Scottish subject benchmark statement

Specialist community public health nursing

January 2009

Contents

Preface

The subject benchmark statement for health visiting in Scotland was published in 2002. This new Scottish subject benchmark statement for specialist community public health nursing (SCPHN), while drawing on aspects of the previous statement, takes account of developments that have occurred since the previous benchmark statement was published. These developments include not only changes in policy, changes in service delivery and their implications for programmes of professional preparation, but also the establishment of a new statutory regulatory body, the Nursing & Midwifery Council (NMC) and the development of standards of proficiency for different programmes of professional preparation. In particular, this new statement takes account of the fact that the SCPHN part of the NMC Register pertains in regulatory terms to a variety of different practitioners who predominantly work in public health nursing. This includes not only health visitors but also other practitioners such as school nurses, occupational health nurses and family health nurses (Scotland). A further significant development has been the continuing work based upon Appendix 1: Emerging health professions framework, which has been replaced in this new statement by Appendix 1: Statement of common purpose for subject benchmark statements for the health and social care professions.

This subject benchmark statement therefore provides a means of describing the contemporary nature and characteristics of programmes of study and education in SCPHN in Scotland for the roles of its various practitioners. It also represents general expectations about standards for the award of qualifications at a given level and articulates the attributes and capabilities that those possessing such qualifications should be able to demonstrate. The benchmark statements and expected features, while detailed, are also purposefully broad to allow programme planners to adapt them for different types of educational programmes pertinent to different types of practitioners in the field of SCPHN. Thus programme planners for the different types of professional practitioners will meet the threshold standards in ways that are pertinent to their particular disciplines and areas of focus in SCPHN.

While this subject benchmark statement has been informed by the *Recognition scheme for subject benchmark statements*, published by the Quality Assurance Agency for Higher Education (QAA) in 2004[1], it has also taken account of the fact that statements that are specific to the higher education sector in Scotland are handled by QAA Scotland and are subject to a separate process and consultation. For this reason, this statement has been prepared in collaboration with key stakeholders with a shared investment and future vision regarding both the innovative diversity and quality of programmes of preparation that meet the needs of SCPHN in the National Health Service (NHS) Scotland.

Subject benchmark statements are used for a variety of purposes. Primarily, they are an important external source of reference when new programmes are being designed and developed. They provide general guidance for articulating the learning outcomes associated with the programme but are not a specification of a detailed curriculum. Benchmark statements provide for variety and flexibility in the design of programmes and encourage innovation within an agreed overall conceptual framework.

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[1] Available at www.qaa.ac.uk/academicinfrastructure

Subject benchmark statements also provide support to institutions in the pursuit of enhancement-led institutional review (ELIR). They enable the learning outcomes specified for a particular programme to be reviewed and evaluated against agreed general expectations about standards.

Subject benchmark statements may be one of a number of external reference points that are drawn upon for the purposes of ELIR. Reviewers do not use subject benchmark statements as a crude checklist for these purposes, rather they are used in conjunction with the relevant programme specifications, the associated documentation of the relevant professional and statutory regulatory bodies, and the institution's own internal evaluation documentation, in order to enable reviewers to come to a rounded judgement based on a broad range of evidence.

The benchmarking of standards in healthcare subjects is undertaken by groups of appropriate specialists drawn from higher education institutions, service providers and the professional and statutory regulatory bodies. In due course, the statements will be revised to reflect developments in the subjects and the experiences of institutions, academic review and others that are working with them.

Foreword

This subject benchmark statement provides the academic and professional community in Scotland with a framework on which to build creative and forward-looking programmes of professional preparation. In addition, it provides programme planners with a clear guide to the threshold standards required of a programme of education that will enable students to be eligible for professional registration.

This is a revised statement building on the Scottish subject benchmark statement for health visiting published by QAA in 2002. It takes account of the complexities of the ever-changing educational and healthcare policy environment. Furthermore, it includes the professional statutory changes that set, maintain and enhance standards of healthcare and its delivery for the profession.

I commend the diligence, motivation and commitment of the benchmarking group in ensuring that the statement is contemporary, fit for purpose and user-friendly for academics, practitioners and students.

It is therefore with confidence that I present you with this updated Scottish subject benchmark statement.

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Convener

Nursing, midwifery and specialist community public health nursing Scottish benchmark groups

January 2009

1   Introduction

1.1   The disciplines of health visiting, school nursing, occupational health nursing and family health nursing (Scotland) have, in regulatory terms, been incorporated into the specialist community public health nursing (SCPHN) part of the NMC Register. This benchmark statement describes the nature and standards of programmes of study in SCPHN that lead to the subject awards made by higher education institutions in Scotland. This benchmark statement has also taken account of the Statement of common purpose for the health and social care professions (Appendix 1). This makes the Scottish benchmarking statement consistent with the United Kingdom (UK) context, both in terms of specificity to the SCPHN professions and to other health and social care professions.

1.2   Within such a UK context, Scotland has a devolved education system. This is reflected in the fact that the Scottish Credit and Qualifications Framework (SCQF) is slightly different from that of its counterparts in the rest of the UK. In particular, Scotland has continued to embrace the development and award of the Scottish Ordinary degree for a range of vocational and professional programmes of preparation, and it remains as the threshold standard for qualification in programmes of SCPHN in Scotland, although such programmes of preparation may also be offered at honours and postgraduate level in some institutions.

1.3   It is for this reason that the subject benchmark statement for SCPHN has been designed and presented in a way that may differ slightly from its counterparts in the rest of the UK, while, as noted above, still remaining congruent with the overall purpose and value of the work already undertaken, including that of the Statement of common purpose for the health and social care professions.

1.4   The design and presentation of the benchmark statement for SCPHN continues to be influenced by the benchmark design pertaining to the standard for initial teacher education in Scotland. In particular, the benchmarking group placed a high value on the way in which a single set of benchmarks and expected features were presented as the threshold standard for professional preparation at an appropriate level of academic award. The benchmarking group took the view that such a manner of presentation was also appropriate for the SCPHN context in Scotland with its current level of award of Ordinary degree and above, and therefore made the decision to continue down that route. This will enable the different higher education providers of SCPHN programmes in Scotland to meet the threshold standards in their programme design while also facilitating unique pathways of provision and completion as and where appropriate.

