

Supporting Practice Learning in the light of the new NMC (2018) Standards

<https://www.nmc.org.uk/standards/standards-for-nurses/>

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There are known knowns; there are things we know that we know.

There are known unknowns; that is to say, there are things that we now know we don't know.

But there are also unknown unknowns – there are things we do not know we don't know.

-Donald Rumsfeld



Current challenges



Apprenticeships



Background to education changes

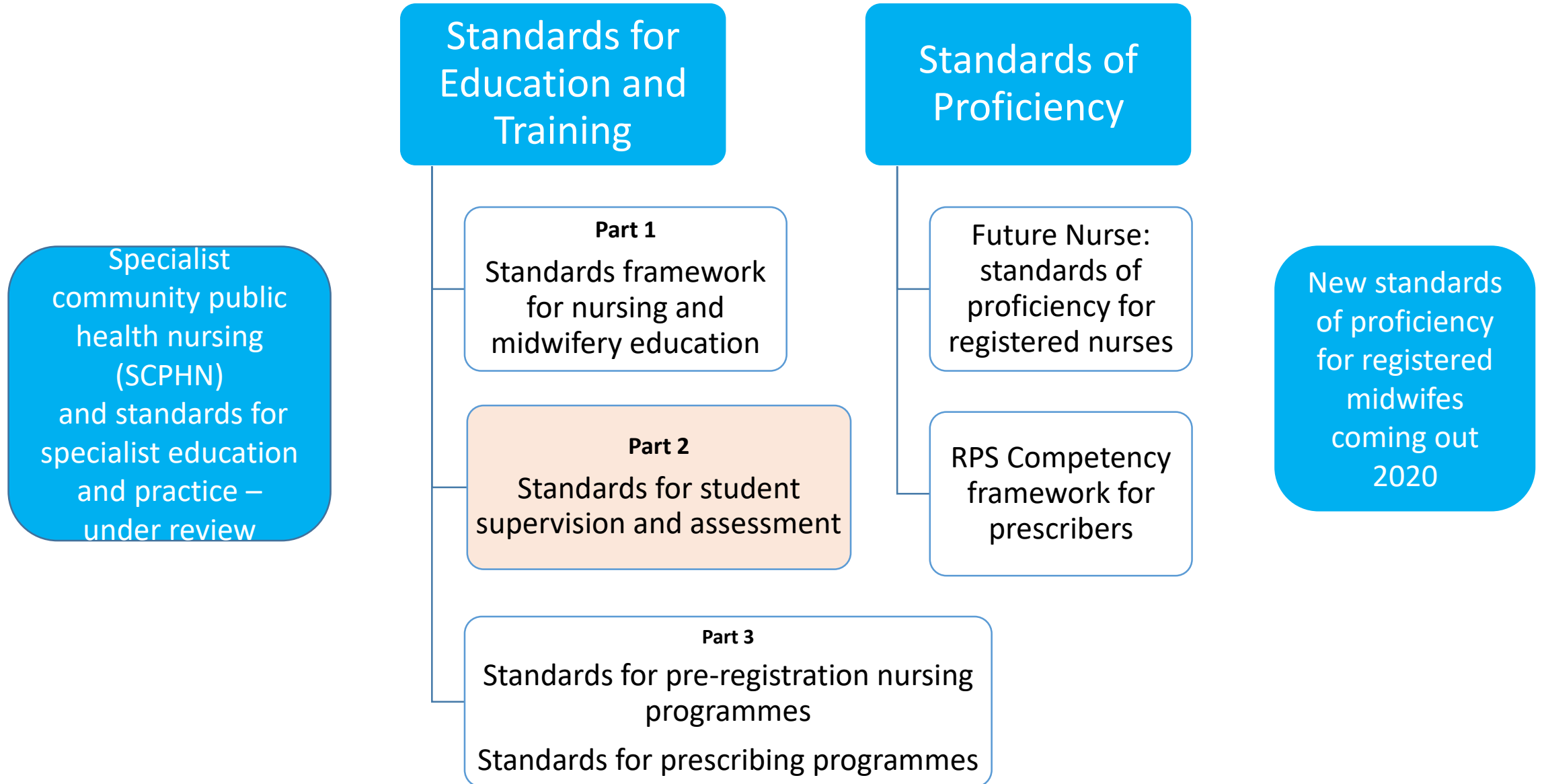
- ❖ Previous standards (2010) no longer reflected the scope and requirements of current nursing practice;
- ❖ NMC launched new Education Standards in May 2018, following extensive consultation;
- ❖ Approval of new programmes, including nursing associate programmes, will start from January 2019;
- ❖ NMC Council agreed that AEs will be given until September 2020 to begin programmes using the new standards; and
- ❖ Agreed that the new QA framework will be fully implemented from September 2019.

