The QNI/QNIS Voluntary Standards for District Nurse Education and Practice

2015

Purpose of the work

The Queen's Nursing Institute (QNI) and The Queen's Nursing Institute Scotland (QNIS) worked together with leading experts from across the UK to develop a set of voluntary standards to support District Nurse education and practice. The standards make explicit the practice expectations of District Nurses on completing a Specialist Practice Qualification (SPQ) programme and offer a basis for education programmes preparing the District Nurse for a new era.

Never has the specialist expertise of the district nursing service been more central to the provision of health and care in the UK. There is a clear policy shift to community based, integrated health and social care in all four countries of the UK with an enhanced focus on admission avoidance, behaviour change and self-care[1],[2],[3],[4],[5].

The first phase of the work established a UK wide consensual view of the role of a District Nurse with a Specialist Practitioner Qualification (SPQ). Standards were then designed to reflect this in terms of both the contemporary and future role of the District Nurse leading the service. More detail about the project methodology can be found in Appendix 1.

Currently, all District Nurse courses, which lead to a recordable SPQ, must meet the Nursing and Midwifery Council (NMC) 2001 standards for specialist education and practice[6]. The QNI/QNIS voluntary standards are designed to build on and enhance the NMC standards, but not to replace them. Representatives from the NMC have been closely involved to indicate how the new QNI/QNIS voluntary standards may best enhance the regulatory standards.

The QNI and QNIS recommend that the new QNI/QNIS voluntary standards for District Nurse Education and Practice are adopted by all education providers currently offering the NMC approved Specialist Practice District Nurse programme in the UK.

District Nurses

The District Nurse role is highly complex and requires skills in negotiating, coaching, teaching and supporting people and their carers, whilst effectively collaborating with other agencies and services involved in enabling people to remain safely in the community.

District Nurses are experts who specialise in:

- adapting and providing a wide range of nursing care in home and community based settings;
- assessing and managing unpredictable situations flexibly and responsively;
- coordinating care, whether anticipated or unscheduled, with individuals and their families, through acute illness, long term and multiple health challenges and at the end of life;
- working collaboratively and creatively with colleagues in General Practice, social care, community pharmacy, nursing specialisms, allied health professions and others to improve the health and care of individuals, families and communities, particularly the most vulnerable;
- ongoing management of people with multiple pathology and long term conditions whose mobility is impaired; and
- leading and managing a team to deliver care in the home and community.

Using the QNI/QNIS voluntary standards

The QNI/QNIS voluntary standards are designed as a starting point to support discussion and planning as localities, regions and countries look to further develop community nursing roles in a variety of service

1. NHS England (2014) Five Year Forward View http://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf
2. NHS Education for Scotland (NES) Career and Development framework for District Nursing: http://www.nes.scot.nhs.uk/media/834542/district_nursing_career_framework_fsec.pdf
3. NHS Scotland (2013) Routemap to the 2020 Vision for Health and Social Care: http://www.gov.scot/Resource/0042/00423188.pdf
4. Welsh Assembly government (2010) Setting the direction: Primary and Community Services Strategic Delivery Programme:
5. Dept of Health, Social Services and Public Safety (Northern Ireland) (2010) Transforming your care. A review of health and social care in Northern Ireland.
6. UKCC (2001) Standards for Specialist Education and Practice.

models and within integrated health and social care teams. They are not intended to capture the depth and breadth of the expert and compassionate care which District Nurses and their teams deliver 24 hours a day, 7 days a week across the UK, from the inner cities to the remote islands.

The term "voluntary standards" was agreed in order to differentiate the QNI/QNIS standards from regulatory or mandatory standards, such as those set by the NMC. However it is anticipated that the QNI/QNIS standards are voluntarily adopted as best practice by Higher Education Institutions (HEIs) offering the District Nurse programme. Ensuring that programmes meet the voluntary standards will enable the HEIs to demonstrate that their programmes are preparing practitioners who are equipped to lead and manage current and future district nursing services. The relationship of the QNI/QNIS voluntary standards to the NMC standards is illustrated in diagram 1, in Appendix 1 and the new voluntary standards are mapped against the NMC standards in Appendix 3.

It will not be mandatory for HEIs to map their District Nurse programmes against the new voluntary standards, but it would be considered as best practice and education commissioners may specify this in their education contract.

