

Learning Disability Services - Mandatory training matrix

Mandatory training matrix for ALL hospital and community registered nurses and healthcare support staff	Required Frequency	Delivery Method	Training Provider
Corporate Welcome <i>All newly appointed staff to the Trust must attend within 4 months of appointment. Automatic invite will be issued from Human Resources</i>	Once	f	BHSCT
Local Induction/Orientation <i>All staff who are new to a department/role must have a local induction</i>	Once	f	WS/CN/Tm leaders
Customer Care	Once	f	BHSCT
Adverse Incident Reporting	Once	e & f	e & BHSCT
Complaints Awareness	Once	f	
Personal Contribution Framework (PCF) /Knowledge and Skills Framework (KSF) Awareness	Once	e & f	E & BHSCT
HIV / Aids Awareness	Once	f	BHSCT
Equality Training	Once	f	BHSCT
Cultural Diversity awareness	Once	f	BHSCT
Supervisee training	Once	e	CEC
Attendance management	Once	e	e
Fire Safety & Environmental Awareness	Annual	f	BHSCT
Safeguarding Vulnerable adults - Level 1	3 yrly	f	CEC
Health & Safety Awareness	3 yrly	e	e
Safeguarding Children Level 1 <i>Healthcare support workers</i>	3 yrly	f	L&D team CEC
DESIGNATED mandatory training for hospital and community registered nurses and healthcare support staff	Required Frequency	Delivery Method	Training Provider
Band 3 development programme <i>All band 2 and 3 Healthcare Support Workers</i>	Once	f	Central Nursing
Basic medical gas safety <i>All registered staff</i>	Once	f	BHSCT
Equality training for managers	Once	f	BHSCT
Introduction to patient handling <i>All staff who undertake patient handling duties</i>	Once	f	BHSCT
Management of actual and potential aggression (MAPA) 5 days <i>All healthcare support and nursing staff in all inpatient facilities</i>	Once	f	BHSCT
Nursing and Midwifery Induction Programme <i>All newly registered nurses and newly appointed registered nurses to the Trust</i>	Once	f	BHSCT
Patient early warning signs (PEWS) <i>All registered hospital staff</i>	Once	f	CEC
Personal Contribution Framework /Knowledge and Skills Framework reviewer training <i>All reviewers</i>	Once	f	BHSCT
Preceptorship <i>All newly registered nurses. Booklets should be completed and signed off within 6 months</i>	Once	f	BHSCT
Promoting Quality Care Risk Assessment <i>All registered staff</i>	Once	f	CEC
Record Keeping <i>All Staff in contact with patient records</i>	Once	f	CEC

DESIGNATED mandatory training for hospital and community registered nurses and healthcare support staff	Required Frequency	Delivery Method	Training Provider
Recruitment and Selection <i>All staff who will be engaging in the Recruitment & Selection process -or - it has been more than 3 years since last active on a recruitment panel.</i>	Once	f	BHSCT
Safeguarding Children / Child Protection Level 2 (one day programme) <i>All registered staff</i>	Once	f	L&D team
SCIP – Strategies in Crisis Intervention and Prevention (3 days) <i>All community nursing staff</i>	Once	f	BHSCT
Serious Adverse Incident awareness <i>All registered staff</i>	Once	f	BHSCT
Supervisor training <i>2 day programme for staff with no experience of Supervising.</i>	Once	f	CEC
Supervisor training update <i>Refresher for staff who have completed the two day training but have had no experience of supervising staff. 1 day programme</i>	Once	f	CEC
Venepuncture <i>All registered nurses</i>	Once	f	CEC
Adult Basic life support (BLS) Level 1 <i>All community healthcare staff</i>	Annual	f	BHSCT
IHLS (Adult in Hospital Life Support) <i>All hospital based healthcare staff</i>	Annual	f	BHSCT
ILS (Immediate Life Support) <i>Designated Hospital Staff</i>	Annual	f	BHSCT
Management of actual and potential aggression (MAPA) Update (2 days) <i>Staff who have previously attended MAPA training (5 day prog).</i>	Annual	f	BHSCT
Management of actual and potential aggression (MAPA) Training for Trainers <i>All MAPA trainers</i>	Annual	f	BHSCT
Mentorship training <i>mentors supporting nursing students on NMC recordable programmes</i>	Annual	f	PEFs
SCIP – Strategies in Crisis Intervention and Prevention (1 day update) <i>All community nursing staff</i>	Annual	f	BHSCT
Back care awareness <i>All staff who use display screen equipment for more that 1hr per day</i>	2 yrly	f	e
Infection prevention & control (IP&C) <i>All registered staff</i>	2 yrly	f	BHSCT
Update in patient handling <i>All hospital staff who undertake patient handling duties in hospital and who have completed the introduction to patient handling or update in patient handling within the last 2 years</i>	2 yrly	f	BHSCT
COSHH awareness <i>Staff who may be exposed to hazardous substances in the course of their work activity and where a risk assessment deems it necessary</i>	3 yrly	e	BHSCT
Control of Substances Hazardous to Health (COSHH) Assessor Course <i>Ward sisters/Charges nurses/Team leaders</i>	3 yrly	f	BHSCT
Deputy Nominated Officer (Fire) Training <i>Designated staff in each workplace</i>	3 yrly	f	BHSCT
General Health & Safety Risk Assessment Workshop <i>Ward, Department and Facility Managers and other Senior Staff with responsibility for Risk Assessment.</i>	3 yrly	f	BHSCT
Medical Devices awareness <i>All registered staff</i>	3 yrly	e/f	e & BHSCT
Medicines Update <i>All registered staff</i>	3 yrly	f	CEC
Safeguarding Children / Child Protection Level 2 Refresher (half day) <i>All registered staff (staff must previously have completed the full 1 day programme).</i>	3 yrly	f	L&D team
Waste Management <i>All registered staff</i>	3 yrly	f	

Training methods:

e – e/learning

f – face to face

Training providers:

Central Nursing

Invitation from Central Nursing via email: band 2/3 development programme.

CEC - Clinical Education Centre, (Beeches Management Centre),

Clady Villa, Knockbracken Healthcare Park www.beeches.hscni.net

Tel. 9056 1353

HR - Human Resources,

Recruitment Section, McKinney House, Musgrave Park Hospital

Stephen Brady / Marie Curran Tel. 9504 8895

[REDACTED]
[REDACTED]

L&D team – Learning & Development Team, Foyle Villa, Knockbracken Healthcare Park

[REDACTED]
[REDACTED]

PEFs

Olivia Gray, Learning Disability Practice Education Facilitator, Tel.
email:

BHSCT - Access on TAS via intranet



Clinical Education Centre

for Nurses, Midwives and Allied Health Professionals



Looking Forward

A Strategy for the
HSC Clinical Education Centre 2018 – 2023



Introduction

The World Health Organisation (WHO) defined health as ‘a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity’ (WHO 1948). As well as supporting the development of clinical skills and therapeutic interventions, the Clinical Education Centre (CEC), delivers a wide variety of programmes that are person-centred and focused on prevention, early intervention, rehabilitation, supporting independence and wellbeing, palliative and end of life care.

Michelle O’Neill, Minister for Health, in the foreword to Delivering Together 2016 said that we must move beyond simply managing illness and instead ensure that our health service supports people to stay well; physically, mentally, emotionally and to have meaningful integrated roles in society. Both the Nursing Midwifery Council (NMC) and the Health and Care Professions Council (HCPC) now require service users and carer involvement in education and training programmes.

The HCPC standards for Education and Training for Allied Health Professionals (AHPs)** (amended June 2017) reflects this requirement. This direction of travel is further supported by the NMC in their work to develop new standards for pre-registration nursing and midwifery curricula. There is a clear signal for change in the way Nurses, Midwives and Allied Health Professionals will do their work in the future and the CEC is ideally placed to support them to deliver the Minister’s vision in Health and Wellbeing 2026, Delivering Together (DoH 2016).

The CEC has consistently provided a range of education programmes which have involved people with lived experience. Since the formation of CEC there has been an increasing demand from our core clients, the HSC Trusts. This is anticipated to increase further with the development of new NMC Standards and the requirement to involve people with lived experience.

**AHPs in Northern Ireland include Dietitians, Occupational Therapists, Physiotherapists, Speech and Language Therapists, Orthoptists, Radiographers (Therapeutic and Diagnostic), Podiatrists, Music Therapists, Art Therapists, Drama Therapists, Prosthetists and Orthotists

Given the challenging financial climate, the CEC must consider efficiencies and the use of technology to enhance delivery of education to Nurses, Midwives and AHPs. CEC are committed to developing a Digital Learning Strategy. This will support HSC staff to deliver education in an increasingly digitalised environment.

This strategy document sets out CEC's values, principles, vision and mission for the next five years and will support a focused approach to implementing our core priorities. This strategy underpins the Business Services Organisation's (BSO) corporate objectives. BSO's objectives are to:

- Deliver High Quality, Valued Services to Our Customers
- Develop Our Services in Partnership with Our Customers
- Demonstrate Continuous Improvement in Pursuit of Excellence
- Help Our People Excel at What We Do

Context

Healthcare is a very dynamic and constantly changing environment and the HSC Nursing, Midwifery and AHP workforce must be supported and enabled to meet those changes.