NMC Objectives

- ❖ Raise the ambition for nursing/midwifery proficiency, for the benefit of the people they care for.
- ❖ Maximise the quality of education and training for nurses and midwives.
- ❖ Ensure that regulation is fit for purpose, and not a barrier to individual and service development.



NMC Programme of Change for Education





- More overlap across all 4 fields of nursing practice, in particular mental health
- Increasing emphasis on teamwork and leadership & supervision of others
- More “advanced” clinical skills

NMC Nursing and Midwifery Standards 2018

- **Unchanged:**

Student nurses are still required to undertake 2,300 hours of practice-based learning and 2,300 hours of theory before they can be registered.

Student nurses will remain supernumerary in their practice placements

- **Changed:**

- ❖ The way in which the proficiencies are presented is different as they are generic and not specific to the four fields of nursing practice.
- ❖ The supervision and assessment of students in practice placements has changed considerably. This change affects all nurses and midwives.

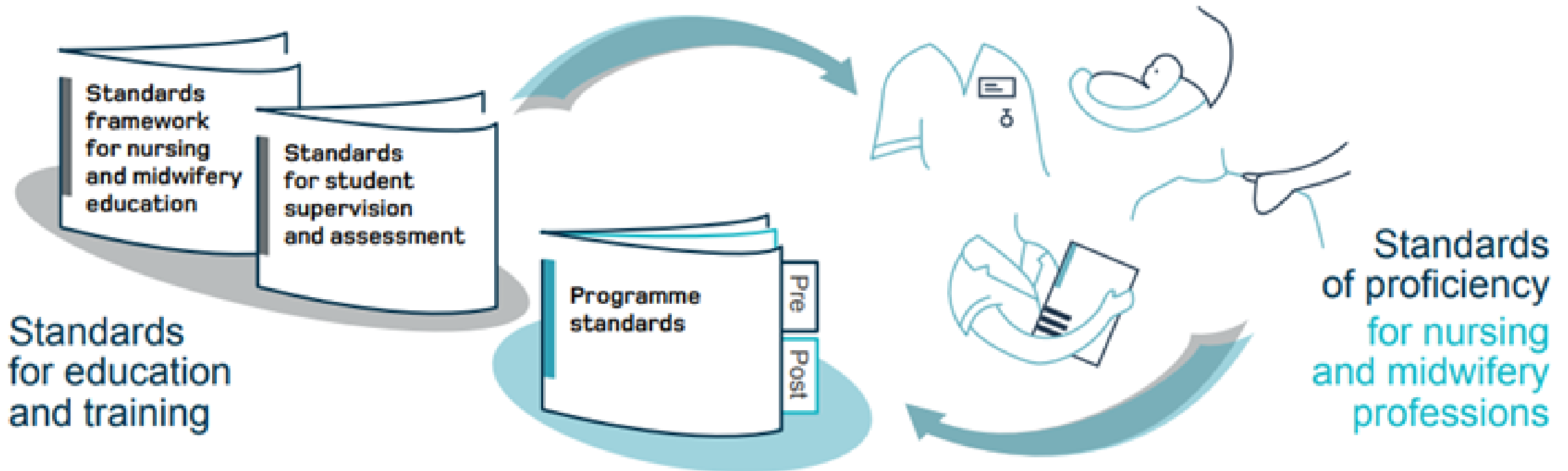
Clarification of terms:

- ❖ Students in practice or work-placed learning must be supported to learn. This may include being **supernumerary**, meaning that they are not counted as part of the staffing required for safe and effective care in that setting. The decision on the level of supervision provided for students should be based on the needs of the individual student.
- ❖ **Supported learning time:** time to facilitate learning. This may include supernumerary status that enables students to be supported in safely and effectively achieving proficiency.