The QNI/QNIS will not monitor the voluntary standards as the burden of regulation and quality assurance on HEIs is already high and the review of the voluntary standards would be addressed through the quality assurance processes already in place. At programme approval/reapproval, the NMC has indicated that their reviewer would note within the quality assurance report if the QNI/QNIS voluntary standards had been adopted.

The QNI/QNIS voluntary standards aim to:

- Provide patients and the public a contemporary description of the role of the District Nurse;
- Identify the key aspects of the District Nurse's role, grouping them under the four key domains that reflect the breadth of competence required for safe, effective, high quality person-centred care;
- Support current education programmes in focussing on agreed best practice whilst mapping against NMC standards;
- Guide the development of future District Nurse specialist practice education programmes;
- Enable District Nurses to articulate their role within an integrated health and social care team;
- Provide a framework for service commissioners and providers in planning District Nursing services.

The voluntary standards reflect the specialism of the District Nurse in adapting care to each individual household, assessing and managing unpredictable situations, environments and risks. The breadth of care required includes palliative and end of life care, on-going support for and management of people with multiple pathology and long term conditions whose mobility is impaired[7], early recognition and management of frailty, tissue viability and wound management, management of people with invasive therapies, some needing acute home care and supporting families and carers and individuals who have dementia and other irreversible conditions which require the provision of long term care.

7. Patients who are mobile will normally attend the General Practice Nurse.

Domains
Domain One - Clinical Care
Domain Two - Leadership and Operational Management
Domain Three - Facilitation of Learning
Domain Four - Evidence, Research and Development

Domain	Practice Standards
Domain One: Clinical Care	1.1 Demonstrate a broad range of specialist district nursing clinical expertise that supports high quality person-centred care for the caseload population in a variety of community settings.
	1.2 Use appropriate physical and clinical examination skills to undertake the assessment of individuals with complex health care needs or those presenting with more acute illnesses, using a range of evidence based assessment tools and consultation models to enable accurate diagnostic decision making and recognition of other potential differential diagnoses.
	1.3 Assess the health related needs of families and other informal carers, developing therapeutic relationships and using creative problem solving that enables shared decision making for the development of care plans, anticipatory care and delivery of care packages.
	1.4 Supervise the delivery of person centred care plans by the district nursing team ensuring regular evaluation of care and develop systems to support staff interventions and care quality.
	1.4.1 Support all staff to use tools to identify changes in health status and maximise the skills of the District Nurse to support complex assessment where the patient is showing signs of deteriorating health or new symptoms.
	1.5 Assess when additional expertise is necessary and make objective and appropriate referrals, whilst maintaining overall responsibility for management and co-ordination of care.
	1.5.1 Ensure clear lines of accountability with respect to delegation, supervision and mechanisms for the assurance of clinical and care governance including antimicrobial stewardship.
	1.6 Source and utilise eHealth technology and technology assisted learning systems to support self-care and improve efficiency and effectiveness of the district nursing service.
	1.6.1 Work collaboratively with others to identify individuals who would benefit from technology, with ongoing support and management.
	1.7 Promote the mental health and well-being of people and carers in conjunction with mental health professionals and GPs, identifying needs and mental capacity, using recognised assessment and referral pathways and best interest decision making and providing appropriate emotional support.
	1.8 Apply the principles of risk stratification and case management to enable identification of those at most risk of poor health outcomes.

	1.8.1 Where appropriate, undertake the case management of people with complex needs, with the support of the multidisciplinary team, to improve anticipatory care, self-management, facilitate timely discharges and reduce avoidable hospital admissions to enable care to be delivered closer to, or at home.
	1.9 Assess and evaluate risk using a variety of tools across a broad spectrum of often unpredictable situations, including staff, and people within their home environments.
	1.9.1 Develop and implement risk management strategies that take account of people's views and responsibilities, whilst promoting patient and staff safety and preventing avoidable harm to individuals, carers and staff.
	1.10 Work in partnership with individuals, formal and informal carers and other services to promote the concept of self-care and patient-led care where possible, providing appropriate education and support to maximise the individual's independence and understanding of their condition(s) in achieving their health outcomes.
	1.11 Analyse and use appropriate approaches to support the individual's health and well-being and promote self-care in addressing their short or long term health conditions.
	1.11.1 Support the team to facilitate behaviour change interventions for individuals.
	1.12 Explore and apply the principles of effective collaboration within a multi-agency, multi-professional context facilitating integration of health and social care and services, ensuring person-centred care is co-ordinated and anticipated across the whole of the person's journey.
	1.13 Demonstrate advanced communication skills engaging and involving people and their carers that foster therapeutic relationships and enable confident management of complex interpersonal issues and conflicts between individuals, carers and members of the caring team.
	1.14 Prescribe from the appropriate formulary relevant to the type of prescribing being undertaken, following assessment of patient need and according to legislative frameworks and local policy.
Domain two: Leadership and Management	2.1 Contribute to public health initiatives and surveillance, working from an assets-based approach[8] that enables and supports people to maximise their health and well-being at home, increasing their self-efficacy and contributing to community developments.
	2.2 Lead, support, clinically supervise, manage and appraise a mixed skill/discipline team to provide community nursing interventions in a range of settings to meet known and anticipatory needs, appraising those staff reporting directly to the District Nurse whilst retaining accountability for the caseload and work of the team.
	2.2.1 Enable other team members to appraise, support and develop others in the team and develop strategies for addressing poor practice.
	2.3 Manage the district nursing team within regulatory, professional, legal, ethical and policy frameworks ensuring staff feel valued and developed.