CEC is well placed to provide support, as its primary purpose is to provide in-service education to Nurses, Midwives and AHPs. Since the formation of CEC as a regional body in 2011 there have been five strategic reviews and reforms of health and social care in Northern Ireland (Transforming Your Care (2011), The Right Time, The Right Place (2014), Review of HSC Structures (2015), Systems Not Structures (2016) and Health and Wellbeing 2026 (2016)).

Service demand is increasing astronomically at a time when the financial climate is particularly challenging. The population demographics have led to an even greater need for prevention, early intervention, rehabilitation and management of patient/clients of all ages. These challenges will require CEC to transform its traditional way of working and to seize opportunities for creative solutions to education and learning that fully facilitates safe and effective care.

In order to meet the challenges of growing demand and budgetary pressures, a series of Values Clarification Workshops were held with staff and CEC core clients (the DoH and HSCTs) to clarify the key priorities for the future. The outputs from these workshops have formed the basis of this strategy and this Strategy will form the basis of CEC direction over the next 5 years.

CEC Values

CEC strives to share its values with all stakeholders. These values will guide how we work, the decisions we make and the way we treat our customers and staff.

- » Care and compassion
- » Dignity and respect
- » Openness, honesty and responsibility
- » Quality
- » Teamwork
- » Inclusivity

We demonstrate these values through the way we work by

- » Striving for excellence in education delivery
- » Being open, listening and learning
- » Taking responsibility and leading by example
- » Responding quickly and confidently
- » Looking ahead and being creative
- » Respecting and valuing each other
- » Working in partnership for a clear common goal

CEC Educational Principles

Our approach to the delivery of high quality education is built around:

- » Working in partnership with our statutory sector partners and users to be responsive to their specific needs
- » Delivering education on four sites to be as close as possible to our users workplace
- » Planning, developing and delivering education to support patient / client centered care
- » Involving and integrating patient / clients in the delivery of education programmes
- » Promoting learning that is motivational, aspirational, and relevant to practice
- » Enabling personalisation of learning so that it is adaptable to different needs and styles
- » Providing evidence-based education that is informed by the most recent regional, national and international guidelines, policies, legislation and best practice
- » Achieving regulatory standards and aspiring to achieve more
- » Evaluating and sharing the effectiveness of our education and any lessons learnt
- » Enabling the transfer of best practice across the nursing, midwifery and AHP workforce in Northern Ireland
- » Responding to the Private / Independent Sector needs

The CEC Vision is:

Designing and Delivering Education for Today
and Transforming Education for Tomorrow

The CEC Mission is:

Design and deliver education that supports Nurses,
Midwives and Allied Health Professionals to be the best
that they can be

The CEC Strategic themes are:

- » A motivated and highly skilled workforce
- » Enhanced educational infrastructure with education delivered close to our stakeholders in an environment conducive to learning
- » Designing and delivering high quality, creative, innovative, evidence-based education
- » Creating opportunities for collaborative working with other professionals, the public and the third sector to deliver regional educational priorities

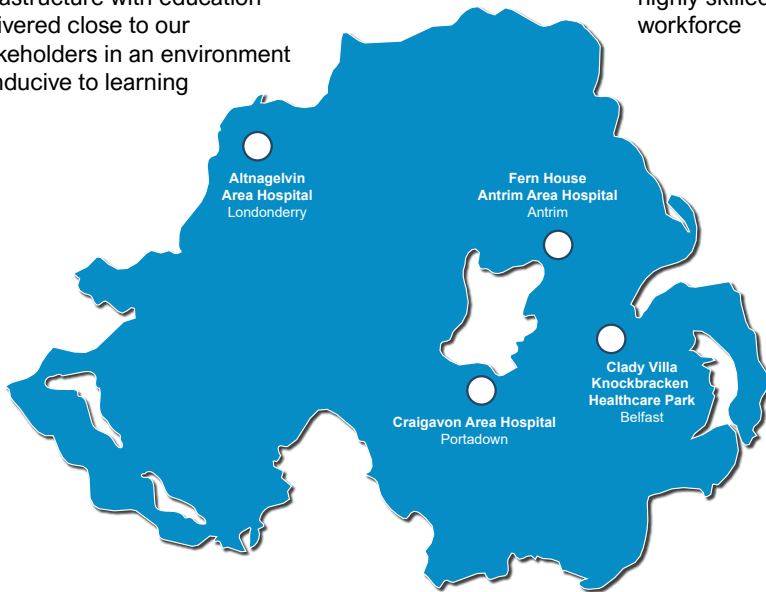
Strategy for HSC Clinical Education Centre 2018 - 2023

Our Vision: Designing and Delivering Education for Today and Transforming Education for Tomorrow

Our Mission: Design and deliver education that supports Nurses, Midwives and Allied Health Professionals to be the best that they can be

Enhanced educational infrastructure with education delivered close to our stakeholders in an environment conducive to learning

A motivated and highly skilled workforce



Creating opportunities for collaborative working with other professionals, the public and the third sector to deliver regional educational priorities

Designing and delivering high quality, creative, innovative, evidence-based education

Strategy for HSC Clinical Education Centre 2018 - 2023

BSO Corporate Objective	Strategic Theme	Making it happen	What are the measures of success
Help Our People Excel at What We Do	A Motivated Highly Skilled Workforce	<ol style="list-style-type: none"> CEC will value and invest in their staffs' development CEC will invest in their staff to ensure all have the opportunity to update and maintain their clinical and teaching skills CEC will investigate opportunities to align itself to the Council of Deans to further support their staff CEC will support and equip staff with the ability to use educational technologies effectively CEC will carry out a staffing review to ensure all staff with the right skills are in the right place to deliver programmes appropriate to their level of expertise. CEC will work closely with DoH to review opportunities for strengthening an interdisciplinary approach to the delivery of programmes 	<p>Staff Survey</p> <p>Staff Survey</p> <p>Membership of Council of Deans (COD)</p> <p>A bespoke development programme will be sourced and made available to all teaching staff</p> <p>Complete Review</p> <p>Funding will be made available to enhance an interdisciplinary approach to education delivery</p>

Strategy for HSC Clinical Education Centre 2018 - 2023

BSO Corporate Objective	Strategic Theme	Making it happen	What are the measures of success
Demonstrate Continuous Improvement in Pursuit of Excellence	Enhanced educational infrastructure with education delivered close to our stakeholders in an environment conducive to learning	<ol style="list-style-type: none"> CEC will continue to invest in its infrastructure to ensure all classrooms are equipped with the most up to date teaching equipment CEC will regularly review its website to ensure it is up to date, current and relevant CEC will maintain a presence on Social Media - Twitter CEC will develop a yearly Education Delivery Plan to inform their Programme Planning and to assist HSCs in identifying and planning the educational needs of their staff whilst remaining as responsive as possible to key stakeholders CEC will maintain its presence on four sites within NI 	<p>Yearly Audit</p> <p>Yearly Refresh</p> <p>Measure number of tweets and retweets quarterly</p> <p>Prepare an EDP</p>



Strategy for HSC Clinical Education Centre 2018 - 2023

BSO Corporate Objective	Strategic Theme	Making it happen	What are the measures of success
Demonstrate Continuous Improvement in Pursuit of Excellence	Designing and delivering high quality, creative, innovative, evidence based education	1. CEC will work in partnership with core stakeholders to prioritise programme delivery in light of reduced/reducing capacity	Agreed Priorities with DoH and HSCTs
		2. CEC will deliver high quality face to face educational experiences, enhanced with a variety of technologies	Participant Feedback
		3. CEC will invest in making available the best learning spaces and technologies to their clients	Participant Feedback
		4. CEC will invest in developing Human Factors and simulation type training	Participant Feedback
		5. CEC will continue to build its online resources and develop its e-learning portfolio and webinar menu.	Review of e-learning resource
		6. CEC will work closely with core clients to showcase the impact on practice of their educational programmes	Yearly showcase event

Strategy for HSC Clinical Education Centre 2018 - 2023

BSO Corporate Objective	Strategic Theme	Making it happen	What are the measures of success
Deliver High Quality, Valued Services to Our Customers	Creating opportunities for collaborative working with other professionals, the public and the third sector to deliver regional educational priorities	1. Set out a clear process for patient/client involvement in education programmes. This will include co-production where appropriate. The measures of success should be Develop a Patient/Client Involvement Guide.	Develop a Co-production Guide
Develop Our Services in Partnership with Our Customers		2. CEC will be open and transparent and share evaluation reports and review programmes in partnership with core clients	Feedback from Clients
		3. CEC will be as responsive as possible to Education Requests from core clients in line with its capacity and clients SLA Activity	Response rates to ERFs CEC will meet its SLA
		4. CEC will agree yearly regional priorities with DoH and CEAG	
		5. CEC will renegotiate the SLA if budget is reduced recurrently	CEC will create an educational collaborative forum
		6. CEC is fostering links with NIMDTA, NISCC, NIPEC to build relationships and opportunities for collaborative working and for delivery of programmes to multidisciplinary teams	
		7. CEC will work closely with the PHA to secure new funding to develop new programmes for a multidisciplinary audience	Monitor number of MDT events
		8. CEC will link to cross-border and UK /World-wide initiatives to secure new funding streams to enhance collaborative leading edge education practice	CEC will monitor funding bids

Measuring our Success

The CEC Strategic Themes will be delivered by aligning key annual activities to the Clinical Education Centre Business Plan and reporting to the Clinical Education Advisory Group.