NMC Nursing and Midwifery Standards 2018

There are three parts to the NMC Standards that are used in conjunction with the standards of proficiency for nursing and midwifery professions.



NMC (2008) Standards for Learning and Assessment in Practice (SLAiP) remain in force until revalidation of new pre-registration and post registration programmes (by September 2020 at latest)



NMC (2018) Standards for Student Supervision and Assessment will be implemented across region as programmes become revalidated



Key Changes:

- Much less prescriptive to allow for “..*flexibility to develop innovative approaches to nursing and midwifery education...*”
- NMC (2018) Standards for Student Supervision and Assessment will apply to **ALL NMC APPROVED PROGRAMMES IN ALL SETTINGS**
- **Removal of Mentor , Sign off Mentor and Practice Teacher roles**
- Separation of supervision and assessment
- **Replaced by Practice Supervisor, Practice Assessor and Academic Assessor**
- 40% working requirement removed

Principles of our new standards for student supervision and assessment

- **Potential benefits**
- Separate supervision and assessment roles to:
 - Increase consistency in assessment judgments
 - Avoid 'failing to fail' situations
- Improve interprofessional working
- Enhance joint working between AElS (Approved Educational Institutions) and practice placement partners
- Supporting students becomes every NMC registrant's responsibility (it's in the Code) **NB Code updated by NMC in October 2018 to take into account nursing associate registration from January 2019**
- Everyone will have an input into assessment

| Practice Supervisors | Practice Assessors | Academic Assessors |
|--|--|---|
| Role model and facilitate learning of students through independent participation | Conduct assessments to confirm achievement of practice learning outcomes | Collate and confirm student achievement of academic learning outcomes |
| Raise and respond to competency and conduct concerns | Make and record assessment on achievement, proficiency and conduct based on multiple sources of evidence | Make and record decisions on achievement, proficiency and conduct based on multiple sources of evidence |
| Supervise, support and provide feedback to students | Communicate and collaborate with academic assessors to agree student progression | Communicate and collaborate with practice assessors to agree student progression |
| Contribute to assessment and progress decisions made by assessors | Assigned to a student for a placement or series of placement | A different academic assessor assigned for each part of the programme |

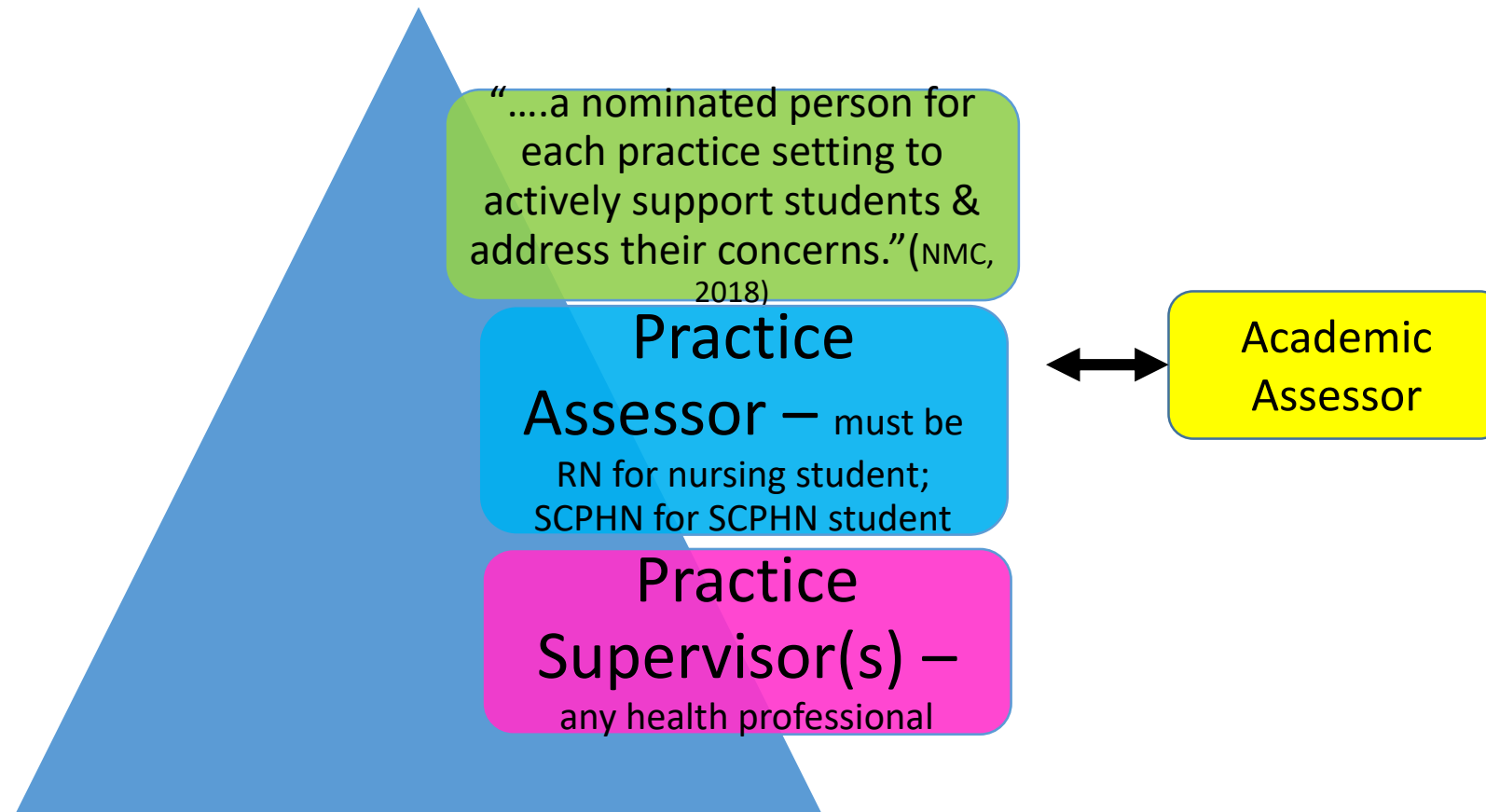
I am currently a mentor on mentor register , up to date in terms of annual updating and triennial review