8. http://www.gcph.co.uk/assets/0000/2627/GCPH_Briefing_Paper_CS9web.pdf

	2.4 Facilitate an analytical approach to the safe and effective distribution of workload through delegation, empowerment and education which recognises skills, regulatory parameters and the changing nature of district nursing whilst establishing and maintaining the continuity of caring relationships.
	2.5 Lead, manage, monitor and analyse clinical caseloads, workload and team capacity to assure safe staffing levels in care delivery, using effective resource and budgetary management.
	2.6 Manage and co-ordinate programmes of care, for individuals with acute and long term conditions, ensuring their patient journey is seamless between mental and physical health care, hospital and community services and between primary and community care.
	2.7 Collaborate with other agencies to evaluate public health principles, priorities and practice and implement these policies in the context of the district nursing service and the needs of the local community.
	2.8 Participate in the collation of a community profile, nurturing networks that support the delivery of locally relevant resources for health improvement and analysing and adapting practice in response to this.
	2.9 Articulate the role and unique contribution of the district nursing service in meeting health care needs of the population in the community and the evidence that supports this in local areas.
	2.10 Ensure all staff are able to recognise vulnerability of adults and children and understand their responsibilities and those of other organisations in terms of safeguarding legislation, policies and procedures.
	2.11 Use knowledge and awareness of social, political and economic policies and drivers to analyse how these may impact on district nursing services and the wider health care community. Where appropriate participate in organisational responses and use this knowledge when advocating for people or resources.
Domain three: Facilitation of Learning	3.1 Promote and model effective team working within the district nursing team and the wider multi-disciplinary team and primary care.
	3.1.1 Use creative problem-solving to develop a positive teaching/learning environment and workplace for supporting disciplines and professions learning about caring for people in the community and the interdependency of integrated service provision.
	3.2 Demonstrate the values of high quality, compassionate nursing and support the ongoing development of these values in others, whilst demonstrating resilience and autonomy in the context of increasing demand, managing change to meet the evolving shape of services through flexibility, innovation and strategic leadership.
	3.3 Lead and foster a culture of openness and recognition of duty of candour in which each team member is valued, supported and developed, inspiring a shared purpose to support the delivery of high quality effective care.

