

**Pan London SCPHN**

**Practice Assessment Document (Occupational Health Nurse)**

**Context document for**

**Insert name of AEI**

**September 2023**

Acknowledgement: This template is based on the one created by the Midwifery Practice Assessment Collaboration for the Midwifery Ongoing Record of Achievement.

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# Introduction

The Specialist Community Public Health Nurse (SCPHN) Pan London Practice Assessment Document (PAD) has been designed by the Pan London group of Approved Education Institutions (AEIs) delivering SCPHN programmes to document the achievement of the proficiencies required by the NMC[[1]](#footnote-1). The Pan London PAD is designed to enable some flexibility in how each AEI utilises it within the SCPHN programmes being offered. This context document provides the detail regarding local implementation in relation to university regulations and programme structure/requirements.

Introduce the types and length of programme you are validating (e.g. 1 year post-grad, Master’s etc) and that you will be using the MORA to document achievement of proficiencies and assess the student’s performance in practice.

# Expectation of proficiency completion for each learning period and flexibilities permitted by the programme

The SCPHN PAD does not indicate specific proficiencies that should be achieved within each learning period of the programme. This is in line with the NMC outcomes focused approach1 and recognises the local variation in programme structure and practice learning opportunities. However, to ensure that students are making sufficient progress towards meeting all proficiencies by the end of the programme, universities may put programme specific guidelines in place.

Students will take opportunities and experiences related to theory/practice to achieve their proficiencies throughout the programme. Guidance may be given related to the most optimal learning period in which to achieve a proficiency. However, this is designed to be flexible. **Therefore, students can complete the proficiencies at any time until the final sign off date at the end of the programme.**

Which proficiencies would you expect students to have demonstrated in each learning period, and how is this managed if students don’t achieve? For example, this may be by ensuring that an action plan is utilised.

This needs to be mapped to the programme structure, module learning outcomes and indicative content for the programme. A statement about the PA assessments and communication with the AA during the programme might be helpful to reassure the NMC visitor that there are processes that prevent students ‘slipping through the net’ with few proficiencies achieved prior to the final learning period.

You could indicate which proficiencies you would anticipate the student to complete in which learning period using the table in Annex A. Remove the annex and refresh the table of contents if this is not required.

# Student progression

How many practice assessor reviews will there be in the programme/s?

What is the assessment cycle for each learning period?

When are the progress reviews with student, PA and AA scheduled to take place?

Complete table/insert or delete rows as required.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Learning Period | Learning Agreement | Practice Assessor Formative Assessment | Practice Assessor Summative Assessment | Progress Review |
| Learning Period 1 |  |  |  |  |
| Learning Period 2 |  |  |  |  |
| Learning Period 3 |  |  |  |  |

Copy the table for each programme

# Grading of practice

Will grading of practice be applied to your programme? If so, which marks are awarded to each of the descriptors? What proportion of the module credits/mark is awarded through the assessment?

If grading is to be applied, complete the following table **inserting the agreed figures for your AEI**:

*Example:* BSc

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Outstanding | Excellent | Very Good | Good | Satisfactory | Unsatisfactory |
|  |  |  |  |  |  |

Level 4-6 descriptors

*Example:* MSc

|  |  |  |  |
| --- | --- | --- | --- |
| Excellent | Good | Satisfactory | Unsatisfactory |
|  |  |  |  |

Level 7 descriptors

If grading is not applied, delete the tables and insert commentary and update the table of contents.

# Annex A - Proficiency completion for each learning period and assessment flexibility

If required, use this annex to indicate when you expect students to be assessed for a proficiency in each of the learning periods (and potentially when the assessment is repeated in a later period).

In addition, AEIs may use further colour coding to indicate where they expect students to be able to demonstrate the proficiency in a practice setting and where it could be achieved through alternative assessment strategies, e.g. simulation, role play (practice+).

Change the wording in the key below to reflect the requirements of your programme.

