.

The core elements of the regional induction requirements for Community Staff Nurses has been drawn from the work completed by the Delivering Care, Phase 3 Expert Reference Group, below and will complement the HSC Trust Corporate and Local Induction Programmes. HSC Trust mandatory training requirements should also be completed (refer to local HSC Trust guidance).

Orientation to Primary and Community Care, localised for each HSC Trust:

- Transition to District Nursing Service (QNI 2016)
- Orientation to Primary and Community care, 24/7 Service, Multi-disciplinary and Specialist Teams, Voluntary and Community Services, SBARD (situation, background, assessment, recommendations and decisions), Quality 2020 Attributes Framework, Level 1 and progressing to Level 2.
- Delegation Framework (NIPEC 2019).
- Population Health Assessment including Community Health Profiling and Community Health Needs Assessment (demographics, trends and health needs and social determinants of health recognition of co-morbidities for the Practice population, Public Health Initiatives relevant to District Nursing)
- Community IT systems, District Nursing documentation
- Referral Access Criteria
- Lone worker
- Risk assessments including equipment assessment and review

The additional core elements listed below are essential knowledge and skills development for the Community Staff Nurse role and can be planned and undertaken to meet the needs of the Community Staff Nurse, patients and District Nursing Team and will depend on the background and experience of the Community Staff Nurse.

Acute Illness

- Deteriorating Adult Assessment Intervention and Management for Community Staff
- Delirium Awareness
- Sepsis

Administration of Medicines for Adults

- Intravenous therapies
- Central Venous Access Devices
- Sub cutaneous: fluid administration, chemotherapy
- Blood components
- Immunisation – Adult

Assessment and Care planning

- Clinical investigations
- Holistic – person and family centred care planning and evaluation
- Vital signs monitoring

Continence Management

- Continence Awareness (e-learning)
- Continence Assessment and Management including ostomy care
- Catheterisation: Male, Female and suprapubic
- Digital Rectal Intervention

Long-term Conditions

- Frailty Awareness (e-learning), intervention and management; Falls management and prevention; and frailty assessment tools
- Management of Diabetes, Respiratory Disease, Heart Failure, Neurological conditions and Dementia
- Patient self-care/management
- Motivational Interviewing to support health behaviour

change through brief interactions.

Nutritional Support

- MUST – Community
- Awareness of dysphagia
- Enteral feeding – including Nasogastric Tube, Percutaneous Endoscopic Gastrostomy, Radiologically Inserted Gastrostomy, Gastrostomy and Jejunostomy

Other Device Management

- Abdominal catheters
- Chest drains
- Tracheostomy care

Palliative and End of Life Care

- Understanding of Palliative Care Key Worker Role (District Nurse)
- Palliative Care Awareness and Symptom Management for Registered Nurses
- Syringe Pump Management
- Advance Care Planning Awareness
- End of Life Care including anticipatory prescribing
- Bereavement grief and loss
- Breaking bad news
- Communication skills (Intermediate level)

Wound Management

- Pressure Ulcer Prevention and Management including skin bundle
- Wound assessment and management (simple and complex wounds)
- Lower limb ulceration management including use of Doppler, compression bandaging.

Community Prescribing (NMC V150)

- Community Staff Nurse may be able to commence this programme

3.3

SENIOR COMMUNITY STAFF NURSE ROLE

These are the specific core competencies relevant for Senior Community Staff Nurses and have been developed with reference to the following:

- Q2020 Attributes Framework (DHSSPS 2014)
- Delivering Care Phase 3 District Nursing (PHA 2017)
- Diabetes Competence Assessment Tool for District Nursing (PHA 2017)
- Transforming Nursing, Midwifery and Health Professions' (NMaHP) Roles (Scottish Government 2017)
- Enabling Professionalism Framework (NMC 2017)
- A District Nursing Framework 2018-2026 (DoH 2018)
- Neighbourhood District Nursing Interim Report (PHA 2020)
- Palliative Care Keyworker Role and Function (PCiP 2018)
- Outstanding models of District Nursing (QNI & RCN 2019)
- Deciding to Delegate: A decision support framework for Nursing and Midwifery (NIPEC 2019)
- UK GDPR (2021)
- All-Ireland Digital Capability Framework for Health and Social Care (2022).
- Reflective Supervision Framework (DoH 2022)

CORE COMPETENCY PILLAR:

CLINICAL PRACTICE

The Senior Community Staff Nurse is developing clinical expertise in the provision of quality, person and family centred care for the caseload population in a variety of community settings, using a population health based approach. The role supports the District Nurse and enables them to develop their knowledge and skills in leadership, caseload management, care coordination, clinical decision-making and implementation of service developments.