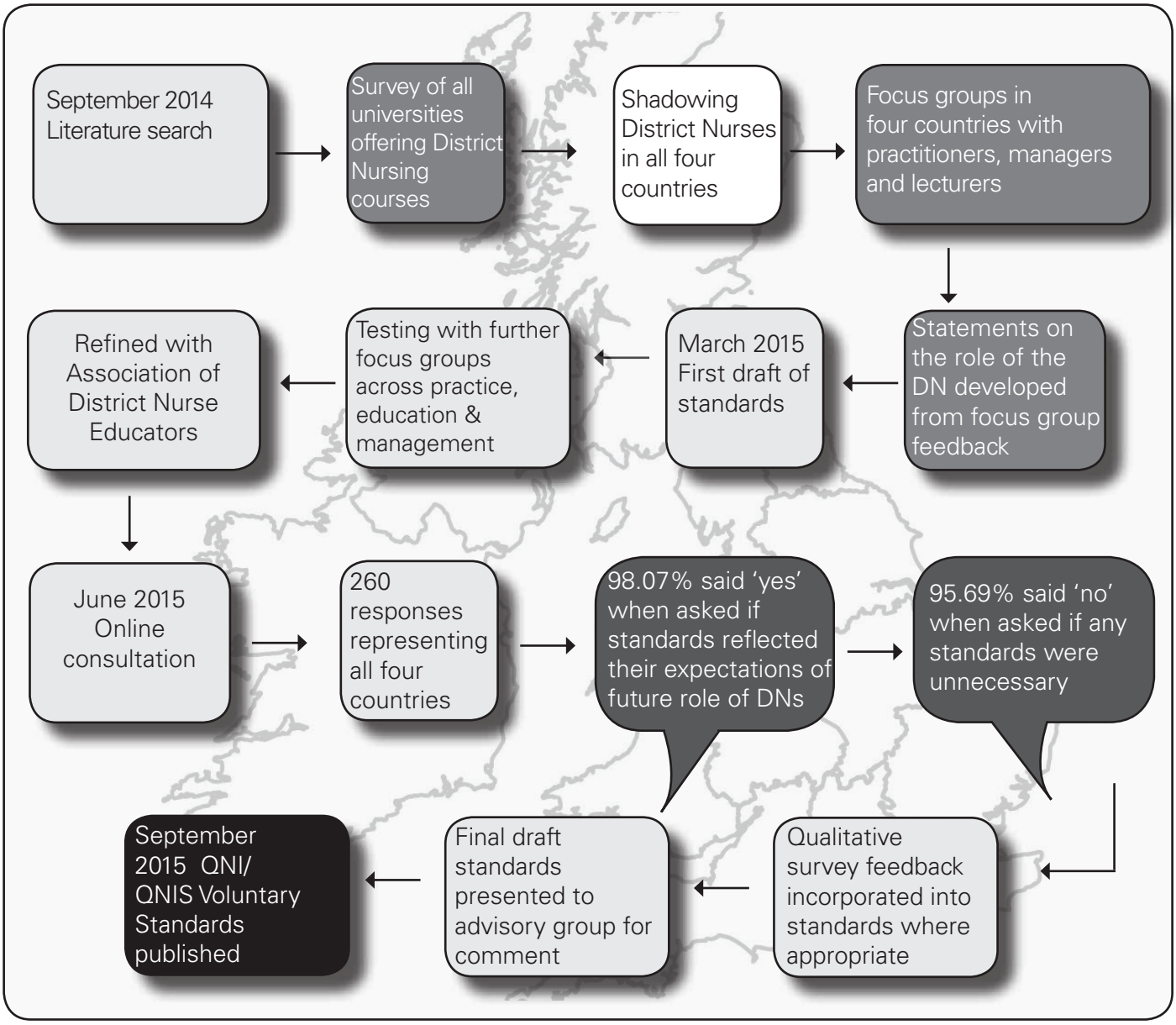
	3.4 Contribute to the development, collation, monitoring and evaluation of data relating to service improvement and development, quality assurance, quality improvement and governance, reporting incidents and developments related to district nursing ensuring that learning from these, where appropriate, is disseminated to a wider audience to improve patient care.
Domain four: Evidence, Research and Development	4.1 Ensure care is based on all available evidence/research or best practice.
	4.1.1 Demonstrate high level skills in discerning between different forms of evidence and managing uncertainty in clinical practice.
	4.2 Identify trends in the characteristics and demands on the district nursing service and use this, where appropriate, to inform workload and workforce planning and strategic decision making.
	4.2.1 Produce operational plans, supported objectively by data that identify key risks and future management strategies.
	4.3 Use a range of change management, practice development, service and quality improvement methodologies, evaluating the underpinning evidence of successful approaches that support the implementation of service developments to improve patient care.
	4.3 Participate in the development and implementation of organisational systems to enable individuals, family and carers to share their experiences of care confidentially. Develop processes for systematically improving services in response to feedback.
	4.4 Apply the principles of project management to enable local projects to be planned, implemented and evaluated.

Appendix 1 Project, Background and Methodology

In 2014[9], the Queen's Nursing Institute (QNI) carried out a survey of nurses working in district nursing services across the United Kingdom as a follow up to the 2009 report "2020 Vision – Focusing on the Future of District Nursing".[10] One of the concerns raised following the analysis of the survey data published in "2020 Vision – Five Years On – Reassessing the Future of District Nursing", was the need for a clear articulation of the role of the District Nurse specialist practitioner, including an enhancement of the professional standards underpinning District Nurse specialist practice qualifications to ensure that these reflected the depth and breadth of the expert practitioner role in the 21st century.