1.5   The benchmarks for SCPHN in Scotland, along with the expected features of the threshold standard are set out under the following three main headings:

A   Professional knowledge and understanding
B   Professional skills and abilities
C   Professional values, accountability and development

1.6   It is important to note that these three headings signify a high degree of interdependence where the academic nature of the programme meets the professional requirements of a programme that is practice-based but education-led. In this respect, the benchmarking group valued the opportunity to cross-reference the benchmarks and their expected features with the standards of proficiency for entry on to the SCPHN part

of the NMC Register (see Appendix 2). This fact has also strongly influenced the template in which threshold standards are presented. A further significant fact is that the three headings stated above are consistent with the template developed in the Statement of common purpose for the health and social care professions.

1.7   The section on teaching, learning and assessment draws attention to the central role of practice in the design of learning opportunities for students and the importance of ensuring that professional standards of proficiency developed through practice are adequately assessed and rewarded. It also notes how essential it is that the integration of theory and practice is a planned process within the overall arrangements made for teaching and learning.

1.8   This statement acknowledges the need to put the prospective patient and client at the centre of the student's learning experience and to promote within that experience the importance of team-working and cross-professional collaboration and communication. Implicit in the statement are the opportunities that exist for shared learning across professional boundaries, particularly in the latter stages of educational preparation when inter-professional matters can be addressed most productively. It is essential that the opportunities that exist for shared learning in practice are optimised, as well as best use being made of similar opportunities that prevail more obviously in classroom-based activities.

1.9   This statement and the associated statements will therefore allow higher education institutions, in partnership with service providers (where appropriate), to make informed curriculum choices about the construction of shared learning experiences. In this context shared learning is seen as one of a number of means of promoting improved collaborative practice and addressing a range of issues which span professional accountability and professional relationships. The statement has also been written in the context of the modernisation agenda for the health service in Scotland, where the goal is that of an ever-improving service and a continuing focus on patient and client-centred needs in what remains a practice-based and education-led preparation. In this respect, benchmark statements strive to make education fit for purpose in a manner that augments transparency and accountability to all stakeholders.

1.10   This statement does not set a national curriculum for programmes leading to awards in SCPHN. It acknowledges that the requirements of the professional and statutory regulatory bodies need to be incorporated into the design of programmes. It seeks to encourage higher education institutions and service providers to work collaboratively in the design and delivery of their curricula. Its essential feature is the specification of threshold standards, incorporating academic and practitioner elements, against which higher education institutions are expected, as a minimum, to set their standards for the award.

1.11   Finally, the subject benchmark statement for SCPHN has also been designed in such a way that looks to the future, in terms of internal quality enhancement, continuing professional development and the modernisation agenda. Thus this benchmark statement is seen as the second phase in an ongoing evolution of quality systems, inter-professional collaboration, and transparency of programme content and design in a manner that is clear to all stakeholders. In this respect, it is presented as a sound platform for the future of the SCPHN professions in Scotland.

2   Defining principles

2.1   SCPHN is a registered qualification that encompasses the disciplines of health visiting, school nursing, occupational health nursing, and family health nursing (Scotland). In the future it will also encompass other nurses and midwives whose primary focus is on population health, but who share some areas of practice and healthcare goals with colleagues in primary care and other professions. Through work with individuals, families and groups in schools, workplaces and communities, they seek to promote health and social well-being and prevent illness. SCPHN practitioners work with these populations, communities, groups and families to address issues of health, social inequalities and social exclusion that represent an increasing focus on public health within contemporary practice. SCPHN services are often unsolicited, and so are not normally offered in relation to specific care needs. As a result services are dynamic, health-focused and able to respond flexibly to a range of service and community needs.

2.2   SCPHN is underpinned by the 10 key principles of public health, grouped into four domains that guide and direct professional practice. These domains include:

● the search for health needs

● the stimulation of an awareness of health needs

● the influence on policies affecting health

● the facilitation of health-enhancing activities.

2.3   This benchmark statement acknowledges contemporary developments within the context of SCPHN, both in Scotland and its regulation across the UK, which will shape its content and focus over time. These developments include an increasing emphasis on public health and primary care within the health service; social, demographic and epidemiological changes; new models of service provision; and changes in professional practice.

2.4   The NMC and higher education institutions approve SCPHN programmes at degree level, including honours and postgraduate. This benchmark statement therefore incorporates the NMC Standards of proficiency for SCPHN. Registration as a first level nurse or as a midwife is a requirement for entry to an SCPHN programme. Study may be undertaken on a full or part-time equivalent basis. SCPHN programmes have a curriculum that consists of generic modules that may be shared with other disciplines in community nursing specialist practice, and also discipline-specific specialist modules. Programmes have an equal balance of theory and practice. While ensuring that students acquire the unique knowledge and skills to underpin practice in the disciplines contained within SCPHN, education programmes also prepare students for multi-professional and multi-agency working. Additionally, the benchmark statements and expected features, while detailed, are also purposefully broad to allow programme planners to adapt them for different types of educational programmes pertinent to different types of practitioners in the field of SCPHN.

3 Nature and extent of programmes in specialist community public health nursing

The search for health needs

3.1   The search for health needs is regarded as the primary function of the profession and one that is fundamental to the process of SCPHN. It incorporates searching out, identifying and assessing need. While these stages occur in an integrated way, it is necessary to conduct a search or an investigation of health needs before the process of identification and assessment can be satisfactorily completed.

3.2   Searching proactively for health needs takes place at individual, family and community levels. The search is focused on the identification of factors influencing health at all levels. It is initiated by SCPHN practitioners, is non-stigmatising, and guided by a code of ethics and client participation in the process. They may also search for unmet needs in society across various populations and identify needs not currently addressed by other professional groups. Identification of the broader environmental influences on health, including those closely associated with poverty, poor housing and unemployment, is an essential part of the role.