The Senior Community Staff Nurse will:

- Provide clinical expertise and advice to deliver safe, effective, person and family centred care.
- Use person and family centred assessment skills to determine a person's holistic needs utilising a range of evidence-based tools to inform decision-making.
- Co-produce care plans with people families and/or carers, develop therapeutic relationships that promotes informed decision making and self-management.
- Supervise the delivery of co-produced care plans by the District Nursing Team, ensuring ongoing evaluation of care.
- Promote the holistic health and well-being of people and provide anticipatory care to promoting independence, reduce avoidable Emergency Department attendance, hospital admission and facilitate timely discharge.
- Undertake evidenced based prescribing from the appropriate formulary and according to professional and legislative frameworks and local policy.
- Support the District Nurse to fulfil the Palliative Care Key Worker role and function.
- Make a timely referral to another team/service, based on

the assessed needs of the person.

- Understand lines of accountability with respect to delegation, supervision and mechanisms for the assurance of clinical and care governance.
- Develop and implement person and family centred risk assessment and management strategies taking account of people's views and responsibilities and promote safeguarding of individuals.
- Know when to apply safeguarding legislation and mental capacity legislation.
- Work collaboratively to identify and utilise e-Health technology and technology assisted learning systems to proactively enable care and support individuals to self-care.
- Accept responsibility for own continuous professional development and the maintenance of professional competence and NMC revalidation.
- Engage in a range of learning activities and reflective supervision to improve care and practice.
- Supervise and support others, adopting a strengths-based approach, within the scope of each team member's role and competence.
- Facilitates appraisals and KSF Personal Development Plans, mandatory and job specific training for the Team.
- Contribute to the development, delivery and evaluation of educational initiatives that address the needs of individuals, their families/carers/communities.
- Participates in reviewing incidents and complaints to ensure learning and cascades information to teams
- Contribute to the development of a positive teaching/ learning environment to develop the capability and capacity of staff and others to care for people in the community.

- Promotes a positive teaching/learning environment that supports individuals, their families/carers to make informed decisions and to self-manage their care.
- Contribute to the dissemination and implementation of the learning from incident reporting to facilitate the delivery of safe, effective person and family centred care and services.
- Participate and contribute to local clinical forums and/or professional groups.

CORE COMPETENCY PILLAR: EDUCATION & LEARNING

The Senior Community Staff Nurse recognises personal development requirements and facilitates learning for the District Nursing Team, other healthcare professionals, students, individuals, families and carers.

The Senior Community Staff Nurse will:

- Accept responsibility for own continuous professional development and the maintenance of professional competence and NMC revalidation.
- Engage in a range of learning activities and reflective supervision to improve care and practice.
- Supervise and support others, adopting a strengths-based approach, within the scope of each team member's role and competence.
- Facilitates appraisals and KSF Personal Development Plans, mandatory and job specific training for the Team.
- Contribute to the development, delivery and evaluation of educational initiatives that address the needs of individuals, their families/carers/communities.
- Contribute to the development of a positive teaching/learning environment to develop the capability and capacity of staff and others to care for people in

the community.

- Promotes a positive teaching/learning environment that supports individuals, their families/carers to make informed decisions and to self-manage their care.
- Contribute to the dissemination and implementation of the learning from incident reporting to facilitate the delivery of safe, effective person and family centred care and services.
- Participate and contribute to local clinical forums and/or professional groups.

CORE COMPETENCY PILLAR: RESEARCH AND EVIDENCE-BASED PRACTICE

The Senior Community Staff Nurse has an enquiring approach to practice and updates their knowledge to ensure quality care is provided within service constraints.

