



NMC Consultation on a New National Register

*Response from the Community
Practitioners' and Health Visitors'
Association (CPHVA)*

Introduction

As a leading professional organisation and trades union representing a significant majority of community practitioners and health visitors affected by the outcome of this consultation process, the CPHVA is pleased to be able to offer its response.

This response has been compiled in consideration of debate at our Annual General Meeting this autumn, and consultation with our general membership.

Some of the points made by us are general in nature and we look forward to working with the Council to further discuss how the new register might operate.

The third part of the register

The consultation document makes it clear that Council favours a three part register. We agree with this position. Similarly, we agree that registration on this part of the register should relate to practice in a public health and population based context. This practice is distinct from general nursing, which largely involves the provision of care to ill people, and midwifery - the provision of care to expectant and new mothers and neonates.

The Council proposes the title 'Public Health Practitioner' for the third part of the register. The CPHVA accepts this title as a suitable descriptor for the broad group of practitioners (including school nurses and health visitors) engaged in public health and population based working. However, we feel that it is important to recognise the specific competence sets associated with current roles.

For example, health visitors are well recognised as having specific competencies which they make available to individuals, groups, and communities. We believe that titles such as health visiting describe well-established roles even though these may change and develop in the future. Being able to define roles through the competencies required to execute them, and preventing those without those competencies from doing so, is also an essential asset so far as public protection is concerned.

The CPHVA is particularly pleased that NMC representatives, including the President – have acknowledged the benefit of incorporating the title of 'Registered Health Visitor' within the Public Health Practitioner part of the

register. These representatives have also given their assurance that the use of the registered health visitor title will continue for those practitioners who believe it is the best descriptor of their practice, and whom have the educational preparation needed to meet the competencies of a registered health visitor. We welcome this wholeheartedly, and the CPHVA expects the title Registered Health Visitor to continue to have valid and meaningful currency within this part of the register

Other groups of practitioners, for example school nurses and occupational health nurses, who readily identify with the descriptor 'public health practitioner' should also be registered on this third part of the register. Again, whilst they will, by definition, be public health practitioners, they should be able to use their current titles as a useful marker of the competency sets they possess and make available to their respective client / patient groups.

Practitioners whose role is less obviously defined as public health practice should be able to determine for themselves where they would wish to be registered, be this in the general nursing part of the register, or as midwives or public health practitioners.

Again, the Council has intimated that the revised standards for health visiting will be used as a reference point for determining eligibility criteria in accessing the third part of the register. We suggest that any practitioner wishing to register as a public health practitioner should meet these competencies. If they do not, then their place on the register is in the nursing or midwifery parts.

Some practitioners may wish to have their specific expertise / competency sets acknowledged as part of their registration. This would also be useful for the general public and employers. We would suggest those practitioners, who do not fulfil the criteria for registration as public health practitioners are registered as nurses with recordable specialist qualifications marking their specific role and competencies. In this regard we would also recommend that Council take the opportunity to define the competencies required to fulfil certain roles which are currently unregulated. A prime example would be 'nurse practitioner'. We recommend that Council defines this role and a requirement is made to meet proscribed competencies before use of the title and recording of an appropriate specialist qualification.

Direct entry

Given that the third part of the register will stand alongside those of nursing and midwifery, which have direct entry programmes, it is logical that it could develop such a facility. The CPHVA supports the potential for direct entry to the third part of the register although we would wish to explore this with Council in far greater detail. The CPHVA is particularly mindful of the benefits many health visitors attribute to their background as registered. We would wish to have more detail as to the 'nursing and / or midwifery component' Council proposes as core to the content of any direct entry programme before

our response can be equivocal. Such a move will require extensive consultation and should be piloted before implementation.

Levels of practice

The CPHVA accepts there should be the facility to acknowledge levels of practice within the whole new register structure. This is particularly relevant given that registrants across all parts of the proposed register can be seen as novice practitioners in their particular field of practice. There should be in place a mechanism that recognises the transition from novice to expert practitioner, and informs the transition to specialist practitioner in the workplace.

Whilst this is relevant to all three parts, we would emphasise the significance of this to public health practitioner registrants. For example, at present a newly qualified and registered health visitor is acknowledged as a de facto specialist and remunerated accordingly. In a direct entry model specifically, it would be possible to qualify and register as what we might call a 'staff' grade. As such Council needs to consider how it will encourage practitioners to develop their practice, and employers in supporting them as they progress toward specialist practice.

Although The CPHVA believes the recognition of specialist practice is of paramount importance, we also see that some practitioners may well develop their skills to an advanced level and the NMC should consider ways of acknowledging these individuals. The 'Higher Level of Practice' model developed by the UKCC seems unwieldy and unnecessarily cumbersome in its approach and application.

Good Health and Character

The CPHVA believes that it is an essential function of the register and Council to ensure that procedures are in place for checking the good health and character of applicants to educational programmes and all applicants to the three parts of the register.

For those applicants seeking to renew registration, we believe affirmation of good health should be through self-declaration. This is appropriate for a self-regulating profession underpinned by a robust code of conduct with a range of sanctions available to those who might transgress it through false statements.

We would add that the NMC takes steps to improve upon the record of the UKCC in testing declarations made as part of the ongoing registration process for any practitioner. It is all well and good operating a system based on trust alone, but there will always be the potential for innocent omission or deceit. We would recommend a random audit of statements made in reference to re-registration in particular, accompanied by a review of a sample of professional portfolios.

Entry to pre-registration education

The CPHVA supports Council's proposal to set broad educational principles provided that these cover competence in written and spoken English and numeracy.

**CPHVA
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