**Practice:** Proficiencies that students should aim to achieve and demonstrate in a practice setting, which could be in an alternative learning experience

**Practice+:** Proficiencies that may be achieved in a practice setting or via other assessment strategies such as simulation, role play, presentations, which may be followed by reflective discussion with the Practice Assessor

## Sphere A: Autonomous specialist community public health practice

| *At the point of registration, the Specialist Community Public Health Nurse will be able to:* | **Learning Period 1** | **Learning Period 2** | **Learning Period 3** |
| --- | --- | --- | --- |
| A.1 demonstrate the ability to practice with a high level of autonomy, entrepreneurship and innovation as a specialist community public health nurse |  |  |  |
| A.2 be an effective ambassador, role model and compassionate leader, and a positive influence on the profession |  |  |  |
| A.3 use an expanded knowledge of the links between global and national socio-economic and political strategies and policies and public health to drive and influence their own field of SCPHN practice |  |  |  |
| A.4 select and apply relevant legal, regulatory and governance requirements, policies and ethical frameworks to their specialist community public health practice, differentiating between the devolved legislatures of the UK |  |  |  |
| A.5 lead on the application of legislation, guidance and advice regarding sustainable development goals, including environmental factors and other pollutants that affect the health and wellbeing of people now and in the future |  |  |  |
| A.6 influence and promote health as a fundamental human right and as a shared value through engagement, inclusion and participation |  |  |  |
| A.7 make professional judgements and decisions, and work in complex, unfamiliar and unpredictable environments, proactively identifying actions and solutions to problems that may have many interacting factors |  |  |  |
| A.8 lead and promote public health provision that is person-centred, anti-discriminatory, culturally competent and inclusive |  |  |  |
| A.9 demonstrate critical awareness of stigma and the potential for bias, taking action where necessary to educate others and resolve issues arising from both |  |  |  |
| A.10 recognise the need for and lead on action to provide reasonable adjustments for people, groups and communities, influencing public health policy change and best practice |  |  |  |
| A.11 demonstrate the advanced numeracy, literacy, digital and technological skills required to meet the needs of people, communities and the wider population, to ensure safe and effective specialist public health nursing practice. |  |  |  |

## Sphere B: Transforming specialist community public health nursing practice: evidence, research, evaluation and translation

| *At the point of registration, the Specialist Community Public Health Nurse will be able to:* | **Learning Period 1** | **Learning Period 2** | **Learning Period 3** |
| --- | --- | --- | --- |
| B.1 assess the impact and benefits of local and national health and other policies on the health and wellbeing of people, communities and populations |  |  |  |
| B.2 identify, evaluate and proficiently use multiple sources of evidence and research relevant to people, communities and populations to inform specialist community public health nursing practice |  |  |  |
| B.3 identify gaps in research, evidence and policy that impact on public health nursing practice and influence how to address these |  |  |  |
| B.4 utilise and effectively participate in new areas of research across interdisciplinary and interagency teams related to public health priorities and interventions |  |  |  |
| B.5 use reliable data, statistics and informatics to lead on and support policies and programmes that improve the health outcomes of people, communities and populations |  |  |  |
| B.6 identify where insufficient information and data is available to inform public health priorities and national intervention strategies and how this may be addressed by refining data sets or in recognising the need for further study |  |  |  |
| B.7 critically appraise epidemiological research and demonstrate its use in evidence-based specialist public health nursing practice |  |  |  |
| B.8 synthesise and apply knowledge from research, evaluation, audit and global innovation that leads to improvements in the health of people, communities and populations and addresses health inequalities |  |  |  |
| B.9 apply the evidence base theory and principles of public health and nursing practice to support innovative approaches to influence people’s motivation, choices and behaviours |  |  |  |
| B.10 critically appraise the evidence that informs new innovations in public health programmes, including genomics, and evaluate early success measures and impact on population health outcomes |  |  |  |
| B.11 share outcomes and lessons learned from audit, research and evaluation in specialist public health nursing practice locally and nationally and across sectors through professional and peer reviewed processes |  |  |  |