The Senior Community Staff Nurse will:

- Critically appraise research and available evidence to enhance the quality, safety, and effectiveness of person-centred care.
- Support the implementation of evidenced-based public health initiatives to enable people to maximise their holistic health and well-being.
- Contribute to the implementation of the regionally agreed District Nursing Quality Indicators and other best practice guidelines, within the District Nursing Service.
- Utilise knowledge to identify, contribute to and participate in audit, quality improvement and research and use findings to inform decision making.
- Support the implementation and dissemination of audit,

- quality/service improvement and research findings through team meetings, Trust presentations, regional events, and publications.
- Engage with people and use the feedback from their experience of care to improve outcomes and service delivery.



CORE COMPETENCY PILLAR:

LEADERSHIP AND MANAGEMENT

The Senior Community Staff Nurse supports the District Nurse to lead, empower and challenge the District Nursing Team to deliver safe, effective, person and family centred care within a local community and aligned to General Practice.

The Senior Community Staff Nurse will:

- Demonstrate the value and unique contribution of the District Nursing Service within the Primary Care multi-disciplinary team.
- Understand the relevant political, social and health economic strategies/policies that enable the provision of a person and family centred, responsive service.
- Use quality improvement methodologies to support service improvement and innovation.
- Contribute to the Population Health Profile and Community Health Needs Assessment to prioritise service delivery for health improvement.
- Advocate for and actively engage with people, families, carers and communities who require a District Nursing service.
- Model effective team working, problem-solving and collective leadership and apply the principles of human factors and strengths based approaches to problem solve and foster a caring, safe and supportive environment.
- Contribute to the allocation, management and monitoring of resources of the District Nursing Team.
- Support the District Nurse to lead, manage and monitor caseloads, delegating care for safe, effective, person and family centred care delivery, using information

systems.

- Demonstrate effective performance management of staff against local policies and procedures.
- Foster a culture of openness, recognising duty of candour and act on concerns raised.
- Develop own resilience to manage the demands and challenges of their role and use appropriate organisational support systems.
- Use information systems to inform decision making, safe staffing and workloads.
- Work collaboratively with others to: challenge current practice, identify gaps in service provision implement initiatives to enhance and/or redesign services.

SENIOR COMMUNITY STAFF NURSE EDUCATION REQUIREMENTS

The knowledge and skills required for the Senior Community Staff Nurse role include those identified as core for the Community Staff Nurse role.

For those practitioners who wish to become a District Nurse they will be supported to attain the NMC recordable Specialist Practice Qualification in District Nursing. Other Practitioners will be supported to attain:

- NMC community nurse prescribing qualification V150 within 2 years of taking up post

SENIOR COMMUNITY STAFF NURSE CONTINUOUS LEARNING AND DEVELOPMENT

- Develop knowledge and skills in complex caseload management and other aspects of the Senior Community Nurse role
- Leadership programmes
- Other learning activities should include: Clinical Information Systems, Data Management, Appraisal, Performance Management, Governance and Compliance, developing teams, Population Health and Health Needs Assessment Advance Care Planning.

Senior Community Staff Nurses can also undertake other relevant learning and development activities to develop their knowledge and skills in clinical practice and other areas such as, leadership, quality improvement, research and development; this is not an exhaustive list.

Access to coaching and reflective supervision will help Senior Community Staff Nurses develop their clinical, management and leadership skills.

3.4 DISTRICT NURSE ROLE

These are the specific core competencies relevant for District Nurses and have been developed with reference to the following:

- The Queen's Nursing Institute (QNI) and The Queen's Nursing Institute Scotland (QNIS) (2015) Voluntary Standards for District Nurse Education and Practice
- Department of Health (DoH 2018) Career Framework for Specialist Nursing Roles: Supporting Specialist Nursing In Health and Social Care
- Q2020 Attributes Framework (DHSSPS 2014)
- Delivering Care Phase 3 District Nursing (DoH 2017)
- Diabetes Competence Assessment Tool for District Nursing (PHA 2017)
- Transforming Nursing, Midwifery and Health Professions' (NMaHP) Roles (Scottish Government 2017)
- Enabling Professionalism Framework (NMC 2017)
- A District Nursing Framework 2018-2026 (DoH 2018)
- Neighbourhood District Nursing Interim Report (2020)
- Palliative Care Keyworker Role and Function (PCiP 2018)
- Outstanding models of District Nursing (QNI & RCN 2019)
- Deciding to Delegate: A decision support framework for Nursing and Midwifery (NIPEC 2019)
- UK GDPR (2021)
- Standards of proficiency for community nursing specialist practice qualifications (Draft) (NMC 2021)
- All-Ireland Digital Capability Framework for Health and Social Care (2022)
- Reflective Supervision Framework (DoH 2022)