Subsequently, this project was approved and funded by the Trustees of The Queen's Nursing Institute (covering England, Wales and Northern Ireland) and the Trustees of The Queen's Nursing Institute Scotland (QNIS) - enabling the project to cover the four UK countries. A project advisory group was assembled with representation from the four countries, reflecting perspectives from education commissioners, service and education providers, third sector providers, clinical commissioners, public health and the professional regulatory body, the Nursing and Midwifery Council (NMC) was in attendance. The advisory group met four times during the project; the list of stakeholders is provided in Appendix 2. The project commenced in September 2014 and was scheduled to report in September 2015. A part time project manager with in-depth knowledge and understanding of both community nursing practice and higher education was seconded to deliver the project. The development of the project is identified below:

Development of the Standards



9. QNI (2014) 2020 Vision – Five years on – Reassessing the Future of District Nursing.
10. QNI (2009) 2020 Vision – Focusing on the Future of District Nursing

Currently all District Nurse courses approved by the NMC and leading to a recordable specialist practice qualification (SPQ), have to meet standards that have not been updated since 2001[11]. Discussion with the NMC identified that they would be reviewing post-registration education standards in 2017 following completion of their review of pre-registration standards, but feedback from the profession suggested the current NMC standards did not reflect adequately the contemporary and future roles of District Nurses.

There was extensive discussion amongst the advisory group about the terminology to be used to describe the outcome of the project. The term 'voluntary standards' was agreed as it was believed that the profession was familiar with the term, 'standard'; by prefacing it with the word 'voluntary' it was made clear that these are not regulatory or mandatory standards, such as those set by the NMC.

The NMC describes standards for competence as the knowledge, skills and attitudes the nurse must acquire by the end of the programme of education[12]. The approach the QNI/QNIS project has taken is to describe the practice outcomes expected to be achieved on completion of the programme.

Diagram 1 demonstrates how the QNI/QNIS voluntary standards fit with current NMC standards. It identifies the model on which the development of the QNI/QNIS voluntary standards has been based. All nurses completing pre-registration nurse education must have met the Standards for Competence in order to register with the NMC. It is expected that all nurses will consolidate their learning either in a hospital or community setting. If they wish to progress to District Nurse specialist practice training they will enrol on a course that has been approved by the NMC as meeting the Standards for Specialist Practice.

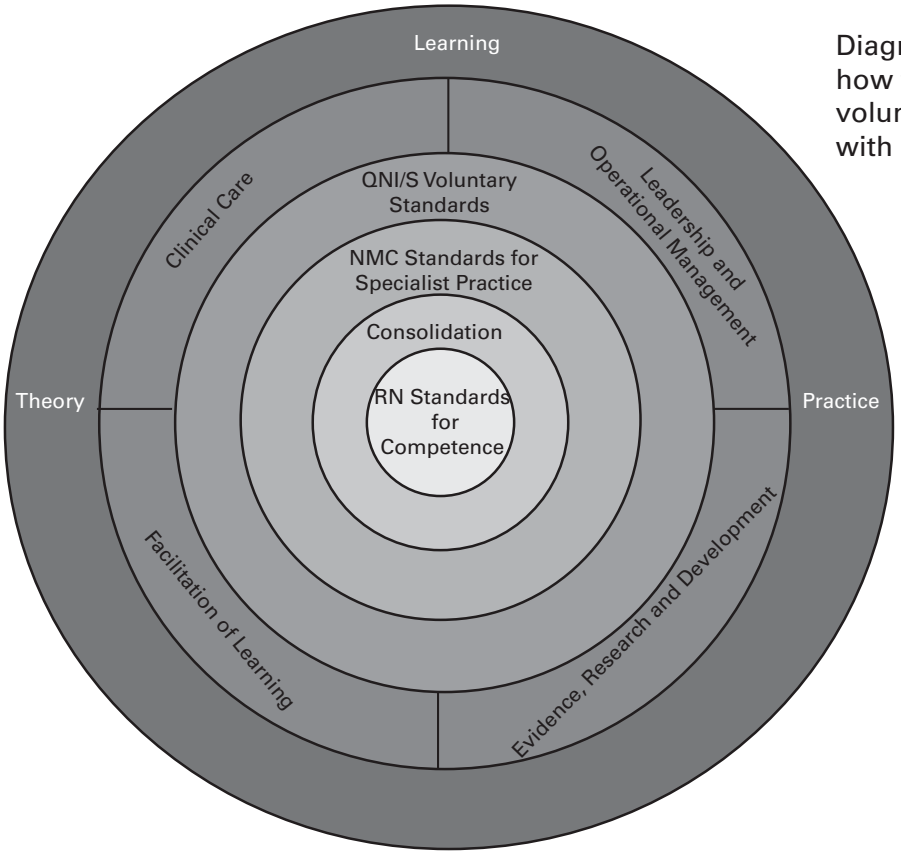


Diagram 1 demonstrating how the QNI/QNIS voluntary standards fit with current standards