## Sphere C: Promoting human rights and addressing inequalities assessment, surveillance and intervention

| *At the point of registration, the Specialist Community Public Health Nurse will be able to:* | **Learning Period 1** | **Learning Period 2** | **Learning Period 3** |
| --- | --- | --- | --- |
| C.1 critically analyse the factors that may lead to inequalities in health outcomes and health inequity and take appropriate action to mitigate their impact on people, communities and populations |  |  |  |
| C.2 demonstrate compassionate leadership in applying human rights, equality, diversity and inclusion, to improve the health and wellbeing of people, communities and populations |  |  |  |
| C.3 appreciate the legal, ethical, moral and spiritual needs and challenges that may be faced when promoting population health, helping to mitigate barriers that enable people and families to live to their full potential |  |  |  |
| C.4 assess the impact of complexity and comorbidity and their impact on people, communities and populations, in order to share knowledge and lead on person-centred public health approaches |  |  |  |
| C.5 develop, promote and support opportunities to educate individuals on the risks to themselves and others of the abuse of tobacco, alcohol and other substances and potentially addictive behaviours |  |  |  |
| C.6 conduct, interpret and evaluate health assessment and screening, surveillance and profiling checks and interventions, and immunisation and vaccination programmes for people, communities and populations |  |  |  |
| C.7 ensure equitable and accessible services for all through improved health literacy communication and networking |  |  |  |
| C.8 consult with, listen to and support people, communities and populations when assessing, planning and co-producing public health interventions |  |  |  |
| C.9 use models, evidence and concepts to plan, conduct and evaluate population level interventions to address specific public health issues |  |  |  |
| C.10 apply understanding of determinants of health to develop culturally responsive and inclusive public health interventions with people, communities and populations |  |  |  |
| C.11 lead on identifying vulnerable people, families, communities and populations and take action to support, safeguard and protect them, and coordinate timely care and other responsive support when needed. |  |  |  |
| C.OHN1 synthesise their specialist knowledge and experience to appraise the impact of socio-economic and political issues on work and health to implement occupational health interventions |  |  |  |
| C.OHN2 critically examine the relationship between worklessness and health and their association with health inequalities that affect people, families and communities |  |  |  |
| C.OHN3 lead an occupational health service that is open, holistic, inclusive and responsive to wider socio-economic and health concerns including but not limited to safeguarding and abuse within and outside the workplace |  |  |  |
| C.OHN4 evaluate the relationship between work, life, mental and physical health and ill health to lead on proactive organisational approaches to promote and protect health and wellbeing within and outside the workplace |  |  |  |
| C.OHN5 apply their specialist professional knowledge and judgement to identify individuals who may be vulnerable or at risk of direct and indirect abuse or harm within or outside the workplace, appropriately escalating and referring to other professionals and agencies |  |  |  |
| C.OHN6 lead the development, delivery and evaluation of inclusive, multifunctional occupational health services that meet the diverse needs of employees and organisations, adopting a life course approach |  |  |  |
| C.OHN7 apply specialist knowledge and skills to identify emerging health issues, and signpost to available support for access to health and care services and other agencies to balance individual health and wellbeing with employment obligations. |  |  |  |

