

# An open letter to Dr Stephen Ladyman...

## Dear minister...

I am writing to thank you for your time two weeks ago when we met at the parliamentary visit organised by Mr Gardiner MP, where I expressed my concern about the potential impact of closing the health visiting register on April 1 2004. I was surprised to hear that the chair and director of the Community Practitioners' and Health Visitors' Association (CPHVA) had visited you that day without mentioning it. I have spoken to Mark Jones, CPHVA director, who has promised to write explaining that their membership, like me, have serious concerns about the current position. Indeed, there was a very strongly supported motion to the 2002 AGM, binding the organisation to fight to 'secure and promote' the title 'registered health visitor'. The standards and nature of skills required for registration are more important than the name of the profession, but support for the motion rested upon the realisation that removal of a specified register for health visitors would lead to a serious loss of the health visiting knowledge base. We are also very concerned about potential risks to the public since anyone, whether qualified or not, will be able to style themselves as a registered health visitor or be employed by public, voluntary or commercial organisations after April 1 2004.

The Nursing & Midwifery Council's (NMC's) third consultation about the form of the register, which closed in November, has led to a lively correspondence in *Community Practitioner* (the CPHVA journal) in the last three issues, as the proposals appear to confirm our concerns and to undermine the safeguards and progress that health visitor members on the NMC had striven to achieve. It does seem that Council does not function in the way that Lord Hunt or Mr Hutton envisaged at the time that the Nursing and Midwifery Order was passed. They gave firm assurances that health visitor members on the NMC would have a clear say in the way the register was set up, what it was called and the competencies required by registrants, which has not happened. I would ask you to consider the extent of energy that has been spent to overcome the barriers preventing progress in developing and expanding the health visiting profession, and the possible solutions proposed here. These centre on three key areas of concern, which health visitors feel sure are likely to worry ministers too. These are:

1. The third part of the NMC register will encompass nurses working in community public health as well as health visitors, but will reduce the scope of health visitor preparation. It does not seem possible to develop health visiting by treating it, for regulatory purposes, as if it were part of nursing, so please will you consider re-establishing a statutory register for health visitors?
2. The third part of the NMC register will not distinguish those who are fit to practice as health visitors from those who are not. To achieve this, the register would need to be based on the established principles, standards and knowledge base of the health visiting profession, which is not permitted under the remit for the NMC.
3. The third part of the NMC register will prevent multi-disciplinary recruitment and career opportunities for team members and colleagues who are not qualified nurses. Government support for flexible entry to health visitor training, not restricted to qualified nurses and midwives only, would expand opportunities and improve recruitment.

### NMC first consultation

Like the rest of their profession, the health visiting members on the NMC Council were very aware of the need to improve capacity (both in terms of the skills and knowledge base and of numbers recruited into the profession) and standards. They were aware, too, of the government's commitment to develop nursing roles in public health, colleagues that health visitors are generally delighted to acknowledge, support and work with, even though very few health visitors would be happy to describe themselves as public health nurses. In their first year, 2002, bearing in mind ministers' assurances and the responsibilities vested in them under the new regulatory framework, the NMC health visiting members worked with colleagues on Council to gain agreement about a form of register that:

- would expand the health visiting profession by allowing multi-disciplinary recruitment instead, as at present, of restricting it to those already qualified as nurses or midwives,
- could encompass nurses working in public health as well as health visitors and
- would be based on a newly developed competency framework to improve standards for the profession.

At consultation, 80% of respondents agreed with the proposals set out in this consultation, as they presented a wonderful opportunity. Colleagues working alongside health visitors in local Sure Start programmes and in multi-disciplinary teams were delighted; managers and universities in those areas where there are great recruitment difficulties saw this as the way forward, the health visiting profession was hugely excited at the chance to re-energise and develop itself. For a brief time, it seemed as though the new Order could help develop and expand health visiting, as the government had insisted it would.

However, the NMC members were quickly told that neither their chosen title of 'public health practitioner,' nor any of the titles suggested by Mr Hutton or Lord Hunt while the Order was debated in Parliament, would be permitted. Instead, the register must be labelled 'nursing' as the NMC is only concerned with regulating nurses and midwives, so the title of any register it maintains must reflect this fact. The final, deeply unpopular, title will be Specialist Community Public Health (SCOPH) Nursing. Calling health visitors 'nurses' negates and undermines their knowledge and skills as health visitors, and sends the message that government values nursing but not health visiting; this also makes recruitment and retention extremely difficult. This relabelling is commonly linked to the (rather anachronistic) fact that a nursing qualification has been a pre-requisite to the training for 40 of the 140 years that health visiting has existed. However, it is not the nursing qualification that makes them health visitors; it is their (different) training in health visiting.

The plan, proposed by the NMC to expand and develop the profession and improve recruitment by enabling multi-