3.3   A partnership approach, through which clients are empowered to address issues influencing their health, is an important element of the process and is central to the promotion of health and the prevention of ill-health. Not all health needs are immediately transparent and particular skills are required to identify health needs which have not been met. On an individual basis the principle of searching for health needs is demonstrated through skilled observation of, and communication with, clients. Hidden needs are revealed through this mechanism, where discussion is focused on helping clients to examine situations and possible interventions, ensuring that they are provided with the opportunity to discuss issues they may not have raised independently.

3.4   The expert nature of searching for health needs in communities and populations is apparent in the methods used, which include qualitative and quantitative approaches to the collection, interpretation and analysis of data. SCPHN practitioners are involved in developing profiles of the health and social needs of the local population. This involves bringing together relevant epidemiological data, information from the caseload, general practice, school and workplace data, local information, and needs expressed by individuals and communities. This information is used to inform local health improvement programmes and to influence resource allocation to areas with the greatest health and social needs.

The stimulation of awareness of health needs

3.5   Stimulating an awareness of health needs is the next domain in the process. This domain underpins professional practice at an individual, family, community and political level and relates to stimulating awareness through the provision of knowledge and influencing beliefs and behaviours which positively affect health.

3.6   This domain is particularly relevant to the work undertaken with vulnerable groups in society who may have limited access to information regarding health and social services. Some SCPHN practitioners will work with socially excluded groups to stimulate an awareness of health needs and to establish outreach services to promote social inclusion.

3.7   The SCPHN role in stimulating an awareness of health needs is based on the principles of empowerment. This includes the provision of information and the building of self-esteem and confidence, to motivate and enable individuals to see health as a positive resource.

3.8   SCPHN practitioners work closely with other professionals and statutory and voluntary agencies or employers to raise an awareness of and address the needs of individuals and communities, and to provide services where they are most needed. They also apply the principle of stimulating an awareness of health needs through positively influencing the media and by working with action groups. Environmental and health and safety issues, and legislation, may also be a major focus of their work in occupational health.

The influence on policies affecting health

3.9   The principles within the domain of influencing policies that affect health is pivotal to the role in promoting health and underpins work at a local and national level.

3.10   This domain is applied in practice through activities that seek to influence policies at an individual, community and national level. These activities are the evaluation of the effectiveness of current practices and the provision of feedback to inform future organisational policy and strategic planning and the use of new data to stimulate policy development. A contribution to the activities of professional organisations and other national bodies that represent the needs of clients and the profession may also be made. In each of these cases, the SCPHN practitioner may be engaged in leading direct action and/or in empowering individuals and groups themselves to seek positive change. This is also to recognise global threats to public health along with advancing technologies, environmental hazards and changes in family and community structures, including increased migration across different countries and cultures.

The facilitation of health-enhancing activities

3.11   The facilitation of health-enhancing activities also operates at multiple levels and recognises the importance of the social context in promoting population health in the face of global threats, demographic changes, advancing technologies and changes in family and community structures. SCPHN practitioners act as catalysts for change and promote an understanding of factors that influence health. Within a framework of empowerment, advocacy and leadership, they work in partnership with individuals, families, groups and communities to facilitate health-enhancing activities. The aim of the work is to enable others to control or change their own lifestyle or environment. SCPHN practitioners also work closely with other agencies and bodies to promote the development of services supporting health-enhancing activities.

4 Threshold standard for SCPHN programmes in Scotland: elements of professional development

4.1   Programmes of SCPHN preparation are for many nurses and midwives a developmental step in a career of lifelong learning and public health service. Programmes of preparation that lead to registration on the SCPHN part of the NMC Register are required to promote three main aspects of such development:

A   Professional knowledge and understanding
B   Professional skills and abilities
C   Professional values, accountability and development

4.2   This approach is illustrated in figure 1 below. The significance of placing these aspects of professional preparation within a triangle is to emphasise that they are not simply lists of proficiencies or outcomes. They are inherently linked to the professional development of the student and, subsequently the qualified practitioners on the SCPHN part of the NMC Register, and one aspect does not exist independently of the other two. It is the relationship between the three aspects that constitutes a meaningful education and preparation to practice. Benchmark statements have been produced for each of the three aspects and programmes will be designed to give attention to each of these and to their interaction. The benchmark statements, as well as meeting the requirements of academic study, also incorporate the standards of proficiency that are a statutory requirement for registration.
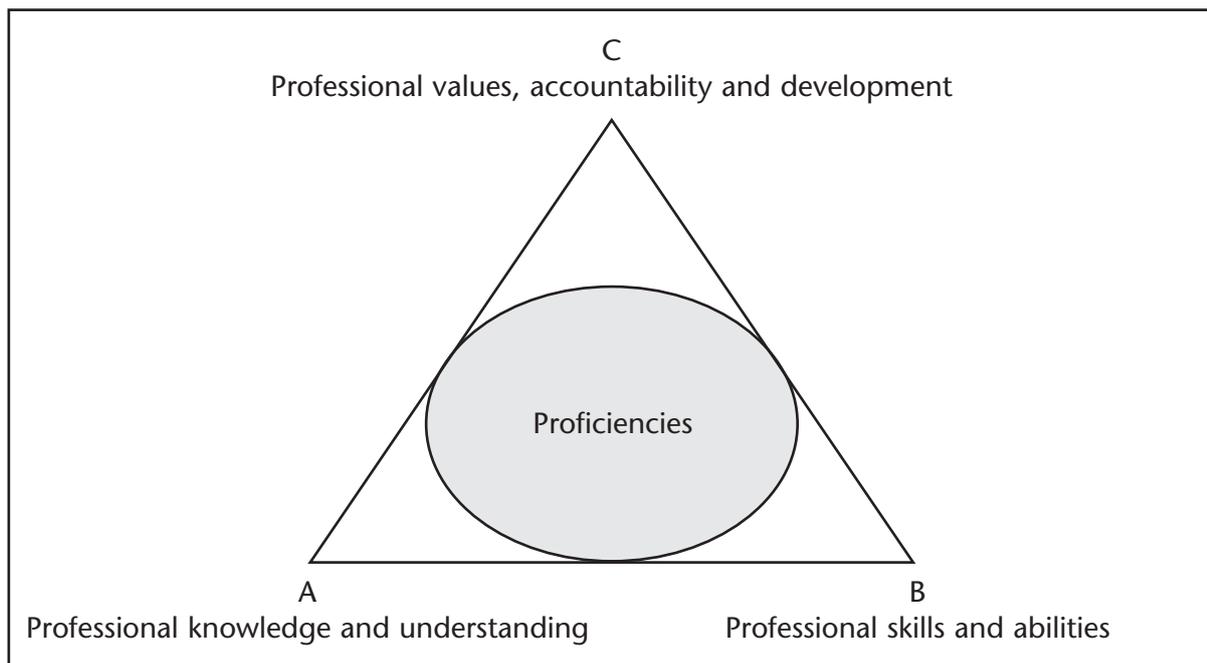