Clinical Education Centre

for Nurses, Midwives and Allied Health
Professionals

www.cec.hscni.net

 @HSCCEC

Tel: 028 9536 1200



Standards to support learning and assessment in practice

NMC standards for mentors, practice teachers and teachers

Front cover, from left to right: Julie Dalphinis, Clinical Learning Environment Lead (West) at the East of England Multi Professional Deanery; Edward Phillips, Practice Development Nurse for Nursing and Patient Services at Bedford Hospital; Dr Anna Brown, Director of Studies for Midwifery Degree Programmes at the University of Surrey.

Photographer: Sam Shiell

Foreword

Welcome to the second edition of Standards to support learning and assessment in practice (the standards). A series of NMC Circulars has been produced following an assessment of the impact of the 2006 edition, and as a result of a high volume of enquiries received by the NMC. Whilst there is no fundamental change to the standards themselves, the additional information is intended to support easier application in practice. The decision has been taken to incorporate the information into this version of the standards. The opportunity has also been taken to provide an update on wider policy developments which have impacted on the standards. An overview of the revisions is provided on pages 9–10.

The standards have outcomes for mentors, practice teachers and teachers, and take the form of a single developmental framework, outlined in Annexe 1. The framework defines and describes the knowledge and skills nurses and midwives need to apply in practice when they support and assess students undertaking NMC approved programmes that lead to registration or a recordable qualification on the register. The NMC has agreed mandatory requirements for each part of the register, summarised below. The outcomes for each role are identified as different stages within the framework. It is possible to enter or exit the framework at any stage, and each stage is not dependent on having met the outcomes of a previous stage.

A range of information including an electronic version of the standards themselves, the Circulars which support implementation and responses to frequently asked questions is also provided on the NMC's website at www.nmc.org.uk

The NMC has agreed mandatory requirements for each part of the register. These are:

Nursing

- Students on NMC approved pre-registration nursing education programmes, leading to registration on the nurses' part of the register, must be supported and assessed by mentors.
- From September 2007 a sign-off mentor, who has met additional criteria (paragraph 2.1.3), must make the final assessment of practice and confirm that the required proficiencies for entry to the register have been achieved (paragraph 3.2.6).
- From September 2007 students on NMC approved specialist practice programmes leading to a recordable qualification on the nurses' part of the register must be supported and assessed by sign-off mentors who have met additional criteria (paragraph 2.1.3), or practice teachers where this is a requirement by commissioners. The sign-off mentor must make the final assessment of practice and confirm that the required proficiencies for recording a specialist practice qualification have been achieved (paragraph 3.2.6).

Midwifery

- Students on NMC approved pre-registration midwifery education programmes, leading to registration on the midwives' part of the register, can only be supported and assessed by mentors who have met the additional sign-off criteria (paragraph 2.1.3). Sign-off mentors must also make the final assessment of practice and confirm that the required proficiencies for entry to the register have been achieved (paragraph 3.2.6).

Specialist community public health nursing (SCPHN)

- Students on NMC approved specialist community public health nursing programmes, leading to registration on the specialist community public health nurses' part of the register, must be supported and assessed by practice teachers. Where education providers are unable to meet this standard they have been able to make an application to the NMC for a temporary deferment up to 2010. From September 2007 the practice teacher must make the final assessment of practice and confirm that the required proficiencies for entry to the register have been achieved (paragraph 3.3.6). All practice teachers are required to meet the additional sign-off criteria (paragraph 2.1.3).

NMC requirements for implementing the standards

The standards update the previously published Standards to support learning and assessment in practice (NMC 2006) which replaced the previously published Standards for the preparation of teachers of nurses, midwives and specialist community public health nurses (NMC 2004).

Nurses and midwives who started teacher preparation programmes prior to 1 September 2007 may complete them – meeting the outcomes of the 2004 standard.

All new entrants to mentor, practice teacher or teacher preparation programmes from 1 September 2007 must meet the requirements of the standards.

The standards will be further reviewed once the UK-wide outcomes of Modernising Nursing Careers: Setting the Direction (DH 2006) and the Government White Paper Trust, Assurance and Safety – The Regulation of Health Professionals in the 21st Century (DH 2007) are known and at least every five years thereafter.

Contents

Introduction

- Background
- Revisions within this edition
- The framework to support learning and assessment in practice
- Programme level and length
- Recognition of prior learning
- Local register of mentors and practice teachers
- Review and maintenance of mentor/practice teacher qualifications
- Triennial review of mentors and practice teachers
- Roles to support learning and assessment in practice
- Preceptors
- Fitness for practice
- Equality and diversity
- Supporting students who have a disability

- Section 1: The developmental framework and its underpinning principles..... 19
 - 1.1 The developmental framework 19
 - 1.2 The underpinning principles 20
 - 1.3 Guidance for applying the underpinning principles 21
- Section 2: Standards for mentors, practice teachers and teachers..... 23
 - 2.1 NMC mentor standard 23
 - 2.1.1 Criteria for supporting learning and assessing in practice: mentors..... 24
 - 2.1.2 Competence and outcomes for a mentor 25
 - 2.1.3 Criteria for a sign-off mentor 27
 - 2.2 NMC practice teacher standard..... 28
 - 2.2.1 Criteria for supporting learning and assessing in practice: practice teacher 29
 - 2.2.2 Competence and outcomes for a practice teacher 30
 - 2.3 NMC teacher standard 32
 - 2.3.1 Criteria for supporting learning and assessment in practice: teachers..... 33
 - 2.3.2 Competence and outcomes for a teacher 33
- Section 3: Applying the standards to support learning and assessment in practice..... 37
 - 3.1 Applying the standards to nursing, midwifery and specialist community public health nursing educational programmes 37
 - 3.2 Applying the mentor standard in practice 38
 - 3.2.1 Mentor preparation programmes 38
 - 3.2.2 Continuing professional development for mentors 39
 - 3.2.3 Allocated learning time for mentor activity..... 39
 - 3.2.4 Supporting learning in practice 40
 - 3.2.5 Assessing learning in practice 42
 - 3.2.6 Signing off practice proficiency..... 42
 - 3.3 Applying the practice teacher standard in practice..... 45
 - 3.3.1 Practice teacher preparation programmes 46
 - 3.3.2 Continuing professional development for practice teachers..... 46
 - 3.3.3 Allocated learning time for practice teacher activity 47
 - 3.3.4 Supporting learning in practice 47
 - 3.3.5 Assessing learning in practice 49

3.3.6	Signing off practice proficiency	49
3.4	Applying the teacher standard in practice	51
3.4.1	Teacher preparation programmes	52
3.4.2	Continuing professional development for teachers	52
3.4.3	Signing off proficiency	52
3.4.4	Allocated learning time for teaching activity	53

Section 4: Approval and monitoring of mentor, practice teacher and teacher preparation programmes

4.1	NMC approval of mentor/practice teacher preparation programmes	54
4.2	NMC approval of teacher preparation programmes	54
4.3	NMC monitoring arrangements	54
4.4	NMC recognition of other teaching qualifications	54

Section 5: Glossary, references and annexes

	Glossary	56
	References	59
	Annexe 1: The developmental framework to support learning and assessment in practice	62
	Annexe 2: The UK Professional Standards Framework for teaching and supporting learning in higher education.....	71
	Annexe 3: NMC Circulars	72
	26/2007 Applying due regard to learning and assessment in practice	
	02/2008 Applying due regard to learning and assessment in practice for student midwives	
	33/2007 Ensuring continuity of practice assessment through the ongoing achievement record	

Introduction

Background

The Nursing and Midwifery Council (NMC) is the regulator for two professions: nursing and midwifery. The primary purpose of the NMC is to protect the public. It does this by maintaining a register of all nurses, midwives and specialist community public health nurses (SCPHN) eligible to practise within the UK, and nursing associates eligible to practise in England. It also sets standards for their education, training, conduct, performance and ethics. When setting standards, or issuing any guidance, the NMC consults those on the register, the public, employers, those involved in education and training, and nursing and midwifery students. Once standards have been set they are reviewed on a regular basis – at least once in every five years.

The Council published standards for the preparation of teachers of nursing, midwifery and specialist community public health nursing in 2004. The standards were originally set by the United Kingdom Central Council for Nurses, Midwives and Health Visitors (UKCC) in 1999, adopted and republished by the NMC in April 2002, and had a minor review to bring them in line with the new register in August 2004. A complete review of the standards began in 2003, with a consultation on the proposed new standards closing in October 2004.

The NMC also considered fitness for practice at the point of registration as a separate project (2005). There were overlapping issues between both consultations in relation to the quality and nature of support for learning and assessment in practice.

In August 2006 the NMC published standards to support learning and assessment in practice, reflecting the responses to both consultations, and the final standards approved by Council in March 2006. The standards replaced those previously published for the preparation of teachers of nurses, midwives and specialist community public health nurses (NMC 2004) and included new standards for mentors and practice teachers. NMC Circular 17/2007 made explicit the requirement for programme and placement providers to implement the standards, which have been mandatory since 1 September 2007. This included the requirement for mentor, practice teacher, and teacher programmes to have gained NMC approval prior to accepting students on to such programmes from 1 September 2007.

Revisions within this edition

1. Equality and diversity

The standards have been reviewed to ensure they meet the requirements of the NMC equality and diversity schemes implemented in 2007/8.

These are concerned with promoting equality of opportunity on the grounds of race, gender, and disability, and treating individuals with fairness, respect and understanding. They include principles that enhance equal opportunities and recognition of diversity, such as emphasising the need to tailor learning and assessment in an appropriate way, recognising that students have many different learning needs and preferences. Further details can be found on the NMC website, and on page 19.