It is anticipated that having set out the standards expected in practice, HEIs will be able to develop their District Nurse programmes to ensure students are prepared to meet these practice standards. The QNI/QNIS project did not set out to prescribe the academic level or structure of the course or its length. However the course must be of a sufficient length to enable the standards to be met and of a minimum academic level to enable students to address the complexity of the specialist practitioner role. It is expected that there will remain a demand for courses to be offered at degree and post graduate levels in most countries of the UK,

11. UKCC (2001) Standards for Specialist Education and Practice.
12. NMC (2010) Standards for pre-registration nursing education.

although in future some countries may specify that programmes are only offered at a post graduate level. However the academic level set by each university would be a collaborative decision between the university, stakeholders, education commissioners and the NMC.

During the approval/reapproval process, the NMC will be assured that the university meets the standards of education related to achievement of the NMC Specialist Practice Standards[13]. These education standards provide the framework within which programmes are delivered and specify the requirements that all programmes must meet, including all those relating to the teaching, learning and assessment of nursing students. This is key, in that feedback from the project has indicated that District Nurse courses need to maintain the 50% theory 50% practice split and also have systems in place to assess practice, with a minimum of a sign off mentor who holds the District Nurse SPQ.

The QNI/QNIS do not intend to monitor the voluntary standards as the burden of regulation and quality assurance on HEIs is already high and the review of the voluntary standards would be addressed through the quality assurance processes already in place. For example, if the education commissioner required the QNI/QNIS standards to be met as part of the contract, this would be addressed in the annual review which typically includes feedback from all key stakeholders including students, practice teachers and employers.

Appendix 2 QNI/QNIS PROJECT ADVISORY GROUP

The QNI and QNIS would like to thank the representatives of the advisory group for their invaluable support for this project. They would also like to thank all those who gave their time to be part of focus groups and contributed to the consultation.

Advisory Group Members

	Name	Organisation	Title
1	John Unsworth	University of Northumbria	Chair of advisory group and Trustee, The Queen's Nursing Institute
2	Obi Amadi	Community Practitioners and Health Visitor's Association	Director
3	Heather Bain	Association of District Nurse Educators	Chair
4	Lisa Bayliss-Pratt	Health Education England	Director of Nursing
5	Joanne Bosanquet MBE	Public Health England	Deputy Director of Nursing
6	Clare Cable	The Queen's Nursing Institute, Scotland	Chief Executive and Nurse Director
7	David Colin-Thome OBE	Primary Care Commissioning	Chair
8	Gill Coverdale	Royal College of Nursing	Professional Lead - Education Standards and Professional Development
9	Jean Christensen	Department of Health	Professional Officer for Nursing, Midwifery and Care
10	Caroline Dickson	Royal College of Nursing District Nurses Forum	Chair
11	Dorothy Duffy	Macmillan, Education and Learning Department	Direct Service Clinical Project Manager and Macmillan Service Line Professional Nurse Lead
12	Julia Egan	The Scottish Government	Professional Advisor Public Health Early Years and Children's Services Directorate for Chief Nursing Officer, Patients, Public and Health Professions

13. NMC (2001) Standards for Specialist Education and Practice.

13	Kath Evans	NHS England	Community Nurse Advisor
14	Stephen Griffiths	Workforce, Education and Development Service, NHS Wales	Director
15	Lynne Hall	Health Education England	Clinical Advisor
16	Jane Harris	NHS Education Scotland	Programme Director
17	Lizzie Jelfs	Council of Deans of Health	Director
18	Angela McLernon	Northern Ireland Practice and Education Committee	Chief Executive
19	Crystal Oldman	The Queen's Nursing Institute	Chief Executive
20	Anne Pearson	The Queen's Nursing Institute	Director of Programmes
21	Helen Potter	Macmillan, Education and Learning Department	Macmillan Support Line Service Manager (Cancer Information Nurse Team)
22	David Pugh	National District Nurse Network	Chair
23	Mary Saunders	The Queen's Nursing Institute	Project Manager
24	Dee Sissons	Marie Curie	Director of Nursing
25	Anne Trotter	Nursing and Midwifery Council	Assistant Director: Education and Standards
26	Iain Upton	Speaking4Yourself	Patient Representative