Figure 1: Aspects of professional preparation and development

4.3   The threshold standard for SCPHN programmes of preparation in Scotland contains three key elements, which are detailed over the following pages. Firstly, there are the 'benchmarks' - statements specifying the design requirements for programmes of SCPHN preparation in Scotland. Secondly, each benchmark contains a bulleted list of 'expected features', which designate aspects of student performance that the

programme is designed to achieve in relation to a particular benchmark. These expected features will be used in designing assessment strategies that facilitate the integration of academic work and practice learning. Thirdly, each benchmark has been cross-referenced to the appropriate standards of proficiency, the meeting of which is a statutory requirement for registration on the SCPHN part of the NMC Register in the UK. In this manner, the benchmarking exercise has occurred within the context of a devolved Scottish education system while still embracing the UK context of the SCPHN part of the register and its statutory requirements, along with the Statement of common purpose for the health and social care professions.

4.4   Additionally, and as has already been noted, the benchmarks and expected features, while detailed, are also purposefully broad to allow programme planners to adapt them for different types of educational programmes pertinent to different types of practitioners in the field of SCPHN.

Threshold standard for specialist community public health nursing programmes in Scotland

A: Professional knowledge and understanding

Benchmark The programme of preparation will enable students to:	Expected features By the end of the programme students will be able to:	Cross-reference to NMC proficiency standards
A1 - analyse and reflect upon the nature of SCPHN, and forms of public health knowledge and practice.	• analyse different perspectives on health and how they influence public health, theoretical models underpinning practice, and the nature of SCPHN, including boundaries, roles, responsibilities and opportunities for development • demonstrate an understanding of the historical roots of healthcare and public health in the UK, and of current developments in public health and social care • demonstrate an understanding of the policy-making process and of the mechanisms by which professional practice contributes to healthcare policy, the development of primary healthcare and the improvement of the health of the public • demonstrate an understanding of how primary health care, public health, health education and health improvement are organised • exercise professional judgement based on an awareness of key issues in SCPHN, and demonstrate a higher level of decision-making and an evidence-based approach to practice.	A, B, C, D
A2 - understand the appropriate life and human sciences that underpin and inform public health and SCPHN practice.	...demonstrate an understanding of: • health and altered health states throughout the lifespan, including identification of deviation from the norm, factors which influence health, and opportunities and strategies for prevention • communicable diseases and their prevention and control • pharmacology and related subjects, diagnostics and the legal and ethical issues relating to the prescription, supply and administration of medicines, and the role of the practitioner in SCPHN in the prescribing and management of medicines	A, B, C, D

		A, B, C, D
	• the multifactorial nature of vulnerability and abuse, risk assessment, preventative strategies and interventions • environmental health hazards across a range of locations as informed by health and safety legislation.	
A3 - understand the appropriate health and social sciences that underpin and inform public health and SCPHN practice.	• demonstrate a particular understanding of public health theory and practice, including epidemiological, health-economic and sociological perspectives • demonstrate an understanding of social and health policy, and the strategies by which SCPHNs can influence its development, including diversity, methods of public involvement and social inclusion • demonstrate an understanding of social science, with particular emphasis on the factors contributing to differences in health experience, the influence of poverty, inequality, culture, disability and differential health needs of individuals, groups, communities and defined populations • demonstrate an in-depth knowledge and understanding of the nature of communities and how these influence health and health care within a variety of contexts, settings and sectors • demonstrate an understanding of child protection policies and procedures and the legal framework within which these operate • demonstrate an understanding of the policies and procedures for the protection of vulnerable adults, including the legal framework within which these operate • collect and structure data and information on the health and well-being and related needs of a defined population • demonstrate an understanding of theoretical perspectives from the health and social sciences, and how these can be related to the life experiences of individuals, groups, communities and defined populations • demonstrate an understanding of theories of learning and teaching, applied to individuals, families, groups, communities and defined populations.	

| A4 - acquire knowledge of, and demonstrate an understanding of, applied principles and concepts in professional practice. | • understand selection of research methods, and evaluation of research findings pertinent to the principles, practice and outcomes of SCPHN
• understand the use of epidemiological data and community and caseload profiles, audit and evaluation data
• understand research methods utilised in health surveillance and screening of individuals, families, groups, communities and defined populations, and evaluation thereof
• interpret, adapt and utilise models of health needs assessment, and analyse data within a multi-agency environment, supporting the SCPHN contribution to health improvement, including feedback and evaluations from users, carers, and statutory and voluntary organisations
• analyse and know how to investigate the impact of key factors, for example poverty, inequality and discrimination when working with individuals, families, groups, communities and defined populations, and contribute to the formulation and implementation of appropriate interventions
• analyse human experiences, taking into account the views of participants, research evidence, legislation, organisational policies and procedures, and the local context
• demonstrate professional judgement in the consideration of information gathered
• demonstrate professional judgement in the prioritisation of the provision of appropriate resources to individuals, families, groups, communities and defined populations
• understand methods of assessing human development and health status, identify deviations from the normal and initiate referral where appropriate
• understand methods of prevention and management of environmentally-acquired conditions/diseases, for example asthma, noise-induced hearing impairment
• demonstrate an understanding of management theory, including resource-management and effective change-management
• demonstrate an understanding of the principles of leadership within a multi-disciplinary/multi-agency context. | A, B, C, D |