2. Post qualifying nursing programmes

2.1 Review of specialist practice qualifications

In the previous edition, a number of references were made to a proposed NMC review of Specialist Practice Qualifications (SPQ) and the implications for the introduction of the practice teacher standard. This work will now be informed in the longer term once the future framework for post-registration qualifications is established by the four UK Government health departments as outlined in Modernising Nursing Careers (DH 2006). The NMC will then determine whether regulation will need to be applied and standards will be set accordingly. The framework for supporting learning and assessment of any post-registration programmes for which the NMC set standards will subsequently need to be determined. Until such a time as new arrangements are in place, all reference to requiring practice teachers to supervise and assess students on SPQ programmes has been removed from the standards. However, where commissioners of SPQ programmes require the involvement of practice teachers this should continue e.g. for district nursing.

2.2 Review of the implementation of the standard for advanced nursing practice

In the previous edition, a number of references were made to the proposed review of the implementation of the 'Standard for advanced nursing practice'. An application was made to the Privy Council in December 2005 to open a subpart of the register. It was stated within the Government White Paper Trust, Assurance and Safety – The Regulation of Health Professionals in the 21st Century (DH 2007) that the Department of Health would discuss the next steps with the NMC.

The White Paper Implementation Plan is awaited and has identified that there will be cross-over work on revalidation. Until the NMC has received further detail regarding this work all references to advanced nursing practice have been removed from the standards.

3. Revised arrangements for the practice teacher standard

Revised arrangements for the introduction of the practice teacher standard were introduced in April 2007 (NMC Circular 08/2007), which changed the time allowed to complete a practice teacher qualification from six months to it being normally completed within six months as detailed in paragraph 3.3.1.

The Circular confirmed that practice teachers were required to be in place to supervise and assess SCPHN students from September 2007. Where education providers were unable to meet this standard they have been able to make an application to the NMC for a temporary deferment up to 2010.

Also, the requirements for practice teachers for SPQs and ANP were deferred, as explained above.

The practice teacher standard in its entirety will be reviewed in the future in light of the outcomes of points 2.1 and 2.2 above, and further guidance will be issued at that time.

Currently, practice teacher preparation programmes including arrangements for the preceptorship period can be implemented flexibly to meet local circumstances such as the structure of SCPHN programmes, and placement arrangements.

4. Applying due regard to learning and assessment in practice (see glossary for definition of due regard)

Since the previous edition of these standards, NMC Circulars 26/2007 (for nursing and SCPHN) and 02/2008 (for midwifery) (Annexe 3) were issued setting out the ways in which the principle of due regard may be applied more flexibly (see paragraphs 1.2 and 2.1.3).

5. Sign-off mentors and/or practice teachers

5.1 Confirmation of proficiency

The role of the sign-off mentor and/or practice teacher is to make judgments about whether a student has achieved the required standards of proficiency for safe and effective practice for entry to the NMC register. The previous version of the standards implied that the sign-off mentor and/or practice teacher should provide confirmation of achievement of practice proficiency directly to the NMC. The sign-off process is integral to the overall programme assessment requirements which the NMC endorse as part of programme approval. The programme leader, or lead midwife for education, confirms to the approved education institution assessment board that both the theoretical and practice elements have been achieved on completion of the programme. Sign-off mentors and/or practice teachers are therefore not required to directly inform the NMC of the practice assessment outcomes. References to the role of sign-off mentor and/or practice teacher have been modified accordingly (see pages 5, 17 and 18).

5.2 Implementation of the sign-off mentor and /or practice teacher role across the three parts of the NMC register

Sign-off mentors and/or practice teachers have been a requirement for all students commencing NMC approved programmes from September 2007.

All sign-off mentors are nurses or midwives who having met the additional criteria (see paragraph 2.1.3) can make judgements about whether a student has achieved the required standards of proficiency for safe and effective practice for entry to the NMC register. However, the role is applied slightly differently across the three parts of the NMC register. The process for achieving sign-off status for new mentors/practice teachers is also slightly different. These differences have been set out in this version of the standards and are summarised below.

5.2.1 Sign-off mentors in nursing

a. Sign-off mentors for pre-registration nursing students

Sign-off mentors are required only for students on final placements.¹ This means that only mentors who support pre-registration nursing students on final placements are required to meet the sign-off criteria (see paragraph 2.1.3).

¹ Sign-off will normally take place in the full placement or period of practice learning. Occasionally this may occur slightly earlier, especially if the final experience is an elective.

From September 2007 those mentors who are subsequently required to become sign-off mentors must demonstrate that they have met the sign-off mentor criteria in full (see paragraph 2.1.3), including having been supervised on at least three occasions for signing off proficiency (at the end of a final placement) by an existing sign-off mentor before being annotated as such on the local mentor register.

b. Sign-off mentors for students on specialist practice programmes

The requirement for the introduction of Practice Teachers for specialist practice programmes was revised in NMC Circular 08/2007. As a result sign-off mentors are required for all students on specialist practice programmes leading to a recordable qualification on the nurses' part of the register.

From September 2007 students on NMC approved specialist practice programmes leading to a recordable qualification on the nurses' part of the register must be supported and assessed by sign-off mentors who have met additional criteria (paragraph 2.1.3) or by practice teachers where this is required by commissioners. For sign-off mentors this includes having been supervised on at least three occasions for signing off proficiency at the end of a final placement by an existing sign-off mentor before being annotated as such on the local register. (This can occur with a student on any NMC approved programme).

5.2.2 Sign-off mentors in midwifery

Sign-off mentors for pre-registration midwifery students

Sign-off mentors are required for all students on pre-registration midwifery programmes.

From September 2007 all midwives who undertake mentor preparation programmes are required to have met the additional sign-off criteria (paragraph 2.1.3) including having been supervised on at least three occasions for signing off proficiency by an existing sign-off midwifery mentor during the programme.

Since the previous edition of the standards, the NMC has outlined in NMC Circular 13/2007 how sign-off at progression points within a pre-registration midwifery programme can be used for making summative judgments about safe and effective practice. This is clarified in NMC Circular 02/2008 and outlined at 3.2.6.

5.2.3 Practice teachers for students on SCPHN programmes

Practice teachers are required for all students on SCPHN programmes unless a deferment application has been approved by the NMC as stated in NMC Circular 08/2007.

From September 2007 all nurses who undertake practice teacher preparation programmes are required to have met the additional sign-off criteria (paragraph 2.1.3). The process by which nurses and midwives undertaking practice teacher preparation programmes should consolidate their training and achieve sign-off status was clarified in NMC Circular 27/2007 and is outlined at paragraph 2.2.

6. Guidance for small scale service providers in applying the NMC's Standards to support learning and assessment in practice

The standards (NMC 2006) introduced local registers of mentors and practice teachers and processes for review and maintenance of mentor/practice teachers qualifications including annual updating and triennial review (see pages 15 and 16).

Placement providers were identified as being responsible for developing and maintaining the local registers and undertaking triennial review.

Since the introduction of the standards, however, it has become clear that some smaller scale placement providers, particularly in the independent sector (e.g. nursing homes), may not be best placed to undertake this responsibility. NMC Circular 28/2007 enabled education providers to take responsibility for developing and maintaining local registers of mentors/practice teachers, providing annual updates, and undertaking triennial reviews, as appropriate, through negotiation with small scale providers with whom they work in partnership.

7. The ongoing achievement record and sharing of personal information

The standards have been updated in respect of principles for sharing personal information necessary to maintain continuity of assessment and to ensure safe and effective practice through the ongoing achievement record, as outlined in NMC Circular 33/2007 (Annexe 3). The term 'student passport' is no longer being applied to the ongoing achievement record.

, . Previous discrepancies in Annexe 1

A number of inconsistencies have been corrected relating to Annexe 1 regarding the outcomes for mentors and practice teachers.

In the table on page 62 (Mentor – stage 2, domain Creating an environment for learning) the words ‘development of others’ were inadvertently omitted from the last bullet point and have been added.

At 2.1.2 in the text (Mentor – stage 2, domain Establishing effective working relationships) the outcome ‘develop effective working relationships based on mutual trust and respect’ has been removed from the text. In the table on page 62 this outcome appears in its correct place under stage 1 of the framework (registered nurses and midwives).

At 2.1.2 in the text (Mentor – stage 2, domain Evaluation of learning) the wording of outcome ‘contribute to evaluation of student learning and assessment experiences – proposing aspects for change resulting from such evaluation’ has been amended slightly to ensure consistency with this outcome in the table on page 66.

At 2.2.2 in the text (Practice teacher – stage 3, domain Establishing effective working relationships) outcome ‘have effective professional and interprofessional working relationships to support learning for entry to the register and education at a level beyond initial registration’ appeared in the text at practice teacher – stage 3, and in the table at mentor – stage 2. This outcome applies to practice teacher – stage 3 and has been inserted into the table on page 62. For mentor – stage 2, the outcome should read ‘have effective professional and interprofessional working relationships to support learning for entry to the register’ and has been inserted into the text at 2.1.2, and amended in the table on page 62.

At 2.2.2 in the text (Practice teacher – stage 3, domain Facilitation of learning) outcome ‘foster professional growth and personal development by use of effective communication and facilitation skills’ has replaced the previous wording to ensure consistency with that in the table on page 63.