I am currently a Practice Teacher on mentor register , up to date in terms of annual updating and triennial review

Probably:

- Migration onto new Practice Assessor register
- Will need to ensure up to date on programme requirements where you are acting as Practice Supervisor or Practice Assessor

Implementation of roles in placement



- I am on a 16 week Hub placement on a ward in an acute Trust
- **I have a named Practice Assessor in my ward** – they oversee my placement and are available for support and advice
- **Day to day supervision is provided by a range of health professionals who act as Practice Supervisors and contribute to my Practice Assessment Documents (PADs)**
- **I have a named Practice Supervisor in my Spoke placements**
- My Practice Assessor will periodically observe me to inform their decisions
- My Practice Assessor will do my final placement interview with my Practice Supervisor using information from my PAD and from the Practice Supervisors
- I have a different named Academic Assessor for each academic year of the programme
- At progression points, my Academic Assessor and Practice Assessor(s) make a joint decision on progress through a tripartite meeting



- I am on a 8 week Hub placement in General Practice
- **I have a named Practice Assessor based in another practice that is part of our GP group**
- I have a named Practice Supervisor in my Hub placement – they oversee my placement and are available for support and advice
- **Day to day supervision is provided mainly by my Practice Supervisor** –but I occasionally spend time with other health professionals who act as Practice Supervisors and contribute to Practice Assessment documents
- My Practice Assessor will periodically observe me to inform their decisions using information from my PAD and from the Practice Supervisors
- My Practice Assessor will do my final placement interview with my Practice Supervisor
- I have a different named Academic Assessor for each academic year of the programme
- At progression points, my Academic Assessor and Practice Assessor(s) make a joint decision on progress via skype and email



District Nursing Example

- I am a District nursing student who is on a year long placement with a neighbourhood integrated team
- **I have a named Practice Assessor who is a qualified District Nurse with appropriate equivalent experience for my field of practice based in the District Nursing service**
- I have a named **Practice Supervisor in my Neighbourhood team— they oversee my placement and are available for support and advice**
- **Day to day supervision is provided mainly by my Practice Supervisor who is a qualified District nurse**—but I occasionally spend time with other health professionals who act as Practice Supervisors and contribute to Practice Assessment documents
- My Practice Assessor will periodically observe me to inform their decisions using information from my PAD and from the Practice Supervisors
- My Practice Assessor will do my final placement interview with my Practice Supervisor
- At progression, my Academic Assessor and Practice Assessor(s) make a joint decision on progress via tripartite meetings