		Cross-reference to NMC proficiency standards
A5 - develop the understanding and skills required to use information and communication technology (ICT).	• demonstrate proficiency in the use of ICT applications as appropriate to client care and own professional learning • access literature databases to augment quality of SCPHN practice and professional development • use the internet as an information and learning resource • use electronic databases and information-systems pertinent to SCPHN practice • accurately record data appropriate to the SCPHN setting and context, adhering to the Data Protection Act and other relevant legislation.	A, B, C, D
A6 - demonstrate the skills of numeracy necessary for SCPHN knowledge and practice.	• exercise pertinent skills of numeracy in the prescription, handling, supply and administration of medicines • interpret, organise and present numerical and statistical data pertinent to SCPHN practice • select appropriate formats for data presentation relevant to the information being conveyed and its intended purpose across a variety of audiences, for example professionals, parents and young people.	A, B, D

B: Professional skills and abilities

Benchmark The programme of preparation will enable students to:	Expected features By the end of the programme students will be able to:	Cross-reference to NMC proficiency standards
B1 - utilise higher level communication and leadership skills pertinent to SCPHN practice.	• demonstrate appropriate communication, interpersonal, advocacy and counselling skills in professional and therapeutic relationships, including challenging individuals or families in respect of health-related behaviours • work in partnership with others to promote their ability to influence factors affecting their health • demonstrate the ability to work effectively with individuals, families, groups, communities and defined populations to promote their health needs • be proactive in the development and maintenance of empowering and supportive relationships through the use of appropriate communication and interpersonal skills	A, B, C, D

	• demonstrate expertise in the use of self-empowerment and community development approaches • select and apply an appropriate range of teaching methods in the context of public health • effectively communicate and negotiate with a variety of agencies • apply leadership skills and manage projects to improve health and well-being.	
B2 - utilise appropriate knowledge and skills to identify and assess the health needs of individuals, families, groups, communities and defined populations across a range of public health issues, for example environmental hazards, global health threats, pandemic flu, breastfeeding, parenting, obesity and alcohol.	• work proactively in the search for health needs at an individual, family, group, community and population level • identify the multi-factorial influences on health and use this information to analyse the health of individuals, families, groups, communities and defined populations • utilise a range of health needs assessment appropriate to assessing the health needs of individuals, families, groups, communities and defined populations in different environments • assess and evaluate professional strategies and healthcare interventions to meet health needs of individuals, families, groups, communities and defined populations • identify risk factors that may lead to the potential for harm and abuse • undertake diagnostic health screening and health surveillance activities.	A, B, C, D
B3 - formulate plans and strategies for addressing the health needs of individuals, families, groups, communities and defined populations.	• apply evidence-based approaches to plan interventions to address health needs • engage with individuals, families, groups, communities and defined populations to be aware of and to participate in decisions regarding their health and health care • work with individuals, families, groups, communities and defined populations to raise awareness and to access available information and services in a manner that empowers them • advise on the range of local, regional and national services available to assist with health improvement and health care and the means to access these • contribute to the development of a community health profile and health needs assessment	A, B, C, D

• work with others to develop strategies to promote social inclusion • utilise opportunities to influence health, social policy and practice at local, national and international levels • initiate practice developments to enhance the quality of the SCPHN contribution to public health and quality of care • advocate on behalf of others in appropriate circumstances.	A, B, C, D
B4 - demonstrate the knowledge and skills required to undertake health improvement activities for individuals, families, groups, communities and defined populations.	• act independently and collaboratively within a multi-disciplinary and multi-agency context, providing professional leadership on public health issues • plan, provide and evaluate health improvement interventions for individuals, families, groups, communities and defined populations • develop networks and work in partnership with others in health improvement activities for individuals, families, groups, communities and defined populations • facilitate the learning of others in relation to identified health needs for individuals, families, groups, communities and defined populations • facilitate access to appropriate services • work with vulnerable groups to promote social inclusion • initiate and participate in community development • promote and maintain the health of children and adults of all ages and initiate referral where appropriate • be proactive in identifying and managing conflict situations for individuals, families and groups • initiate action to identify and minimise risk in relation to promoting protection and safety for vulnerable individuals of all ages, working in partnership with families and other professionals and agencies • evaluate strategies/programmes for the prevention and management of physical and/or psychological abuse and initiate appropriate referrals • contribute to the prevention, management and control of communicable diseases • promote and facilitate occupational health in appropriate environments • prescribe medicines as permitted in legislation.	

B5 - demonstrate the knowledge and skills required to evaluate health improvement strategies and activities, and key public health targets.	• demonstrate a critical, reflective approach to practice • lead and participate in the implementation and monitoring of quality assured standards of service provision • lead and contribute to the development and evaluation of health improvement strategies and key public health targets • disseminate and apply the outcomes of evaluation to monitor and improve public health nursing practice and services.	A, B, C, D
B6 - develop partnerships to engage in collaborative team, multidisciplinary and multi-agency working.	• work collaboratively with others to support and implement policy and strategies to improve health • exercise team leadership and participate effectively in multi-professional approaches to health and social care • generate and maintain effective interactions with relevant external agencies and utilise appropriate referral procedures • act as a source of expertise on public health issues within multidisciplinary and multi-agency settings in health and social care.	B, C, D