At 2.2.2 in the text (Practice teacher – stage 3, domain Leadership) outcome ‘lead and contribute to evaluation of the effectiveness of learning and assessment in practice’ has been inserted into the table on page 70 as this had been inadvertently omitted in the previous version.

The framework to support learning and assessment in practice

There is a single developmental framework to support learning and assessment in practice. It defines and describes the knowledge and skills nurses and midwives need to apply in practice when they support and assess students undertaking NMC approved programmes that lead to registration or a recordable qualification. The NMC has identified outcomes for mentors, practice teachers and teachers so that there is clear accountability for making decisions that lead to entry to the register.

There are eight domains in the framework, each with identified outcomes at the four developmental stages. The domains are:

- 1 Establishing effective working relationships
- 2 Facilitation of learning
- 3 Assessment and accountability
- 4 Evaluation of learning
- 5 Creating an environment for learning
- 6 Context of practice
- 7 Evidence-based practice
- 8 Leadership

The framework has been designed for application within the context of inter-professional learning and working in modern healthcare.

The way the framework has been designed makes Accreditation of Prior (Experiential) Learning (AP(E)L) possible. Approved educational institutions (AEIs) can use their own AP(E)L processes to map prior learning from other qualifications or work experience. These processes are confirmed at programme approval. AP(E)L provides the facility for stepping on or stepping off the framework at various points of development, as well as recognition of existing qualifications.

The developmental framework takes account of the NHS Knowledge and Skills Framework and standards set by other health and social care regulators for supporting learning and assessment in practice. It also recognises the HE Academy requirements for teachers working in higher education settings, ensuring that there is a fit between the NMC requirements for teacher preparation and those defined by the HE Academy.

The developmental framework gives service and education providers opportunities to develop other roles that meet local requirements for supporting learning and assessment in practice – such as practice education facilitator or lecturer practitioner.

Programme level and length

The NMC has determined minimum lengths and academic levels for programmes to prepare mentors, practice teachers and teachers. It is expected that all preparation programmes include work-based learning to enable new knowledge, skills and competencies to be applied in practice. These requirements are set out in section 3 in relation to each outcome in the framework.

Recognition of prior learning

The NMC does not expect mentors, practice teachers and teachers who have undertaken a preparation programme previously approved by one of the National Boards, or since April 2002 undertaken preparation approved by programme providers to have to repeat such preparation. The NMC advises that:

- Nurses and midwives already holding a mentor or practice teacher qualification recognised by programme providers, should map their current qualification and experience against the new NMC standard and meet any outstanding outcomes through continuing professional development (CPD).
- Nurses and midwives who have existing teaching qualifications recorded on the NMC register and who are actively engaged in teaching students on NMC approved programmes should, by virtue of their qualifications and experience, already meet the new standard. However they are advised to use the outcomes for teachers in the framework to guide their CPD.
- Nurses and midwives who hold qualifications that may be considered comparable to mentors or practice teachers, and which were not previously approved by one of the previous National Boards or by a programme provider, e.g. NVQ assessor, must use the AP(E)L processes available as specified previously and undertake any further education as required by the programme providers to ensure that they meet the standard. The nature of such education may be academic, work-based or a combination of both.

Local registers of mentors and practice teachers

Placement providers are responsible for ensuring that:

- An up-to-date local register of current mentors and practice teachers is held and maintained.
- They have currency by regularly reviewing the local register and adding or removing names of nurses and midwives as necessary.

Education providers should use the (local) register to confirm that there are sufficient mentors and practice teachers who meet the NMC standards to support learning and assessment in practice, to adequately support the number of students undertaking the range of NMC approved programmes currently being offered.

Mentors who are designated as being able to sign-off proficiency at the end of a programme (to be known as 'sign-off mentors') must be annotated as such on the local register. While all mentors may assess individual competencies, only those who have met additional NMC criteria to be a sign-off mentor (paragraph 2.1.3) are entitled to sign-off practice.

All midwifery mentors will have met the sign-off criteria as part of their preparation programme.

Practice teachers will have this authority assigned following a period of preceptorship after having successfully completed the practice teacher programme (NMC Circular 27/2007).

Teachers who work in both practice and academic settings, e.g. lecturer practitioners, must have met the additional sign-off criteria and have a current practice-based role in order to be annotated on the local register. These teachers will be subject to triennial review (see Triennial review of mentor and practice teacher below) in the same way as mentors and practice teachers.

Review and maintenance of mentor or practice teacher qualifications

Mentors or practice teachers must demonstrate their knowledge, skills and competence on an ongoing basis. Placement providers must ensure that:

- Each mentor or practice teacher is reviewed every three years (triennial review) to ensure that only those who continue to meet the mentor/practice teacher requirements remain on the local register.
- Mentors who meet the criteria for signing-off proficiency in practice at the end of a programme are annotated on the local register.
- Arrangements are in place for appraising mentor/practice teacher performance, addressing concern where appropriate, and for adding and removing individuals from the local register – including mentors identified as having met the criteria to be able to sign-off proficiency.

Triennial review of mentors and practice teachers

The nature of the triennial review of mentors and practice teachers is for the placement providers to determine but may form part of an employer-led personal development appraisal.

To be maintained on the local register the individual must have evidence of having:

- Mentored at least two students (practice teachers to have supervised at least one student)² with due regard (extenuating circumstances permitting) within the three year period.
- Participated in annual updating – to include an opportunity to meet and explore assessment and supervision issues with other mentors/practice teachers.
- Explored as a group activity the validity and reliability of judgements made when assessing practice in challenging circumstances.
- Mapped ongoing development in their role against the current NMC mentor/practice teacher standards.
- Been deemed to have met all requirements needed to be maintained on the local register as a mentor, sign-off mentor or practice teacher.

² This must be a student intending to enter the SCPHN part of the register.

Roles to support learning and assessment in practice

As a result of consultation the NMC has set standards for mentors, practice teachers and teachers that must be achieved to support and assess students undertaking NMC approved pre-registration nursing and midwifery, and SCPHN programmes. The NMC has determined mandatory requirements for each part of the register.

These are:

Nursing

- Students on NMC approved pre-registration nursing education programmes, leading to registration on the nurses' part of the register, must be supported and assessed by mentors.
- From September 2007 a sign-off mentor, who has met additional criteria (paragraph 2.1.3), must make the final assessment of practice and confirm that the required proficiencies for entry to the register have been achieved (paragraph 3.2.6).
- From September 2007 students on NMC approved specialist practice programmes leading to a recordable qualification on the nurses' part of the register must be supported and assessed by sign-off mentors who have met additional criteria (paragraph 2.1.3) or practice teachers where this is a requirement by commissioners. The sign-off mentor must make the final assessment of practice and confirm that the required proficiencies for recording a specialist practice qualification have been achieved (paragraph 3.2.6).

Midwifery

- Students on NMC approved pre-registration midwifery education programmes, leading to registration on the midwives' part of the register, can only be supported and assessed by mentors who have met the additional criteria for sign off (paragraph 2.1.3). Sign-off mentors must make the final assessment of practice and confirm that the required proficiencies for entry to the register have been achieved (paragraph 3.2.6).

Specialist community public health nursing

Students on NMC approved specialist community public health nursing programmes, leading to registration on the specialist community public health nurses' part of the register, must be supported and assessed by practice teachers. All practice teachers will be required to meet the additional sign-off criteria (paragraph 2.1.3) on successful completion of the practice teacher programme, and following a period of preceptorship (NMC Circular 27/2007).

Where education providers are unable to meet this standard they have been able to make an application to the NMC for a temporary deferment up to 2010. From September 2007 the practice teacher must make the final assessment of practice and confirm that the required proficiencies for entry to the register have been achieved (paragraph 3.3.6). Where deferment has been given, sign off may be undertaken by sign-off mentor.

Preceptors

The original standard for teachers included an advisory standard for preceptors. The NMC supports and strongly recommends that preceptorship be made available to nurses and midwives following initial registration. The original standard has been strengthened and guidelines published in NMC Circular (NMC 21/2006).

Fitness for practice

The purpose of the standards to support learning and assessment in practice is to assure the Council that those who make judgements of students have been appropriately prepared to assess performance in practice against the relevant NMC standards. Overall achievement of relevant standards of proficiency leads to registration or a qualification that is recorded on the register.

Throughout an NMC approved programme, mentors/practice teachers (who are on the local register) will assess competence in practice and confirm that students are capable of safe and effective practice. Specific competencies for entry to the register or recording a qualification are clearly identified within each of the Standards of proficiency for nursing, midwifery or specialist community public health nursing (NMC 2004) and Standards for specialist education and practice (UKCC 1994).

The NMC requires confirmation at the end of such programmes that both practice and theory parts of the programme have been successfully achieved. In practice settings a sign-off mentor or practice teacher will consider the practice evidence to make a judgement that all competencies have been met and that the student is considered proficient. They will then sign off the practice part of the programme.

Sign-off mentors and practice teachers who sign off students as being proficient in practice are confirming to the programme provider that the student has met the defined NMC standards of proficiency and is capable of safe and effective practice. In addition, teachers of nurses, midwives and specialist community public health nurses who sign off successful completion of the approved programme for registration, or for recording a qualification, are confirming that all of the NMC programme requirements have been met.

Mentors, practice teachers and teachers who sign off all, or part of the practice component of a programme leading to registration are accountable to the Council for their decisions. Confirmation by the mentor or practice teacher that the student is capable of safe and effective practice will be considered by the assessment board along with other assessed outcomes to determine whether the student has met all requirements for successful programme completion.