Appendix 3 Mapping of QNI/QNIS voluntary standards (2015) to NMC standards for Specialist Practice (2001)

The following table demonstrates how the QNI/QNIS voluntary standards build on and enhance the NMC Standards of Specialist Practice.

Practice standards	NMC Specialist Practice Standards
1.1	13.1 assess the health and health related needs of patients, clients, their families and other carers and identify and initiate appropriate steps for effective care for individuals, groups and communities; 13.2 plan, provide and evaluate skilled nursing care in differing environments with varied resources. Specialist community nurses must be able to adapt to working in people's homes and also small institutions, health centres, surgeries, schools and places of work; 13.4 assess and manage care needs in a range of settings. These are complex activities which call for informed judgement to distinguish between health and social needs recognising that the distinction is often a fine, but critical, one; 28.3 assess, plan, provide and evaluate specialist clinical nursing care to meet care needs of individual patients in their own homes. 28.5 manage programmes of care for patients with chronic disease

1.2	13.1 assess the health and health related needs of patients, clients, their families and other carers and identify and initiate appropriate steps for effective care for individuals, groups and communities; 28.1 assess the health and health-related needs of patients, clients, their families and other carers and identify and initiate appropriate steps for effective care for individuals and groups; 28.2 assess, diagnose and treat specific diseases in accordance with agreed nursing/medical protocols 28.3 assess, plan, provide and evaluate specialist clinical nursing care to meet care needs of individual patients in their own homes. 28.5 manage programmes of care for patients with chronic disease
1.3	13.1 assess the health and health related needs of patients, clients, their families and other carers and identify and initiate appropriate steps for effective care for individuals, groups and communities; 13.3 support informal carers in a partnership for the giving of care. The majority of care in the community is given by informal carers. They need guidance, support and resources to carry out tasks so that there is continuity of care for the patient; 13.4 assess and manage care needs in a range of settings. These are complex activities which call for informed judgement to distinguish between health and social needs recognising that the distinction is often a fine, but critical, one; 13.5 provide counselling and psychological support for individuals and their carers;
1.4	13.2 plan, provide and evaluate skilled nursing care in differing environments with varied resources. Specialist community nurses must be able to adapt to working in people's homes and also small institutions, health centres, surgeries, schools and places of work; 28.3 assess, plan, provide and evaluate specialist clinical nursing care to meet care needs of individual patients in their own homes. 28.6 play a key role in care management as appropriate
1.5	13.4 assess and manage care needs in a range of settings. These are complex activities which call for informed judgement to distinguish between health and social needs recognising that the distinction is often a fine, but critical, one; 13.14 identify and select from a range of health and social agencies, those which will assist and improve the care of individuals, groups and communities;
1.6 1.6.1	
1.7	
1.8	28.4 contribute to strategies designed to promote and improve health and prevent disease in individuals and groups; 28.2 assess, diagnose and treat specific diseases in accordance with agreed nursing/medical protocols
1.9 1.9.1	
1.10	13.6 facilitate learning in relation to identified health needs for patients, clients and their carers; 13.13 stimulate an awareness of health and care needs at both individual and structural levels. Activities will include work with individuals, families, groups and communities and will relate to those who are well, ill, dying, handicapped or disabled. Those who are able should be assisted to recognise their own health needs in order to decide on action appropriate to their own lifestyle. Those who are not able will require skilled and sensitive help; 13.17 empower people to take appropriate action to influence health policies. Individuals, families and groups must have a say in how they live their lives and must know about the services they need to help them to do so; 28.5 manage programmes of care for patients with chronic disease
1.11 1.11.1	13.8 act independently within a multi-disciplinary/multi-agency context and 28.4 contribute to strategies designed to promote and improve health and prevent disease in individuals and groups;