C: Professional values, accountability and development

Benchmark The programme of preparation will enable students to:	Expected features By the end of the programme students will be able to:	Cross-reference to NMC proficiency standards
C1 - value diversity and demonstrate a commitment to promoting an holistic concept of health and social well-being for individuals, families, groups, communities and defined populations regardless of age, gender, sexuality, race, disability, creed or culture.	• demonstrate that they value clients as unique individuals • demonstrate commitment to practising in a sensitive and non-discriminatory manner that promotes dignity, social justice and human rights • demonstrate knowledge of, and commitment to, the legal framework regarding social inclusiveness and anti-discriminatory practice • practise in a manner that respects client confidentiality within legal and professional frameworks • exercise professional judgement in practice within the ethical and legal boundaries contained within NMC's *The Code Standards of conduct, performance and ethics for nurses and midwives.*	A, B, C, D
C2 - understand the importance and requirements of professional practice and accountability in different healthcare settings and employer contexts.	• demonstrate a commitment to professional self-regulation, act within a framework of professional accountability and respect the need to maintain the integrity of the profession and not bring it into disrepute • demonstrate accountability for practice, taking into account social, spiritual, cultural, legal, political and economic factors • articulate and justify decision-making processes associated with managing practice, and make appropriate professional judgements with confidence • demonstrate an understanding of legislation and legislative processes that govern specific aspects of practice • demonstrate the ability to undertake safe practice in a variety of contexts, including personal safety, and contribute to promoting and maintaining a safe healthcare environment	A, B, C, D

	• apply the principles of clinical governance to SCPHN practice, including the assurance of quality through audit • contribute to research and other scholarly activity in the development of leadership for professional practice • understand and adhere to the requirements of the professional statutory body • demonstrate an awareness of professional roles, responsibilities and boundaries, and the contexts and settings in which health care is delivered.	
C3 - value themselves as professionals by taking responsibility for their lifelong learning, reflective practice and the professional development of self and others.	• demonstrate a commitment to self-evaluation and continuing professional development • engage in self-directed learning, contribute to effective learning experiences for students, and promote an environment conducive to learning • engage in clinical supervision and other approaches to the review and development of practice • demonstrate a willingness to recognise and reflect upon the need for changes in practice from available evidence • undertake personal and professional reviews of team members, identifying potential and facilitating professional development • support and guide the professional practice of team members, and facilitate appropriate professional development.	A, C, D

5   Teaching, learning and assessment

5.1   Decisions about the strategies and methods for teaching, learning and assessment are for institutions to determine, but should complement the learning outcomes associated with health profession programmes. It is not for benchmark statements to promote any one, or combination of, approaches over others. However, this benchmark statement promotes an integrative approach to the application of theory and practice. It underlines the significance attached to the design of learning opportunities that facilitate the acquisition of professional capabilities, and also underlines the significance attached to assessment regimes that ensure these are being delivered and rewarded to an appropriate standard. The provision of programmes of academic study and practice-based learning is fundamental to the basis upon which students are prepared for their professional career. These programmes lay the foundation for career-long professional development and lifelong learning in order to support best professional practice and the maintenance of professional standards.

5.2   The applied nature of SCPHN as an academic subject means that practice is an essential and core element of the curriculum, equal in value to learning of a theoretical nature. In this statement 'practice' as an activity refers to experiential, action-based learning that takes place not only in SCPHN practice placements but also in a variety of other experiential learning situations that reflect public health practice developments. In this sense, practice provides opportunities for students to improve and demonstrate their understanding through the application and testing of knowledge and skills, including practical skills. Practice learning opportunities are subject to professional regulations that further define educational requirements, standards and modes of assessment. An appropriately qualified practice teacher must facilitate and assess the learning that takes place in practice placements.

5.3   Students should be offered a variety of teaching strategies that take account of individual learning styles and the needs of the curriculum. Assessment strategies must explore the student's ability to conceptualise, compare and analyse issues from a range of sources and demonstrate the integration of theory and practice, including appropriate practical skills. The assessment strategy used within an SCPHN programme must ensure the coherent and comprehensive assessment of the fitness of the student to both enter the professional register and to meet the requirements of the academic programme.

Appendix 1: Statement of common purpose for subject benchmark statements for the health and social care professions

General introduction to the development of the Statement of common purpose

Subject benchmark statements are relatively new in health care. During their initial development, it became apparent that there were features common to each subject area and potential areas of overlapping among the statements. The opportunity was taken, therefore, to develop a framework to be associated with each of the subject-specific benchmark statements. The framework was, accordingly, included in each statement in order to illustrate, on one hand, the shared context upon which the education and training of healthcare staff rests and, on the other, the unique professional context within which programmes are organised. At the time, it was also recognised explicitly that experience and developments in health and social care practice would demand revisiting the statements periodically. For this reason and because there was potential for the framework to embrace other health-related areas as well as social care, the original framework was always referred to as 'emerging' and never published separately from discipline-specific benchmark statements.

Many changes have occurred in the five years since the development and adoption of the emerging framework associated with a number of subject benchmark statements in health care. These include considerable development of interprofessional education, the emergence of new professions and additional roles and technologies in health and social care, the appearance of new regulatory bodies, significant changes in the way in which services are delivered, and a much enhanced requirement for clients and patients to be enabled to participate in making decisions about their care and care needs. These factors, and others, suggest that the emerging framework associated with the first set of benchmark statements for health-related subjects is now in need of significant revision and needs re-casting to place clients' and patients' expectations of health and social care staff at the centre of its focus.

The development of a statement crossing health and social care is ambitious, given that the relationship between social care and social work is contested. Social work can be seen as part of social care or as distinct from it. Even a definition of the social care workforce is complicated. It can be seen as comprising staff who perform roles normally associated with social services or, alternatively, extended to incorporate staff engaged in activities associated with housing, personal advisers for young people, and nursery workers.

The education and training of social workers in England is governed by a subject benchmark, by national occupational standards and by central government requirements. Those training in Wales, Scotland and Northern Ireland will have to qualify and practise within similar regulatory requirements. Education and training for the social care workforce is now receiving greater policy attention, with targets being set to raise the number of qualified staff. A 'statement of common purpose' needs to recognise the complex interrelationship between social work and social care, to embrace the varied roles and tasks that might fall within a definition of social care, and to recognise the distinguishing features of the four-nation context. Such a statement also needs to take

account of the different academic levels from NVQ to post-qualifying education for health and social care/work staff that have been and are being developed. Social work and social care staff, once registered with their governing councils in the four nations, will be required to uphold defined professional values, knowledge and skills that offer a distinctive contribution to people's health and welfare. This needs to be acknowledged in a statement of common purpose designed to span health and social care.

