Clinical confidence and competence: the education of Specialist Community Public Health Nurse (SCPHN) students; a briefing
This briefing paper is intended to address the issues and concerns of members regarding the education of Specialist Community Public Health Nursing (SCPHN) students specifically related to the role of Practice Teachers (PT) and Mentors. Unlike other sources of information this will not only cover recommendations regarding practice standards but also cover issues on pay, terms and conditions.

Background

Unlike other areas of nursing training, the education and sign off of SCPHN students was previously well understood with very clear standards set by the Nursing & Midwifery Council. The majority of issues were helpfully covered by their document ‘Standards to Support Learning and Assessment In Practice’. This document included the clear standard that;

“Practice teachers should support only one SCPHN student (or SPQ student) at any point in time.”

However early in 2011, the NMC created confusion in this area by issuing “Health visiting in England: An update on the NMC’s position” document, which stated that;

"Where practice teachers are supporting and assessing students in this way, it will be possible for them to support more than one student at a time. Practice teachers still need to be able to commit themselves to this role as well as maintaining safe and effective SCPHN/HV practice. They should therefore normally support one to three student mentor partnerships in this way at any time”.

Following concerns raised by Unite/CPHVA, this paper was quickly withdrawn and it was our understanding that the document would be reissued upholding the original standard. However, ultimately, the document was reissued but in a state that was worse than the first paper. Whereas the original document had stated a maximum ratio of 3 SCPHN students to 1 PT, the subsequent document (dated on the website as 17/06/2011) made no mention of any ratio.

To state a ratio or not

As stated above, the previous standards were clear, setting out a ratio of 1 PT to 1 SCPHN student. In 2007 a circula (now annex 3: Circular 26/2007: ‘Applying due regard to learning and assessment in practice’) was issued by the NMC which did raise some possibility of interpretation (although the NMC has argued that you should use the term application instead of interpretation).

This highlighted the concern where organisations did not have sufficient numbers of PTs who had a qualification in the specific profession that they needed to train new SCPHN students. An example of this would be an organisation that had a number of health visitor PTs but no school nurse PTs, where they needed to train school nurses. The document implies that this was an interim measure to support the build up of PT numbers.

This approach by the NMC would seem sensible, however subsequently it appears that this mechanism may have been misused in some organisations as when arguing that the changes made in 2011 were inappropriate it was referenced that some organisations had already been practising using the long arm method outside of the scenarios laid out in annex 3. Further, there appears to be no discussion in the annex regarding the ratio of students to PT’s therefore we would argue that the 1 to 1 ratio was maintained throughout this application of ‘due regard’.

AEl’s should be able to maintain standards

One of the arguments made by the NMC is that Accredited Educational Institutions (AEIs) can ensure quality and have in fact done this continually. What the NMC seem not to appreciate is that organisations employing (and therefore responsible for educating/training) health visitors have a significant level of power and influence which they can wield on AEIs which do not follow their preferred route.

We have seen examples where AEIs have raised serious concerns regarding standards which employing organisations have attempted to impose on them in educating SCPHN students. Some organisations have then transferred AEI to one that will agree with their instructions. This therefore creates a huge financial disincentive for AEIs to raise legitimate concerns.

Further the NMC argues that PTs have the ability to strongly influence organisations against imposing inappropriate ratios or other conditions. However, we already have examples where PTs have had to resort to lodging grievances to attempt to overturn situations which they have argued are unsafe.

We would therefore continue to state that the current guidance from the NMC remains unclear and so falls far short of ensuring that the public is protected in this issue.

Are we just creating blocks to achieving 4,200 more health visitors

Some have argued, disingenuously, that our position will hamper the ability to train and recruit the extra HVs needed to fulfil ‘Call to Action’. The reverse is true. In surveying our membership, in relation to the ‘Call to Action’ one of the key concerns raised was that in training many more health visitor, standards would be eroded down and the public would not be protected.

Further, where the NMC brought in ‘flexibility’ previously to give organisations breathing room to increase PT numbers, we are now seeing some organisations actually cutting the number of PTs in place with the rationale that they are able to do this using the new guidance. For example, one organisation moved to reduce the number of PTs employed from 7 to 3 whilst having 21 students in practice at one time.