## Sphere D: Population health: enabling, supporting and improving health outcomes across the life course

| *At the point of registration, the Specialist Community Public Health Nurse will be able to:* | **Learning Period 1** | **Learning Period 2** | **Learning Period 3** |
| --- | --- | --- | --- |
| D.1 recognise, critically evaluate and monitor trends in global and national strategies and programmes for preventative interventions and promotion of health to inform specialist public health practice locally, nationally and globally |  |  |  |
| D.2 recognise and accommodate any future developments in the application of genomics into their SCPHN practice to support prevention and early intervention in the health of the population across the life course |  |  |  |
| D.3 appreciate and use community assets and resources to support positive health and wellbeing of people, communities and populations |  |  |  |
| D.4 in partnership with people, adopt a life course approach when assessing the public health needs of people, communities and populations |  |  |  |
| D.5 empower people, communities and populations to connect effectively with local initiatives, support networks, community assets, programmes and resources that support their health and wellbeing |  |  |  |
| D.6 apply specialist knowledge of social prescribing to support individual, community and population health outcomes |  |  |  |
| D.7 critically apply knowledge of behavioural, psychological and social sciences to the health of people across the life course, and to communities and populations, to enhance collaborative, strength-based therapeutic relationships |  |  |  |
| D.8 appreciate the importance of medicines management with respect to administration, optimisation and reconciliation, and the positive impact of correct medicines management on people’s current and future health outcome |  |  |  |
| D.9 assess the health status and health literacy of populations across the life course and their related determinants of health |  |  |  |
| D.10 use culturally appropriate, evidence-based approaches to assess, support and monitor the health and wellbeing of people, and appropriately refer to specialist services if necessary |  |  |  |
| D.11 critically apply knowledge of populations, places, communities and determinants of health to inform key areas of specialist public health practice |  |  |  |
| D.12 in partnership with communities, develop and implement plans for local communities and populations to positively affect public health outcomes |  |  |  |
| D.13 lead on and contribute to policy and reporting into environmental, social-structural factors, and individual behaviours that impact on the health of people across the life course |  |  |  |
| D.14 use data and observation to evaluate the effectiveness and acceptability of services that seek to improve health outcomes of their intended users, and be able to identify trends or a need for improvement. |  |  |  |
| D.OHN1 use evidence to justify the impact and value of occupational health services for employees, organisations and the wider population |  |  |  |
| D.OHN2 apply specialist knowledge to interpret, inform and provide impartial advice on health and safety legislation and case law |  |  |  |
| D.OHN3 critically analyse and apply the principles of occupational hygiene, engineering controls and ergonomics when advising on the creation and maintenance of healthy work environments |  |  |  |
| D.OHN4 evaluate how disease, illness and impairment act as barriers to gaining, sustaining and returning to work and the impact of this on people and all areas of life |  |  |  |
| D.OHN5 influence and provide impartial advice on the design of inclusive, adaptive and supportive workplaces |  |  |  |
| D.OHN6 develop inclusive strategies that enable innovative, person-centred approaches for employees who may need adaptations and adjustments to their work due to health and wellbeing reasons |  |  |  |
| D.OHN7 develop evidence-informed strategies to support and enable employees with multiple or long term conditions to have sustainable, productive and fulfilling work |  |  |  |
| D.OHN8 provide specialist, personalised occupational health advice on work adjustments to employees and employers which considers the impact of diagnoses, therapies, interventions, medications and treatments |  |  |  |
| D.OHN9 apply specialist knowledge and skills to contribute to organisational disaster planning and preparedness to support business continuity and in optimising the ongoing safety and health of people. |  |  |  |

## Sphere E: Advancing Public Health services and promoting healthy places, environments and cultures

| *At the point of registration, the Specialist Community Public Health Nurse will be able to:* | **Learning Period 1** | **Learning Period 2** | **Learning Period 3** |
| --- | --- | --- | --- |
| E.1 critically appraise and apply strategies and initiatives that improve home, community and workplace cultures and environments to enhance the health and wellbeing of people and communities in the places they live, learn and work |  |  |  |
| E.2 critically appraise the use of new and assistive technologies that support and influence people’s choices for their own health and wellbeing, and assist with access to services |  |  |  |
| E.3 demonstrate professional business and financial acumen when developing and presenting business cases to create investment for change and value for money |  |  |  |
| E.4 tailor nationwide programmes or commission new services that promote healthy cultures, environments and behaviours for local implementation and evaluate their effectiveness |  |  |  |
| E.5 lead and support a culture of learning and continuous professional development for colleagues, and with interdisciplinary and interagency teams |  |  |  |
| E.6 recognise individual abilities and learning needs when applying the standards of education and training for pre- and post-registration nursing, midwifery and nursing associate students, in order to educate, supervise and assess effectively |  |  |  |
| E.7 promote and lead effective public health workplace cultures that benefit people, communities and populations |  |  |  |
| E.8 advance public health through identifying sustainable development goals and prepare to take action on risks to the environment and its impact on the health and wellbeing of people |  |  |  |
| E.9 share information regarding communicable diseases and approaches necessary for communicable disease surveillance, infection prevention and control, including immunisation and vaccination programmes |  |  |  |
| E.10 know how to assess and manage major incidents and outbreaks including contamination and communicable disease across local or wider boundaries |  |  |  |
| E.11 know how to identify, critically analyse and manage new and enduring hazards and risks to health at local, national and global levels |  |  |  |
| E.12 plan for emergencies and pandemic threats to population health taking account of the direct and wider risk, impacts and hierarchy of controls on health and wellbeing and service provision. |  |  |  |
| E.OHN1 develop sustainable, data-driven occupational health strategies with short, medium and long term aims to improve employee health and wellbeing, embedded as part of the business improvement cycle |  |  |  |
| E.OHN2 focus on inclusion and innovation in job design to lead, improve and innovate ways to address health hazards by elimination, mitigation and control |  |  |  |
| E.OHN3 lead on the organisational response to safe, appropriate and economically viable approaches to waste management for food, hazardous chemicals, biological and clinical waste, taking into consideration infection control measures and the impact of environmental pollution on health and wellbeing |  |  |  |
| E.OHN4 recognise and act on the importance of the environmental impact of work processes and products, and collaborate on reducing and controlling emissions and other pollutants that may impact on safety, health and wellbeing and the environment |  |  |  |
| E.OHN5 critically examine and apply the hierarchy of control to manage risks to health, safety and wellbeing in the workplace |  |  |  |
| E.OHN6 anticipate and appraise the impact of new and emerging technology to improve workability now and in the future |  |  |  |
| E.OHN7 facilitate workplace adjustments that enable wider participation of people in work, effectively using assistive technologies |  |  |  |
| E.OHN8 evaluate the impact of job redesign and the potential need for skills development and/or redeployment on the health and wellbeing of people |  |  |  |
| E.OHN9 critically examine the effect of worklessness on the health and wellbeing of people, families and communities |  |  |  |
| E.OHN10 critically appraise and use assistive technologies, recognising their potentially varied impact on individual people’s work and health. |  |  |  |