CORE COMPETENCY PILLAR:

CLINICAL PRACTICE

The District Nurse is a clinical expert who leads the District Nursing Team in the provision of quality, person and family centred care for the caseload population in a variety of community settings using a population health-based approach. They are accountable and responsible for the District Nursing service they provide. The role is complex and requires expertise in caseload management, care coordination, clinical decision making and implementation of service developments.

The District Nurse will:

- Provide specialist clinical care, expertise and advice on safe, effective, person and family centred care.
- Use person and family centred assessment skills to determine a person's holistic needs utilising a range of evidence-based tools to inform decision-making.
- Co-produce care plans with individuals, families and/or carers, develop therapeutic relationships that promote informed decision making and self-management.
- Supervise the delivery of co-produced care plans by the District Nursing Team, ensuring regular evaluation of care.
- Promote the holistic health and well-being of people and provide anticipatory care to enable independence, reduce avoidable Emergency Department attendance, hospital admission and facilitate timely discharge.
- Undertake evidenced based prescribing from the appropriate formulary and according to professional and legislative frameworks and local policy.
- Fulfil the Palliative Care Key Worker role and function.

- Make a timely referral to another team/service, as necessary, whilst maintaining overall responsibility for management and co-ordination of care.
- Ensure clear lines of accountability with respect to delegation, supervision and mechanisms for the assurance of clinical and care governance.
- Develop and implement person and family centred risk assessment and management strategies taking account of people's views and responsibilities and promote safeguarding of individuals.
- Know when to apply safeguarding and mental capacity legislation.
- Work collaboratively to source and utilise e-Health technology and technology assisted learning systems to proactively enable care and individuals to self-care.

CORE COMPETENCY PILLAR:

EDUCATION AND LEARNING

The District Nurse recognises personal development requirements and identifies and facilitates learning for themselves, the District Nursing Team, other healthcare professionals, students, individuals, families and carers.

The District Nurse will:

- Accept responsibility for own continuous professional development and the maintenance of professional competence and NMC revalidation.
- Engage in a range of learning activities and reflective supervision to improve care and practice.
- Supervise and support others, adopting a strengths-based approach, within the scope of each individual's role and competence.

- Facilitate appraisals and Personal Development Plans, mandatory and job specific training for the Team.
- Identify and participate in the development, delivery and evaluation of educational initiatives that address the needs of individuals, their families/carers.
- Cultivate a positive teaching/learning environment that develops the capability and capacity of staff and others to care for people in the community.
- Promote a positive teaching/learning environment that supports individuals, their families/carers to make informed decisions and to self-manage their care.
- Disseminate learning and implement relevant actions from incident reporting to facilitate the delivery of safe, effective, person and family centred care and services.
- Participate and contribute to local, regional and national clinical forums and/or professional and strategic groups.

CORE COMPETENCY PILLAR: RESEARCH AND EVIDENCE-BASED PRACTICE

The District Nurse has an enquiring approach to practice and updates their knowledge to ensure quality care is provided within service constraints.

The District Nurse will:

- Critically appraise research and available evidence to enhance the quality, safety, and effectiveness of person and family centred care.
- Implement evidenced-based public health initiatives to enable people to maximise their holistic health and well-being to “make every contact count”.
- Lead on the implementation of the regionally agreed District Nursing Quality Indicators and other best practice guidelines, within the District Nursing Team.

- Utilise specialist knowledge to identify, contribute to and participate in audit, quality improvement and research and use findings to inform decision making.
- Implement and disseminate audit, quality/service improvement and research findings through team meetings, Trust presentations, regional events, and publications.
- Engage with people and use the feedback from their experience of care to improve outcomes and service delivery.

CORE COMPETENCY PILLAR: LEADERSHIP AND MANAGEMENT

The District Nurse leads, challenges and empowers the District Nursing Team to deliver safe, effective, person and family centred within a local community and aligned to General Practice. They are accountable and responsible for effective resource management.