It has also been argued that with the greater than 50% increase needed by 2015, although the PT staff are needed to train the students now, by 2015, they will not be needed in so great a number. We would argue however that no evidence of workforce planning has been shown to demonstrate this issue. For example, we are aware that many PTs are nearing retirement and so for the Department of Health to ensure future sustainability these new PTs are desperately needed.

Terms & Conditions

We would hope that already, all PTs will be banded at band 7. This should be irrespective of whether they have a current student or not. One of the valuable differences between Agenda for Change and the previous Whitley Grading scale is that pay is evaluated across a range of factors through job evaluation to ensure equal pay. Therefore just the act of not having a physical student in place would not warrant a down banding. (A good example of equality of this approach would be managers who are down banded whilst not being actively involved in a disciplinary/grievance.)
If we now focus on the job/role of mentoring SC PH N students, we are sure organisations will argue that a part of a SC PH N s job description will include mentorship. They may therefore argue that this new requirement will therefore be commensurate with the job description and therefore the band. We would however insist that this interpretation is incorrect or at least untested. The role of mentoring SC PH N students is clearly different, especially in the requirement under Factor 2 (Knowledge, training and experience). A good example of this would be in asking the question, could a newly qualified health visitor be able to provide mentorship to a student SC PH N to the level required?

Members will already be aware of specific guidance issued by the Unite Nursing Occupational Advisory Committee (NOAC) in regard to generic health visiting and requesting reviews (http://unite.newsweeaver.co.uk/r14w2tttrupf1nlbsldq69k?email=true). We will be issuing subsequent guidance specific to this issue shortly.

All members who are asked to undertake mentorship of SC PH N students should ask for their job descriptions to be amended and this new post evaluated under their local Agenda for Change procedures.

We have already been informed and witnessed examples where members have been put under pressure to not take this course of action, including by the use of emotional blackmail. As the sanctity of AfC must be maintained, internal procedures should be used to address such attempts.

How many students are too many?

It is difficult to answer this question with the current guidance from the NMC as it is. We would continue to refer our members to the ‘standards’ which state a one to one ratio. The NMC has provided some further information in ‘Examples of long arm mentoring. Supporting and assessing learning in practice: The practice teacher role’.

This highlights no more than a 2:1 relationship between sign-off practice teacher and SC PH N student, even with support from either trainee PT’s, non-sign off PTs or experienced practitioners. The document is also keen to point out the importance of a reduced case load and appropriate time for the increased responsibility that this multiple support would require. Again, our members have fed back that PTs are often not afforded any reduction in case load when they have one student, let alone multiple students.

How do the NMC encourage registrants to raise concerns?

The NMC has asked us to encourage any members with concerns to raise these concerns locally. The routes that can be used are:

- via their employer
- via their link with the AEI

We have also previously encouraged members who felt their employer was forcing them to act outside of their code of conduct and ethics in this matter to raise this directly with the NMC. However the NMC Council took the decision in March 2012 to phase out its professional advice helpline thus removing this important ability to air concerns related to their professional regulation.

Conclusion

We will continue to work with both the Nursing & Midwifery Council and the Department of Health to argue the case for clear standards. Ultimately it is unacceptable to have a situation where registrants and our members are placed in a situation where they are at risk of breaching their code, or that the equality proofing of AfC is undermined.

Further information

As part of our work to address members concerns, we carried out an online training session on 25th May 2012. Members can both download the slides and ‘listen again’ to the presentation delivered by Unite Professional Officer Dave Munday.

We would encourage all members with an interest in this area to review that information via www.unitetheunion.org/CPHVA (Click on Events > Past Events > Online Training Sessions > Session 3).

The Unite/CPHVA Education Forum will also be issuing further information on this subject during 2012. As always, members should ensure they read the Community Practitioner Journal for this update.

Links


• Guidelines for Band 7 Health Visitor. Issued by the Unite Nursing Occupational Advisory Committee 21/03/2011. Available at http://unite.newsweeaver.co.uk/r14w2tttrupf1nlbsldq69k?email=true.


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