## Sphere F: Leading and collaborating: from investment to action and dissemination

| *At the point of registration, the Specialist Community Public Health Nurse will be able to:* | **Learning Period 1** | **Learning Period 2** | **Learning Period 3** |
| --- | --- | --- | --- |
| F.1 lead public health services that promote and improve the health and wellbeing of people, communities and populations |  |  |  |
| F.2 lead teams that are effective in delivering public health services, both on their own and in collaboration with others |  |  |  |
| F.3 assess service requirements influencing and leading on policy development and strategic planning to address population health needs incorporating approaches for prevention and risk management |  |  |  |
| F.4 monitor and report on the outcomes of strategy and policy implementation and make recommendations for improvement including changes to commissioning |  |  |  |
| F.5 evaluate the efficacy of service provision by triangulating information obtained from audit, continuous improvement activity, governance, risk management and performance monitoring |  |  |  |
| F.6 compassionately lead and support a culture of critical reflection and continuous professional development that promotes team and interdisciplinary learning |  |  |  |
| F.7 build alliances and partnerships that support equality, diversity and inclusion, collaboration and sharing of new ideas and innovations and be able to agree shared goals and priorities |  |  |  |
| F.8 use a range of advanced communication skills with people, communities, peers and interdisciplinary and interagency colleagues, including use of digital and other modalities to support communication in virtual and remote environments |  |  |  |
| F.9 communicate simple and complex public health information in a variety of formats, tailored for different community and population audiences |  |  |  |
| F.10 use a range of techniques to influence, challenge, and persuade peers and senior stakeholders in relation to public health strategies and policies that affect people, communities and populations |  |  |  |
| F.OHN1 triangulate and appraise organisational and workforce profiling data to secure resources for the development and delivery of occupational and employee health, safety and wellbeing |  |  |  |
| F.OHN2 create systems to allow data collection, information retrieval and dissemination protocols for enhancing occupational health nursing practice |  |  |  |
| F.OHN3 develop and manage a safe and effective occupational health nursing service, which promotes innovative, evidence-informed workplace protocols and strategies |  |  |  |
| F.OHN4 influence organisational policy and strategy for employee health and wellbeing which embraces and reflects national and international public health agendas and strategies |  |  |  |
| F.OHN5 critically apply business acumen to develop, promote and report on evidence-based occupational health and wellbeing initiatives that take account of economic and non-economic resources |  |  |  |
| F.OHN6 evaluate, synthesise and communicate data and information to quantify and qualify the positive impact of occupational health interventions on workplace and business targets and outcomes. |  |  |  |

1. [NMC (2022) Standards of proficiency for specialist community public health nurses](https://www.nmc.org.uk/globalassets/sitedocuments/standards/post-reg-standards/nmc_standards_of_proficiency_for_specialist_community_public_health_nurses_scphn.pdf) [↑](#footnote-ref-1)