Equality and diversity

All public bodies including the NMC, health providers and education establishments have a duty to promote equality of opportunity on the grounds of race, gender and disability, whilst within the private sector it has long been recognised that best practice in promoting equality and diversity has many benefits. Mentors, practice teachers, and teachers through their role-modelling of best practice play a vital role in promoting equality of opportunity by treating students with fairness, respect and understanding.

Mentors, practice teachers, and teachers will also bring their own experiences and perspectives and these standards will help ensure that discrimination however unintentional is less likely to occur.

The NMC recognises the importance of supporting all students to achieve their full potential in both practice and academic learning environments. NMC approved programmes are open to all applicants providing that they are able to meet the defined selection criteria. This includes the NMC entry requirements for literacy, numeracy, good health and good character as specified in the standards of proficiency for the relevant programme, and any educational requirements set by programme providers.

Supporting students who have a disability

Programme providers will have made decisions related to any declared disabilities or health conditions when undertaking selection processes. They are bound by the general duties of the Disability Discrimination Acts (1995 and 2005)³ and will have determined the nature of any reasonable adjustments to support achievement of programme requirements.

The NMC advises that all mentors, practice teachers and teachers should receive disability equality training. Programme providers should work in partnership to prepare placement areas for supporting students with disabilities and prepare students for the demands the placements will make of them. In particular, the learning environments in practice and academic settings should enable students to be confident that disclosure of their specific needs will not lead to discrimination. Consideration should be given to allocating time for mentors, practice teachers and teachers to meet the special needs of students with disabilities.

³The Disability Discrimination Act has been repealed and replaced by the Equality Act 2010.

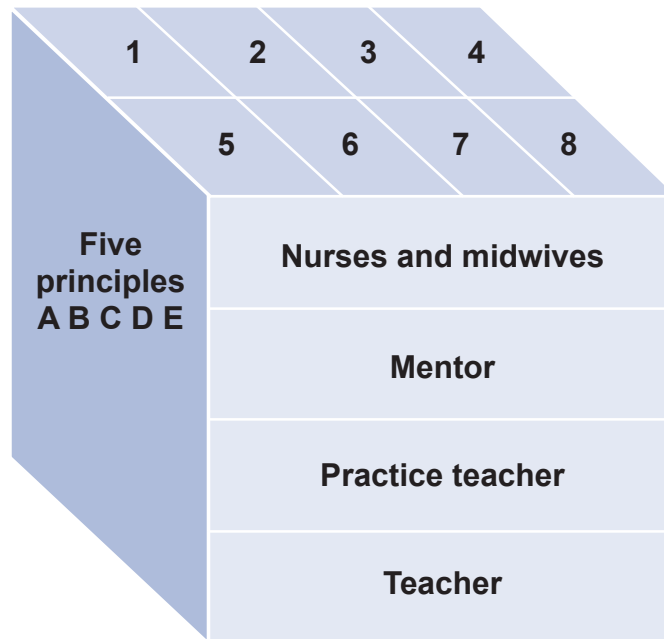
Section 1: The developmental framework and its underpinning principles

1.1 The developmental framework

The framework has been designed to facilitate personal and professional development. The domains and outcomes enable nurses and midwives to plan and measure their achievement and progress. The framework enables nurses and midwives and approved educational institutions to map other learning, such as previous preparation programmes e.g. NVQ Assessor or Verifier, in order to determine credit for prior learning. The NMC expects nurses and midwives to include CPD for their teaching roles in their personal development plans. Nurses and midwives may wish to develop a portfolio of evidence mapped against the outcomes of particular stages of the framework to demonstrate how they are developing the knowledge, skills and competence related to supporting learning and assessment in practice. Not all of the stages in the framework apply to all parts of the NMC register; this is clarified in Section 3 related to applying the standards.

The framework (see Annexe 1) is underpinned by five principles (paragraph 1.2). It has eight domains, each with an overall descriptor. There are four stages setting out the supervision, teaching and ongoing requirements of mentors, practice teachers or teachers each with more specific outcomes relevant to one of the eight domain descriptors. The NMC would expect that the majority of nurses and midwives would at least meet the outcomes of a mentor.

It is possible to enter and exit the framework at any stage; this means that no one stage is a pre-requisite for a subsequent stage. If a decision is taken to use the framework developmentally, credit should be awarded for prior knowledge, skills and experience achieved in a previous stage.



Stage 1 reflects the requirements of *The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates*⁴. All nurses and midwives must meet the defined requirements, in particular:

Stage 2 identifies the standard for mentors. Nurses and midwives can become a mentor when they have successfully achieved all of the outcomes of this stage. This qualification is recorded on the local register of mentors

Stage 3 identifies the standard for a practice teacher for nursing⁵ or specialist community public health nursing. Nurses and midwives can become a practice teacher when they have successfully achieved all of the outcomes of this stage. This qualification is recorded on the local register of practice teachers

Stage 4 identifies the standard for a teacher of nurses, midwives or specialist community public health nurses. Nurses and midwives can become a teacher when they have successfully achieved all of the outcomes of this stage. This qualification may be recorded on the NMC register on application to the NMC and payment of the relevant fee.

The NMC will approve preparation programmes for these standards and monitor their implementation (section 4: Approval and monitoring of mentor, practice teacher and teacher preparation programmes).

1.2 The underpinning principles

The underpinning principles for supporting learning and assessment in practice for any student undertaking an NMC approved programme leading to registration or a qualification that is recordable on the register are that nurses and midwives who make judgments about whether a student has achieved the required standards of proficiency for safe and effective practice must:

- A** be on the same part or sub-part of the register as that which the student is intending to enter. NMC Circulars 26/2007 (for nursing and SCPHN) and 02/2008 (for midwifery) (Annexe 3) set out the ways in which the principle of due regard may be applied more flexibly without reducing the degree of rigour applied to assessing student competence. (See glossary for definition of due regard);
- B** have developed their own knowledge, skills and competency beyond that of registration through CPD – either formal or experiential learning – as appropriate to their support role;
- C** hold professional qualifications at an appropriate level to support and assess the students they mentor/teach, i.e. professional qualifications equal to, or at a higher level than, the students they are supporting and assessing and;

⁴ Any subsequent changes to this document must be considered in the context of the most up to date version.

⁵ For nursing this would apply to SPQ programmes where commissioners require practice teachers to be used.

- D have been prepared for their role to support and assess learning and met NMC defined outcomes. Also, that such outcomes have been achieved in practice and, where relevant, in academic settings, including abilities to support interprofessional learning. In addition:
- E Nurses and midwives who have completed an NMC approved teacher preparation programme may record their qualification on the NMC register. Other teaching qualifications may be assessed against the NMC teacher outcomes through the NMC accreditation route.

1.3 Guidance for applying the underpinning principles

Principle A

Nurses and midwives who make judgements about whether a student has achieved the required standards of proficiency for safe and effective practice must be on the same part or sub-part of the register as that which the student is intending to enter.

The NMC recognises that, as part of interprofessional learning and working, others will contribute to learning and assessment in practice. These may be nurses and midwives from other professions. However to ensure public protection, only those who are NMC sign-off mentors or practice teachers may confirm overall achievement of proficiency that demonstrates a students' fitness for practice. They determine that the student has met the relevant competencies or standards of proficiency for entry to the register or for a qualification that is recordable on the register (see circular 26/2007 in Annexe 3 for further information on interprofessional placements).

Other mentors, practice teachers or teachers may be involved in developmental (formative) assessment where the student is gaining a breadth of experience but where their learning is not intended to demonstrate competence as a nurse, midwife or specialist community public health nurse. For example, midwifery students may have a placement in a nursing environment, nursing students may have a social work placement, specialist community public health nurses may spend time with other professionals involved in child protection or public health. These placements are to gain a breadth of experience and normally do not involve assessment of competence related to the professions they intend to enter. In such placements the right person to assess outcomes (developed as part of the whole programme) would be the professional who has the knowledge, competence and experience in that area of practice.

In relation to nursing students the standards of proficiency have to be achieved within the context of the branch programme they are studying – adult, mental health, learning disability and children's nursing. The NMC recognises that within every field of practice, and between professional groups, there will be areas of shared competence.

The mentors or practice teachers who sign off proficiency for nursing students must have a mark on the register that corresponds with the branch programme the student is studying.

Principle B

They must have developed their own knowledge, skills and competency beyond that of registration through CPD – either formal or experiential learning – as appropriate to their support role.

The NMC supports and advocates lifelong learning for all nurses and midwives and requires evidence of CPD for mandatory renewal of registration. Mentors and practice teachers, acting as role models, will be able to demonstrate clinical decision-making abilities, enabling students to gain a holistic view of professional roles. The increased evidence-base that mentors and practice teachers have developed and shared with their students will help students to learn how to justify decision-making in their own practice and to begin to take responsibility for these decisions.

Principle C

Their professional qualifications will be at an appropriate level to support and assess the students they mentor/teach, i.e. they must hold professional qualifications equal to, or at a higher level than, the students they are supporting and assessing.

Mentors, practice teachers and teachers must hold professional qualifications that are at least equal⁶ to the students for whom they support learning and are assessing. Equal in this context means registration level, i.e. initial registration or SCPHN. Students benefit from being exposed to mentors, practice teachers and teachers who have developed themselves to a standard beyond that at which they are learning, in both academic and practice qualifications.