Cross-professional benchmarks and statements of common purpose underpin trends towards increasingly integrated service delivery as well as interprofessional education and training. The challenge is not to subsume one discipline or professional activity into another but to integrate perspectives in a manner that maximises the synergies and distinctive contributions of each. This avoids an approach where health, education, or justice versions of what health care, social care and social work staff should learn and do become dominant. Any statement of common purpose should recognise that the onus to become more integrated in terms of values, knowledge-base and skills, applies to all disciplines and professions.

The Statement of common purpose

Preface

Subject benchmark statements for health-related subjects describe the nature and characteristics of programmes of study and training in health and social care. They also represent general expectations about standards for the award of qualifications at a given level and articulate the attributes and capabilities that those possessing such qualifications should be able to demonstrate.

Subject benchmark statements are used for a variety of purposes. Primarily, they are an important external source of reference when new programmes are being designed and developed. They provide general guidance for articulating the learning outcomes associated with programmes but they are not a specification of a detailed curriculum. Subject benchmark statements provide for variety and flexibility in the design of programmes and encourage innovation within an agreed overall conceptual framework. In health and social care, they offer the opportunity to focus the development of programmes from clients' and patients' perspectives, being creative in relation to interprofessional learning in both academic and practice settings.

Subject benchmark statements also provide support in the pursuit of internal quality assurance. They enable the learning outcomes specified for a particular programme to be reviewed and evaluated against agreed general expectations about standards.

Subject benchmark statements are one of a number of sources of information that are drawn upon for the purposes of external quality assurance, especially where judgements are made regarding whether threshold standards are met, as well as evidence of good practice. Benchmark statements are not used in isolation for these purposes and a broad range of other evidence and reference points support judgements of quality.

Subject benchmark statements may also be of interest to prospective students and employers seeking information about the nature and standards of awards in a given subject area.

Subject benchmark statements make explicit, in published form, the general academic characteristics and standards of awards across the United Kingdom. Benchmarked standards in health and social care subjects derive their legitimacy and authority from a process of drafting and extensive consultation involving appropriate specialists drawn from higher education institutions, subject associations, service commissioners and providers, and the professional and statutory regulatory bodies. Subject benchmark statements are reviewed periodically and, where appropriate, are revised to reflect changes in the subject area.

Introduction

This new statement of common purpose builds on and replaces the emerging framework and, like the emerging framework, is designed to be associated with subject-specific benchmark statements in health and social care. It is set out under three main headings:

1   Values in health and social care practice
2   The practice of health and social care
3   Knowledge and understanding for health and social care practice

The statement places the focus of students' learning on meeting the needs of clients and patients within an environment that requires effective team, interprofessional and inter-agency working and communication, as well as expert care. It aims to encourage shared learning by students from a range of health and social care disciplines, both in practice and in classroom-based activities. Higher education institutions, in partnership with service providers, will make informed curriculum choices about the construction of shared learning experiences which promote improved collaborative practice and this statement is an important consideration in making those choices. It should not, however, be regarded as a national curriculum for shared learning in health and social care.

The currency of the statement will be influenced by contextual developments affecting the disciplines to which the statement relates, including such factors as new regulatory arrangements.

The practice of health and social care professionals will continue to develop as a result of new knowledge and society's changing expectations of health and social care. As a consequence, this statement of common purpose will need to continue to develop and will be subject to periodic review. Comments that could improve it are welcome at any time and should be directed to QAA.

1 Values in health and social care practice

Health and social care professionals are personally accountable for their actions and must be able to explain and justify their decisions. They work in many different settings and practices and have to make difficult decisions about complex human situations which require the application of ethical principles. They seek to improve the quality of life for their patients and clients. All hold a duty to protect and promote the needs of their clients and patients and, in so doing, take into account any associated risks for the public.

1.1 Respect for clients' and patients' rights, individuality, dignity and privacy[2]

Health and social care staff should:

- be open and honest with their clients and patients

- listen to clients and patients

- keep information about clients and patients confidential within the limits of duty of care

- ensure that their own beliefs do not prejudice the care of their clients and patients

- recognise and value cultural and social diversity

- ensure individualised care and treatment to combat discrimination and social exclusion.

1.2 Clients' and patients' right to be involved in decisions about their health and social care

Health and social care staff should:

- provide information about clients' and patients' health and social care options in a manner in which the clients and patients can understand

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[2] 'Clients and patients' is used throughout this document to mean individuals, groups or whole populations.

- gain appropriate consent before giving care and treatment

- enable clients and patients to make informed choices about care, including cases where those choices may result in adverse outcomes for the individual

- provide clients and patients with proper access to their health and social care records.

1.3 Justify public trust and confidence

Health and social care staff should:

- be honest and trustworthy at all times

- act with integrity and never abuse their professional standing

- never ask for or accept any inducement, gift, hospitality or referral which may affect, or be considered to affect, their professional judgement

- always declare any personal interests to those who may be affected.

1.4 High standards of practice

Health and social care staff should:

- recognise and work within the limits of their knowledge, skills and experience

- maintain and improve their professional knowledge, skills and performance

- be committed to enhancing standards of practice in health and social care

- make prompt, relevant, clear, legible and proper records

- must deliver the highest standards of integrity and competence.

1.5 Protection from risk of harm

Health and social care staff should:

- act properly to protect clients, patients, the public and colleagues from the risk of harm

- ensure that their own or their colleagues' health, conduct or performance does not place clients and patients at risk

- protect clients and patients from risks of infection or other dangers in the environment.

1.6 Cooperation and collaboration with colleagues

Health and social care staff should:

- respect and encourage the skills and contributions which colleagues, in both their own profession and other professions, bring to the care of clients and patients

- within their work environment, support colleagues to develop their professional knowledge, skills and performance

- not require colleagues to take on responsibilities that are beyond their level of knowledge, skills and experience.

1.7 Education

Health and social care staff should, where appropriate:

- contribute to the education of students, colleagues, clients and patients, and the wider public

- develop skills of responsible and proper supervision.