1.12	13.8 act independently within a multi-disciplinary/multi-agency context 13.9 support and empower patients, clients and their carers to influence and use available services, information and skills to the full and to participate in decisions concerning their care. 13.19 act as a source of expert advice in clinical nursing practice to the primary health care team and others 28.6 play a key role in care management as appropriate
1.13	13.5 provide counselling and psychological support for individuals and their carers;
1.14	13.7 prescribe from a nursing formulary, where the legislation permits;
2.1	13.13. Stimulate an awareness of health and care needs at both individual and structural levels. Activities will include work with individuals, families, groups and communities and will relate to those who are well, ill, dying, handicapped or disabled. Those who are able should be assisted to recognise their own health needs in order to decide on action appropriate to their own lifestyle. Those who are not able will require skilled and sensitive help; 13.18. provide accurate and rigorously collated health data to employing authorities and purchasers through health profiles in order to inform health policies and the provision of health care. Clinical practice leadership 28.4 contribute to strategies designed to promote and improve health and prevent disease in individuals and groups
2.2 2.2.1	13.20 lead and clinically direct the professional team to ensure the implementation and monitoring of quality assured standards of care by effective and efficient management of finite resources; 13.21 identify individual potential in registered nurses and specialist practitioners, through effective appraisal system. As a clinical expert, advise on educational opportunities that will facilitate the development and support their specialist knowledge and skills to ensure they develop their clinical practice 13.27 explore and implement strategies for staff appraisal, quality assurance and quality audit. Determine criteria against which they should be judged, how success might be measured and who should measure success.
2.3	13.11 recognise ethical and legal issues which have implications for nursing practice and take appropriate action; 13.12 identify the social, political and economic factors which influence patient/client care and impact on health;
2.4	
2.5	13.20 lead and clinically direct the professional team to ensure the implementation and monitoring of quality assured standards of care by effective and efficient management of finite resources;
2.6	
2.7	13.8 act independently within a multi-disciplinary/multi-agency context 13.12 identify the social, political and economic factors which influence patient/client care and impact on health; 13.14 identify and select from a range of health and social agencies, those which will assist and improve the care of individuals, groups and communities; 13.15 search out and identify evolving health care needs and situations hazardous to health and take appropriate action. This is a continuous activity and involves being pro-active, it must not be dependent on waiting for people to request care; 13.16 initiate and contribute to strategies designed to promote and improve health and prevent disease in individuals, groups and communities; 28.4 contribute to strategies designed to promote and improve health and prevent disease in individuals and groups;

2.8	13.10 advise on the range of services available to assist with care. The services may be at local, regional or national levels. Knowledge of these services will need to be kept up-to-date and advice given to people on how to access and use them; 13.18 provide accurate and rigorously collated health data to employing authorities and purchasers through health profiles in order to inform health policies and the provision of health care. Clinical practice leadership
2.9	13.19 act as a source of expert advice in clinical nursing practice to the primary health care team and others
2.10	13.15 search out and identify evolving health care needs and situations hazardous to health and take appropriate action. This is a continuous activity and involves being pro-active, it must not be dependent on waiting for people to request care;
2.11	13.12 identify the social, political and economic factors which influence patient/client care and impact on health; 13.17 empower people to take appropriate action to influence health policies. Individuals, families and groups must have a say in how they live their lives and must know about the services they need to help them to do so;
3.1	13.22 ensure effective learning experiences and opportunity to achieve learning outcomes for students through preceptorship, mentorship, counselling, clinical supervision and provision of an educational environment. 13.26 create an environment in which clinical practice development is fostered, evaluated and disseminated
3.2	
3.3	13.26 create an environment in which clinical practice development is fostered, evaluated and disseminated
3.4	13.23 initiate and lead practice developments to enhance the nursing contribution and quality of care 13.25 undertake audit review and appropriate quality assurance activities 13.26 create an environment in which clinical practice development is fostered, evaluated and disseminated
4.1	13.24 identify, apply and disseminate research findings relating to specialist nursing practice
4.2	13.18 provide accurate and rigorously collated health data to employing authorities and purchasers through health profiles in order to inform health policies and the provision of health care. Clinical practice leadership 13.23 initiate and lead practice developments to enhance the nursing contribution and quality of care 13.25 undertake audit review and appropriate quality assurance activities
4.3	13.23 initiate and lead practice developments to enhance the nursing contribution and quality of care 13.27 explore and implement strategies for staff appraisal, quality assurance and quality audit. Determine criteria against which they should be judged, how success might be measured and who should measure success.
4.4	

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The QNI/QNIS voluntary standards for District Nurse Education and Practice will be due for revision in 2020.