SCPHN Example

- I am a Health Visitor student who is based on a year long placement
- **I have a named Practice Assessor who is a qualified SCPHN HV with appropriate equivalent experience for my field of practice based in another placement**
- I have a named **Practice Supervisor in my placement – they oversee my placement and are available for support and advice**
- **Day to day supervision is provided mainly by my Practice Supervisor who is a qualified HV**—but I occasionally spend time with other health professionals who act as Practice Supervisors and contribute to Practice Assessment documents
- My Practice Assessor will periodically observe me to inform their decisions using information from my PAD and from the Practice Supervisors
- My Practice Assessor will do my final placement interview with my Practice Supervisor
- At progression, my Academic Assessor and Practice Assessor(s) make a joint decision on progress via tripartite meetings



n.b. SCPHN students must be:

*“.....assigned to **practice and academic assessors** who are registered SCPHNs with appropriate equivalent experience for the student’s field of practice.”* (Page 8 NMC 2018 Standards for Students Supervision and Assessment)

I.e. PAs don’t have to be same field if have appropriate experience but must still be a SCPHN so could be a School Nurse Practice Assessor for a HV student

District Nurse students come under standards for all nurses on NMC approved programmes:

“.....Nursing students are assigned to practice and academic assessor s who are registered nurses with appropriate equivalent experience for the students field of practice

I.e. PAs don’t have to be same field if have appropriate experience, but likely to be a qualified DN for a DN student.

Nursing Associate students

- However, nursing associate students can be assigned to Practice and Academic assessors who are **either** a Registered Nursing Associate **or** a Registered Nurse



NMC and Preparation for Roles:

*“While a **Practice Supervisor** may need to be ‘prepared’ in some way before supervising students, this does not necessarily mean they must undergo a formal preparatory course.....”*

<https://www.nmc.org.uk/supporting-information-on-standards-for-student-supervision-and-assessment/practice-supervision/who-are-practice-supervisors-and-how-are-they-prepared/practice-supervisor-preparation/>

Expected to be achieved in Pre- registration Standards of Proficiency - for both Nursing Associates and Nursing students

NMC and Preparation for Roles:

Practice Assessors must undertake preparation or evidence prior learning and experience to demonstrate:

- **Interpersonal communication skills relevant to student learning and assessment**
- **Knowledge of how to conduct of objective, evidence based assessments**
- **The ability to deliver constructive feedback**
- **Assessment process and their role**
- **Obligation to proactively develop professional practice and knowledge**
- **Understanding of proficiencies and programme outcomes for NMC programmes they are assessing**

What remains the same?

- Supernumerary status of students i.e.. *“Not counted as part of staffing required for safe and effective care”*
- (Apprentices –not when in substantive role)
- The need for *“..safe, effective and inclusive learning experiences...”*



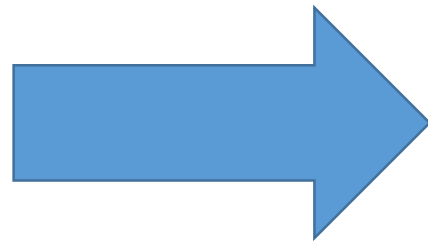
What remains the same?

Current process of support and assessment is still applicable

- 1. Induction** to welcome student
- 2. The initial meeting** to formulate learning contracts and development plans
- 3. Continuous assessment** of professional values, skills & standards of proficiency
- 4. The mid-point formative assessment** to monitor progress, revise contract or set action plan if necessary
- 5. Feedback** from service users and others
- 6. The end-of-placement summative assessment** to assess student against set criteria
- 7. The cause for concern process** will continue to apply

Other changes!