The District Nurse will:

- Demonstrate the value and unique contribution of the District Nurse within the Primary Care multi-disciplinary team.
- Apply the relevant political, social and health economic strategies to enable the provision of a person and family centred, responsive service.
- Use quality improvement methodologies to support service improvement and innovation.
- In partnership with relevant health and social care professionals, involving the community and voluntary sector, undertake and maintain a local Population Health Profile and Community Health Needs Assessment, to prioritise service delivery for health improvement.



- Advocate for and actively engage with individual's families and carers who require a District Nursing service.
- Promote and model effective team working through collective leadership and apply the principles of human factors, environmental factors and strength-based approaches to problem-solve and foster a caring, safe and supportive environment.
- Manage the District Nursing Team's resources through effective and efficient allocation and monitoring.
- Lead, manage, and monitor the caseload, delegating for safe, effective, person and family centred care delivery, using information systems.
- Demonstrate effective performance management of staff against local policies and procedures.
- Lead and foster a culture of openness, recognising duty of candour and act on concerns raised.
- Develop own resilience to manage the demands and challenges of leading and managing the District Nurse team and use appropriate organisational support systems.
- Use information systems to inform strategic decision making, workforce planning, safe staffing and workloads.
- Work collaboratively with others to: Challenge current practice, identify gaps in service provision, develop business cases; and implement initiatives to enhance and/or redesign services.

DISTRICT NURSE EDUCATION REQUIREMENTS

The knowledge and skills required for the District Nurse role include those identified as core for the Community Staff Nurse and Senior Community Staff Nurse roles. The District Nurse role requires the NMC recordable Specialist Practice Qualification and NMC recordable Non-Medical Prescribing qualification.

The District Nurse Specialist Practice Qualification Theory and Practice Learning should include:

- Population Health Profiling, Community Health Needs Assessment, Development of a Community Health Improvement Plan and Measuring Impact
- Social and Health Prescribing
- Mental and physical health and wellbeing and Public Health Strategies
- Advocacy role of the District Nurse including Personal and Public Involvement (PPI)
- Health Economics and demonstrating value of the District Nursing service
- Caseload Management, Referral Access Criteria, Discharge Planning, Handovers, Safety Briefings, Case Discussions
- Holistic person and family centred care assessment and needs analysis, co-produced care plans and joint decision making
- Promotion of the expert autonomous patient, self-management and independence

- Long term condition management including frailty
- Technology enabled care
- Palliative Care Key worker role
- Legal and ethical dilemmas and decision-making
- Leading and managing effective teams
- Resource management
- Working within multi-/inter-disciplinary teams and the unique contribution of the District Nurse including autonomy and decision-making
- Quality Indicators for District Nursing
- Quality Improvement (Level 2 programme)
- Human factors
- NMC recordable non-medical prescribing qualification
- Influencing skills
- Collective leadership
- Resilience and managing stressful situations

NEWLY APPOINTED DISTRICT NURSES

In line with the NMC's Principles for Preceptorship (2020) and Northern Ireland's Preceptorship Framework (DoH 2022) all District Nurses who have completed their Specialist Practice Qualification should have access to a period of preceptorship following appointment to support them in their new District Nurse role.

CONTINUOUS PROFESSIONAL DEVELOPMENT

Access to supervision and relevant local and regional commissioned Leadership and Management programmes will help District Nurses develop their leadership and management skills following the District Nurse Specialist Practice Qualification programme.

Programmes can include:

- Essential Skills for Middle Managers including appraisal, performance management, team effectiveness, succession planning
- Finance for Non-Finance Managers
- Clinical Information Systems, Data Management
- Governance and Compliance
- Quality improvement, research and development qualifications
- Risk management using relevant tools
- Measuring for improvement and impact
- Strength-based approaches
- Emotional intelligence
- Legislation and policy development
- NMC Enabling Professionalism

District Nurses can also undertake other relevant learning and development activities to develop their knowledge and skills in clinical practice and other areas related to their role; this is not an exhaustive list.