2 The practice of health and social care

Health and social care are applied academic subjects, where practice is underpinned by theoretical learning. In their practice, health and social care professionals draw from the values, knowledge and skills of their own discipline. This knowledge and understanding form the basis for making decisions and judgements in a variety of contexts, often against a backdrop of uncertainty. Partnership working is essential to promote the well-being of individuals, groups and communities. Professional practice is essentially a process of problem solving. It can be characterised by four major phases:

- the identification and assessment of health and social care needs in the context of individual interaction with their environment

- the development of focused intervention to meet these needs

- implementation of these plans

- critical evaluation of the impact of professional and service interventions on patients and clients.

2.1 Identification and assessment of health and social care needs

Health and social care staff should be able to:

- obtain relevant information from a wide range of sources, using a variety of appropriate assessment methods

- adopt systematic approaches to evaluating information collected

- communicate their evaluations effectively to their clients, patients and other members of the health and social care team.

2.2 The development of plans to meet health and social care needs

Health and social care staff should be able to use knowledge, understanding and experience to:

- work with clients and patients to consider the range of activities that are appropriate

- plan care, and do so holistically

- record judgements and decisions clearly.

2.3 Implementation of health and social care plans

Health and social care staff should be able to:

- conduct appropriate activities skilfully and in accordance with good practice

- assign priorities to the work to be done effectively

- maintain accurate records

- use opportunities provided by practice to educate others.

2.4 Evaluation of the health and social care plans implemented

Health and social care staff should be able to:

- assess and document the outcomes of their practice

- involve clients and patients in assessing the effectiveness of the care given

- learn from their practice to improve the care given in the particular case

- learn from the experience to improve their future practice

- participate in audit and other quality assurance procedures to contribute to effective risk management and good clinical governance

- use the outcomes of evaluation to develop health and social care policy and practice.

2.5 Communication

Health and social care staff should be able to:

- make active, effective and purposeful contact with individuals and organisations utilising appropriate means such as verbal, paper-based and electronic communication

- build and sustain relationships with individuals, groups and organisations

- work with others to effect positive change and deliver professional and service accountability.

3 Knowledge and understanding for health and social care practice

The education and training of health and social care professionals draws from a range of academic disciplines which provide the underpinning knowledge and understanding for sound practice. Each profession has an identifiable body of knowledge and will draw from this as appropriate. However, there are areas of knowledge and understanding that are common to all health and social care professionals, which include:

- ethical principles, values and moral concepts inherent in health and social care practice

- legislation and professional and statutory codes of conduct relevant to their practice, and understanding of health and social care delivery configurations

- research and evidence-based concepts and explanations from law, psychology, social policy and sociology

- physical and psychological human growth and development.

In addition, and to an extent determined by the nature of their practice, health and social professionals will be familiar with:

- the structure, function and dysfunction of the human body

- public health principles

- health education in their practice.

Appendix 2: Standards of proficiency for entry to the Nursing & Midwifery Council Register

Principles and domains for specialist community public health nursing

Domain A: Search for health needs

Principle: Surveillance and assessment of the population's health and wellbeing

A1   Collect and structure data and information on the health and wellbeing and related needs of a defined population.

A2   Analyse, interpret and communicate data and information on the health and wellbeing and related needs of a defined population.

A3   Develop and sustain relationships with groups and individuals with the aim of improving health and social wellbeing.

A4   Identify individuals, families and groups who are at risk and in need of further support.

A5   Undertake screening of individuals and populations and respond appropriately to findings.

Domain B: Stimulation of awareness of health needs

Principle: Collaborative working for health and wellbeing

B1   Raise awareness about health and social wellbeing and related factors, services and resources.

B2   Develop, sustain and evaluate collaborative work.

Principle: Working with, and for, communities to improve health and wellbeing

B3   Communicate with individuals, groups and communities about promoting their health and wellbeing.

B4   Raise awareness about the actions that groups and individuals can take to improve their health and social wellbeing.

B5   Develop capacity and confidence of individuals and groups, including families and communities, to influence and use available services, information and skills, acting as advocate where appropriate.

B6   Work with others to protect the public's health and wellbeing from specific risks.

Domain C: Influence on policies affecting health

Principle: Developing health programmes and services and reducing inequalities

C1   Work with others to plan, implement and evaluate programmes and projects to improve health and wellbeing.

C2   Identify and evaluate service provision and support networks for individuals, families and groups in the local area or setting.

Principle: Policy and strategy development and implementation to improve health and wellbeing

C3   Appraise policies and recommend changes to improve health and wellbeing.

C4   Interpret and apply health and safety legislation and approved codes of practice with regard for the environment, wellbeing and protection of those who work with the wider community.

C5   Contribute to policy development.

C6   Influence policies affecting health.

Principle: Research and development to improve health and wellbeing

C7   Develop, implement and improve practice on the basis of research, evidence and evaluation.

Domain D: Facilitation of health-enhancing activities

Principle: Promoting and protecting the population's health and wellbeing

D1   Work in partnership with others to prevent the occurrence of needs and risks related to health and wellbeing.

D2   Work in partnership with others to protect the public's health and wellbeing from specific risks.

Principle: Developing quality and risk management within an evaluative culture

D3   Prevent, identify and minimize risk of interpersonal abuse or violence, safeguarding children and other vulnerable people, initiating the management of cases involving actual or potential abuse or violence where needed.

Principle: Strategic leadership for health and wellbeing

D4   Apply leadership skills and manage projects to improve health and wellbeing.

D5   Plan, deliver and evaluate programmes to improve the health and wellbeing of individuals and groups.

Principle: Ethically managing self, people and resources to improve health and wellbeing

D6   Manage teams, individuals and resources ethically and effectively.

Appendix 3: Membership of the benchmarking group for specialist community public health nursing

Mary Benefield	The Robert Gordon University
Mary Boyle	NHS Education for Scotland
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Dr J S Drummond (Academic writer)	University of Dundee
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Dolly McCann	Queen Margaret University College
Jennie Parry (Convener)	The Robert Gordon University
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