- Epad



PebblePad

- ?Move to National Practice Assessment Documentation

Practice Learning Changes:

NMC no longer **mandate:**

- Mentor register
- Annual updates and triennial review
- Educational audit
- NMC approved Mentor and Practice preparation programmes

All disappear as NMC requirements – however, there will still be a requirement for placement providers and universities to have an infrastructure in place to support quality of placement learning, so it is likely we will keep many of the elements that work well currently – and the NMC will monitor this annually as part of their quality assurance processes

HEE (2018) RePAIR (Reducing Pre-registration Attrition and Improving Retention) project

(nursing, midwifery, therapeutic radiography)



- <https://www.hee.nhs.uk/our-work/reducing-pre-registration-attrition-improving-retention>

HEE (2018) RePAIR (Reducing Pre-registration Attrition and Improving Retention) project

“Students commented on service pressures, the difference in the culture of care, the staff’s attitudes to them and the variation in supervisor/mentor support.....they pointed out that the ‘student-mentor’ relationship is central to the success of their clinical learning outcomes.

Students urged HEIs and HCPs to seek ways to improve:

- communication between them*
- allocation of placements*
- standardisation of practice assessment documentation.*

Students reported a rollercoaster experience, in their levels of confidence, as they prepare for transition from being a final year student to a newly qualified practitioner”



I'm paid a small salary whilst studying for my SRN

I am employed by the hospital and have study blocks in the hospital School of Nursing

I am counted "in the numbers" on placement

I work shifts including 7 nights on, 6 off and there is not limit to weekend or night duty as a student

Once I am a 3rd year I am virtually always in charge on nights in ward areas

I may or may not be allocated a supervisor on placement -usually year 3 students supervise me

I have to pass 4 formal practical assessments and have a range of skills signed off in practice

The sister or charge nurse will do my end of placement interview

I'm a Band 5 RN, degree level qualified in 2016, completed mentorship in 2017, now Practice Assessor for 1 Nursing Associate Apprentice, 1 full-time BSc Student Nurse and 1 new RN Degree Level Apprentice

I'm a full time SCPHN student paid as a Band 5 with my fees paid by Health Education England.

I'm a Nurse Consultant in Emergency Care, personally funding a part-time PhD at University with contributions from my employer

I'm a Band 3 Health Care Assistant who has just been accepted to start my Nursing Associate Apprenticeship, hoping to become a RN one day but will work as a Band 4 NA or a few years first



I'm an experienced Band 6 RN, qualified with a Diploma in 2007 with CPD in Emergency Care (no debt to pay off) and just starting a part-time Masters Level Advanced Clinical Practice Apprenticeship

“The only way to make sense out of change is to plunge into it, move with it, and join the dance. ...”

(Alan Wilson Watts 1915-1973)



Workshop Questions

Practice Supervisors

- ❖ All nurses and midwives, including the newly registered, can be called upon to be supervisors in practice placements. Students can also be supervised by other registered health and social care professionals.
- ❖ The NMC standards for supervision sets out the expectations of practice supervision but they are not prescriptive about what type of training or preparation is required to undertake this role.
- *Questions:*
 1. *Do you think registered nurses and midwives are generally aware that they might be required to take on the role of practice supervisor?*
 2. *What are your main concerns?*
 3. *What would assist staff to feel competent to undertake this role?*

Practice Assessors – a reminder

- ❖ Practice assessors will undertake a role that is similar to that currently undertaken by sign-off mentors / Practice teachers, i.e. confirmation of a student's proficiency in providing safe and effective care. This will be informed by feedback from practice supervisors.
- ❖ Practice assessors must have knowledge and expertise of the proficiencies and programme outcomes they are assessing. They must work closely with academic assessors.
- ❖ The NMC has not mandated specific training for practice assessors but there is an expectation that they will be suitably prepared/trained to undertake their role.

Practice Assessors - questions

1. *What preparation/training is required for sign-off mentors and practice teachers to competently undertake the new roles of practice assessors?*
2. *Is any additional preparation/training required for nurses/midwives, who have not been sign-off mentors?*
3. *What would assist practice assessors and academic assessors to work closely together?*
4. *Would the provision of common practice assessment documentation be useful?*
5. *What other resources would be helpful?*

Approved Education Institutions and Practice Placement Providers

One of the aims of the changes to practice placements is to broaden the variety, number and quality of practice placements.

With this in mind....

- *Questions:*

1. *What is required to ensure collaborative working between AElS and practice placement providers?*
2. *What support will practice placement providers need if they have not undertaken that role previously?*
3. *What other resources would be required to reach and support non-NHS practice placement providers?*