3.5

ADVANCED NURSE PRACTITIONER ROLE

The Advanced Nursing Practice role is supported by a set of four core competencies and related learning outcomes, which have been informed by the work already completed in Republic of Ireland (2017), Scotland (2012), Hamric et al (2009), Wales (2010), England (2017).

Direct Clinical Practice is the first core competency of Advanced Nursing Practice and is supported by three additional competencies:

- Leadership and Collaborative Practice
- Education and Learning
- Research and Evidence-Based Practice



The core competencies for the Advanced Nurse Practitioner role in Northern Ireland are stipulated in the Advanced Nursing Practice Framework (DHSSPS 2016) <https://www.health-ni.gov.uk/sites/default/files/publications/health/advanced-nursing-practice-framework.pdf>

The Advanced Nurse Practitioner will undertake comprehensive health assessments and will manage a range of illnesses and conditions in the care settings within which the individual works.

The Advanced Nurse Practitioner will:

- practise autonomously within an expanded scope of practice.
- demonstrate a person and family centred approach to care delivery.
- develop and sustain partnerships and networks to influence and improve healthcare outcomes and healthcare delivery.
- educate, supervise or mentor nursing colleagues and others in the healthcare team.
- contribute to and undertake activities, including research, that monitor and improve the quality of healthcare and the effectiveness of practice.

It must be noted that only those who meet the requirements of the role and who are employed as Advanced Nurse Practitioners, will be able to use the title.

ADVANCED NURSE PRACTITIONER EDUCATION REQUIREMENTS

The core education requirements for the Advanced Nurse Practitioner role in Northern Ireland are stipulated in the Advanced Nursing Practice Framework (DHSSPS 2016). Advanced Nurse Practitioners must have successfully completed an MSc Nursing programme designed to meet the requirements for advanced nursing practice as set out by the Department of Health (DHSSPS 2016).

Students undertaking the MSc Advanced Nursing Practice programme will be supported in practice by a clinical practice supervisor who will be a nurse with an Advanced Nurse Practitioner qualification or doctor (GP or Consultant) who meet the criteria for this role.

In order to be eligible to apply for the MSc Nursing - Advanced Nursing Practice, applicants must be on the NMC register, have a degree or equivalent, a NMC recordable Specialist Practice Qualification and a NMC V300 recordable qualification and a NMC recordable Specialist Practice Qualification.

The Advanced Nurse Practitioner should be supported through annual appraisal and supervision to continue to develop skills in their role.

¹⁸Northern Ireland Advanced Nursing Practice Framework is under review.

3.6

CONSULTANT DISTRICT NURSE ROLE

The core competencies for the Consultant District Nurse role in Northern Ireland are stipulated in the Professional Guidance for Consultant roles (DoH 2017)

The Consultant District Nurse role is supported by a set of four core competencies and related learning outcomes:

- Expert Practice
- Education, Training and Development
- Professional Leadership and Consultancy
- Practice and Service Development, Research and Evaluation

The Consultant District Nurse practises autonomously at an advanced level in the delivery of quality, safe, effective person and family centred care. The Consultant role blends a significant proportion of direct, higher level clinical care with education, research, service development and evaluation activities.

The Consultant District Nurse works within multidisciplinary teams across organisational and professional boundaries. They lead and influence service and policy development at strategic level while continuing to provide a strong clinical commitment and expert advice to clinical colleagues.



CONSULTANT DISTRICT NURSE EDUCATION REQUIREMENTS

In order to be eligible to apply for a Consultant District Nurse role, practitioners must be on the NMC register, have a masters degree or equivalent, a NMC recordable Specialist Practice Qualification and a NMC V300 recordable qualification.

The Consultant District Nurse role demands a portfolio of career long learning, experience and formal education, up to or beyond master's degree level; research experience and a record of scholarship and publication. Consultant District Nurses will:

- Seek opportunities to develop their knowledge and skills within all four core competency areas. It is important that the individual continues their portfolio of practice development, scholarship, research and is recognised as an expert and innovator in District Nursing.
- Develop their role in leading and influencing strategic planning, interprofessional and interagency working including service developments.
- Have well established professional networks and collaborations associated with District Nursing, which will assist them with supervision and support them to develop their professional knowledge and leadership skills. These networks are an important element of the individual's CPD and can be local, regional, national and international.

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