Principle D

They have been prepared for their role to support and assess learning and met NMC defined outcomes. Also, that such outcomes have been achieved in practice and, where relevant, in academic settings, including abilities to support interprofessional learning.

The NMC has agreed that it will approve mentor and practice teacher preparation programmes so that that they can be assured of the consistency of preparation for supporting learning and assessment in practice. Preparation programmes for teachers are already approved by the NMC and will continue to be so. Principle D is achieved within the context of interprofessional learning and working – therefore the guidance given for Principle A applies. However the NMC would expect that the majority of mentors, practice teachers and teachers would be nurses and midwives and would have been prepared to meet the NMC outcomes defined in this framework, and that this would be a requirement where proficiency is being assessed.

⁶ With regard to initial registration the NMC no longer offers second level preparation and accepts that those registrants on the second level sub-part of the nurses' part of the register will, through meeting NMC renewal of registration requirements for CPD, have developed their knowledge, skills and competence beyond their initial registration. Programme/placement providers must satisfy themselves that second level nurses who will be involved in supporting and assessing students have the knowledge, skills and competence to do so.

Principle E

Nurses and midwives who have completed an NMC approved teacher preparation programme may record their qualification on the NMC register. Other teaching qualifications may be assessed against the NMC teacher outcomes through the NMC accreditation route.

The NMC will record a teaching qualification for those who have undertaken an NMC approved teacher preparation programme and successfully achieved the outcomes of stage 4 of the framework. Recognition of prior learning will be in accordance with the process detailed in paragraph 4.4.

Section 2 – NMC standards for mentors, practice teachers and teachers

2.1 NMC mentor standard

An NMC mentor is a registrant who, following successful completion of an NMC approved mentor preparation programme – or comparable preparation that has been accredited by an AEI as meeting the NMC mentor requirements – has achieved the knowledge, skills and competence required to meet the defined outcomes.

A mentor is a mandatory requirement for pre-registration nursing and midwifery students.

Mentors who are assessing competence must have met the NMC outcomes defined in stage 2 of this standard, or be supervised by a mentor who has met these outcomes. Those who sign off proficiency must have met the additional criteria to be a sign-off mentor (see section 2.1.3). All midwife mentors must have met the additional criteria to be a sign-off mentor.

Once mentors have been entered on the local register (normally held by placement providers) they are subject to triennial review (see Roles to support learning and assessment in practice in the introduction).

Mentors are responsible and accountable for:

- Organising and co-ordinating student learning activities in practice.
- Supervising students in learning situations and providing them with constructive feedback on their achievements.
- Setting and monitoring achievement of realistic learning objectives.
- Assessing total performance – including skills, attitudes and behaviours.
- Providing evidence as required by programme providers of student achievement or lack of achievement.

- Liaising with others (e.g. mentors, sign-off mentors, practice facilitators, practice teachers, personal tutors, programme leaders) to provide feedback, identify any concerns about the student's performance and agree action as appropriate.
- Providing evidence for, or acting as, sign-off mentors with regard to making decisions about achievement of proficiency at the end of a programme.

2.1.1 Criteria for supporting learning and assessing in practice – mentors

Nurses and midwives who intend to take on the role of mentor must fulfil the following criteria:

- Be registered in the same part or sub-part of the register as the student they are to assess and for the nurses' part of the register be in the same field of practice (adult, mental health, learning disability or children's). See Circular 26/2007 for further information (Annexe 3).
- Have developed their own knowledge, skills and competence beyond registration i.e. been registered for at least one year.
- Have successfully completed an NMC approved mentor preparation programme (or a comparable programme which has been accredited by an AEI as meeting the NMC mentor requirements).
- Have the ability to select, support and assess a range of learning opportunities in their area of practice for students undertaking NMC approved programmes.
- Be able to support learning in an interprofessional environment – selecting and supporting a range of learning opportunities for students from other professions.
- Have the ability to contribute to the assessment of other professionals under the supervision of an experienced assessor from that profession.
- Be able to make judgements about competence/proficiency of NMC students on the same part of the register, and in the same field of practice, and be accountable for such decisions.
- Be able to support other nurses and midwives in meeting CPD needs in accordance with *The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates*.

2.1.2 Competence and outcomes for a mentor

Mentor competencies are achieved by successful completion of an NMC approved mentor preparation programme that achieves all of the outcomes of stage 2. These outcomes are as follows:

Establishing effective working relationships

- Demonstrate an understanding of factors that influence how students integrate into practice settings.
- Provide ongoing and constructive support to facilitate transition from one learning environment to another.
- Have effective professional and interprofessional working relationships to support learning for entry to the register.

Facilitation of learning

- Use knowledge of the student's stage of learning to select appropriate learning opportunities to meet individual needs.
- Facilitate the selection of appropriate learning strategies to integrate learning from practice and academic experiences.
- Support students in critically reflecting upon their learning experiences in order to enhance future learning.

Assessment and accountability

- Foster professional growth, personal development and accountability through support of students in practice.
- Demonstrate a breadth of understanding of assessment strategies and the ability to contribute to the total assessment process as part of the teaching team.
- Provide constructive feedback to students and assist them in identifying future learning needs and actions. Manage failing students so that they may enhance their performance and capabilities for safe and effective practice or be able to understand their failure and the implications of this for their future.
- Be accountable for confirming that students have met, or not met, the NMC competencies in practice. As a sign-off mentor confirm that students have met, or not met, the NMC standards of proficiency in practice and are capable of safe and effective practice.

Evaluation of learning

- Contribute to evaluation of student learning and assessment experiences – proposing aspects for change resulting from such evaluation.
- Participate in self and peer evaluation to facilitate personal development, and contribute to the development of others.

Creating an environment for learning

- Support students to identify both learning needs and experiences that are appropriate to their level of learning.
- Use a range of learning experiences, involving patients, clients, carers and the professional team, to meet defined learning needs.
- Identify aspects of the learning environment which could be enhanced – negotiating with others to make appropriate changes.
- Act as a resource to facilitate personal and professional development of others.

Context of practice

- Contribute to the development of an environment in which effective practice is fostered, implemented, evaluated and disseminated.
- Set and maintain professional boundaries that are sufficiently flexible for providing interprofessional care.
- Initiate and respond to practice developments to ensure safe and effective care is achieved and an effective learning environment is maintained.

Evidence-based practice

- Identify and apply research and evidence-based practice to their area of practice.
- Contribute to strategies to increase or review the evidence-base used to support practice.
- Support students in applying an evidence base to their own practice.

Leadership

- Plan a series of learning experiences that will meet students defined learning needs.
- Be an advocate for students to support them accessing learning opportunities that meet their individual needs – involving a range of other professionals, patients, clients and carers.
- Prioritise work to accommodate support of students within their practice roles.
- Provide feedback about the effectiveness of learning and assessment in practice.

2.1.3 Criteria for a sign-off mentor

Underpinned by principle A which states that:

Nurses and midwives who make judgements about whether a student has achieved the required standards of proficiency for safe and effective practice must be on the same part or sub-part of the register as that which the student is intending to enter.

Only sign-off mentors⁷ and practice teachers that are on the same part of the register and in the same field of practice may confirm that students have met the relevant standards of proficiency for the particular programme leading to registration or a qualification that is recordable on the NMC register.

Placement providers must ensure that a nurse or midwife designated to sign-off proficiency for a particular student at the end of a programme is:

- Identified on the local register as a sign-off mentor or a practice teacher.
- Registered on the same part of the register.
- Working in the same field of practice as that in which the student intends to qualify.

And additionally to be a sign-off mentor they must have:

- Clinical currency and capability in the field in which the student is being assessed.
- A working knowledge of current programme requirements, practice assessment strategies and relevant changes in education and practice for the student they are assessing.
- An understanding of the NMC registration requirements and the contribution they make to the achievement of these requirements.
- An in-depth understanding of their accountability to the NMC for the decision they must make to pass or fail a student when assessing proficiency requirements at the end of a programme.
- Been supervised on at least three occasions for signing off proficiency by an existing sign-off mentor (see paragraph 5.2 in introduction).
- A working knowledge of current programme requirements, practice assessment strategies and relevant changes in education and practice for the student they are assessing.
- The achievement of these requirements.

⁷ Placement providers will decide in the first instance who may be considered as a sign-off mentor and annotate these mentors accordingly. The NMC would expect that such mentors would meet all criteria except that of being supervised by an existing sign-off mentor. All midwife mentors will be sign-off mentors.

- An understanding of the NMC registration requirements and the contribution they make to meeting these requirements.
- An in-depth understanding of their accountability to the NMC for the decision they make to pass or fail a student when assessing proficiency requirements at the end of a programme.

2.2 NMC practice teacher standard

An NMC practice teacher is a registrant who normally will have previously fulfilled the NMC requirements to become a mentor, and who has received further preparation to achieve the knowledge, skills and competence required to meet the NMC defined outcomes for a practice teacher.

The NMC requires all students undertaking a programme leading to registration as a specialist community public health nurse (SCPHN) to have a named practice teacher. Practice teachers must have met NMC requirements defined in this standard, or be supervised by a practice teacher who has met them. Once practice teachers have been entered on the local register (which will be held by placement providers) they are subject to triennial review (see Triennial review of mentor and practice teacher in the introduction).

In September 2007 the process by which nurses undertaking practice teacher preparation programmes should achieve sign-off status was clarified (NMC Circular 27/2007). Trainee practice teachers must be supervised by an existing sign off practice teacher on at least one occasion for signing off proficiency of a SCPHN student at the end of their final placement.

Following successful completion of the programme the trainee practice teacher can be entered on the local register as a practice teacher. They should then undertake a period of preceptorship supported by an existing sign-off practice teacher. The nature of the period of preceptorship should be determined by the local placement provider, but would normally be for a year during which time further supervised sign-offs of SCPHN students should be undertaken.

Once the period of preceptorship is completed and the preceptor is satisfied that the preceptee is competent in signing off proficiency, the preceptee can be annotated as a sign-off practice teacher. The period of preceptorship can then be extended if necessary, but this should not continue beyond the date of their first triennial review.

The practice teacher should continue to receive support from other experienced practice teachers when making final placement assessment decisions, until they have received the first triennial review and been identified as continuing to meet the criteria to be able to sign off proficiency.

NMC practice teachers are responsible and accountable for:

- Organising and co-ordinating learning activities, primarily in practice learning environments for pre-registration students, and those intending to register as a specialist community public health nurse (SCPHN) and specialist practice qualifications where this is a local requirement.
- Supervising students and providing them with constructive feedback on their achievements.
- Setting and monitoring achievement of realistic learning objectives in practice.
- Assessing total performance – including skills, attitudes and behaviours.
- Providing evidence as required by programme providers of the student's achievement or lack of achievement.
- Liaising with others (e.g. mentors, sign-off mentors, supervisors, personal tutors, the programme leader, other professionals) to provide feedback and identify any concerns about the student's performance and agree action as appropriate.
- Signing off achievement of proficiency at the end of the final period of practice learning or a period of supervised practice.

The practice teaching role will be supported by appropriate professional and academic qualifications, and practice development activity, to provide an evidence-base for teaching. Practice teachers will have met the additional criteria for a sign-off mentor (section 2.1 .3) as part of their preparation. The practice teacher role may vary according to the nature of the student they are supporting. Specific additional criteria, where appropriate, are identified in the relevant standards of proficiency for nurses, midwives and specialist community public health nurses.

2.2.1 Criteria for supporting learning and assessing in practice – practice teacher

Nurses who intend to take on the role of practice teacher, and who will be assessing the student's fitness for practice, must fulfil the following criteria:

- Be registered in the same part of the register, i.e. SCPHN, and from the same field of practice e.g. school nursing, health visiting, occupational health nursing (or relevant SPQ where this is a local requirement) as the student they are to assess (see NMC Circular 26/2007 Annexe 3).
- Have developed their own knowledge, skills and competence beyond registration i.e. registered and worked for at least two years, and gained additional qualifications that will support students in SCPHN, or SPQ where this is a local requirement.
- Have successfully completed an NMC approved practice teacher preparation programme or a comparable programme that has been accredited by an AEI as meeting the NMC practice teacher requirements. And, normally, having previously met the outcomes for acting as a mentor and gained experience in this role.

- Have the abilities to design, deliver and assess programmes of learning in practice settings – supporting a range of students in their area of practice, i.e. pre-registration, SCPHN, CPD of peers, other professionals.
- Be able to support learning in an interprofessional environment – selecting and supporting a range of learning opportunities for students from all professions – relevant to their level of practice and specialist expertise.
- Be able to use agreed criteria for cross-professional assessment and supervise NMC mentors and other professionals using such criteria.
- Be able to make judgements about the competence/proficiency of NMC students, for registration on the same part of the register and be accountable to the NMC for such decisions.
- Be able to provide leadership to all those involved in supporting learning and assessing in practice for NMC students – enabling effective learning environments to be developed.

2.2.2 Competence and outcomes for a practice teacher

The competencies of a practice teacher are achieved by successful completion of an NMC approved practice teacher preparation programme achieving all of the outcomes of stage 3. These outcomes are as follows:

Establishing effective working relationships

- Have effective professional and interprofessional working relationships to support learning for entry to the register, and education at a level beyond initial registration
- Be able to support students moving into specific areas of practice – or a level of practice beyond initial registration, identifying their individual needs in moving to a different level of practice.
- Support mentors and other professionals in their roles to support learning across practice and academic learning environments.

Facilitation of learning

- Enable students to relate theory to practice whilst developing critically reflective skills.
- Foster professional growth and personal development by use of effective communication and facilitation skills.
- Facilitate and develop the ethos of interprofessional learning and working.

Assessment and accountability

- Set effective professional boundaries whilst creating a dynamic, constructive teacher-student relationship.
- In partnership with other members of the teaching team, use knowledge and experience to design and implement assessment frameworks.

- Be able to assess practice for registration, and also at a level beyond that of initial registration.
- Provide constructive feedback to students and assist in identifying future learning needs and actions, managing failing students so that they may either enhance their performance and capabilities for safe and effective practice, or are able to understand their failure and the implications of this for their future.
- Be accountable for confirming that students have met, or not met, the NMC standards of proficiency in practice for registration, at a level beyond initial registration, and are capable of safe and effective practice.

Evaluation of learning

- Design evaluation strategies to determine the effectiveness of practice and academic experience, accessed by students, at both registration level and those in education at a level beyond initial registration.
- Collaborate with other members of the teaching team to judge and develop learning, assessment and to support appropriate practice and levels of education.
- Collect evidence on the quality of education in practice, and determine how well NMC requirements for standards of proficiency are being achieved.

Creating an environment for learning

- Enable students to access opportunities to learn and work within interprofessional teams.
- Initiate the creation of optimum learning environments for students at registration level and for those in education at a level beyond initial registration.
- Work closely with others involved in education – in practice and academic settings – to adapt to change and inform curriculum development.

Context of practice

- Recognise the unique needs of practice and contribute to development of an environment that supports achievement of NMC standards of proficiency.
- Set and maintain professional boundaries, whilst at the same time recognising the contribution of the wider interprofessional team and the context of care delivery.
- Support students in exploring new ways of working, and the impact this may have on established professional roles.

Evidence based practice

- Identify areas for research and practice development based on interpretation of existing evidence.
- Use local and national health frameworks to review and identify developmental needs.

- Advance their own knowledge and practice in order to develop new practitioners, at both registration level and education at a level beyond initial registration, to be able to meet changes in practice roles and care delivery.
- Disseminate findings from research and practice development to enhance practice and the quality of learning experiences.

Leadership

- Provide practice leadership and expertise in application of knowledge and skills based on evidence.
- Demonstrate the ability to lead education in practice, working across practice and academic settings.
- Manage competing demands of practice and education related to supporting different practice levels of students.
- Lead and contribute to evaluation of the effectiveness of learning and assessment in practice

2.3 NMC teacher standard

An NMC teacher is an NMC registrant who, following successful completion of an NMC approved teacher preparation programme, has achieved the knowledge, skills and competence required to meet the NMC defined outcomes of stage 4 of the developmental framework.

The NMC teacher standard is mandatory for those nurses and midwives based in higher education who support learning and assessment in practice settings for students on NMC approved programmes. The NMC recognises that some academic teachers will not be nurses or midwives, but will instead have specialist knowledge and expertise that contributes to professional education. The NMC will, through its quality assurance processes, verify that the majority of teachers who make a major contribution to NMC approved programmes hold, or are working towards, a teaching qualification that meets the outcomes of stage 4 of the developmental framework.

NMC teachers are responsible for:

- Organising and co-ordinating learning activities in both academic and practice environments.
- Supervising students in learning situations and providing them with constructive feedback on their achievements.
- Setting and monitoring achievement of realistic learning objectives in theory and practice.
- Assessing performance and providing evidence as required of student achievement.

Their teaching role will be supported by appropriate professional and academic qualifications and ongoing research, education and/or practice development activity to provide an evidence base for their teaching. Only teachers who work in both practice and academic settings e.g. lecturer practitioners may assess practice.

2.3.1 Criteria for supporting learning and assessing in practice – teachers

Nurses and midwives who intend to take on the role of teacher must fulfil the following criteria:

- Be registered in the same part or sub-part of the register as the students they support.
- Have completed at least three years post-registration experience, gained additional professional knowledge and skills, and have experience in an area where students are gaining practice experience relevant to their registration.
- Have extended their professional knowledge, relevant to their field of practice, to at least first degree level, prior to undertaking an NMC approved post-graduate teacher preparation programme.
- Have the abilities to lead programme development and co-ordinate the work of others in delivering and assessing programmes of learning in practice and academic settings – supporting a wide range of students.
- Able to support interprofessional learning and working, selecting and supporting a range of learning opportunities for students from all professions, and supporting practice development.
- Have the ability to generate and use cross-professional assessment criteria, supervising mentors, practice teachers and teachers from other professions in the implementation of such criteria.
- Able to teach and assess in both practice and academic settings, contributing to decisions about fitness for practice of NMC students for both registration and qualifications at a level beyond initial registration – and be accountable to the NMC for such decisions.
- Able to provide leadership in education in both practice and academic settings, e.g. nurse/midwife consultant roles, clinical academic roles, programme leader, etc.

2.3.2 Competence and outcomes for a teacher

The competencies of a teacher are achieved by successful completion of an NMC approved teacher preparation programme achieving all of the outcomes of stage 4 of the developmental framework. This preparation programme must have included, as part of the overall programme, a period of assessed teaching activity to include experience in both academic and practice settings, at least equivalent to a minimum of 12 weeks (or 360 hours), with students studying an NMC approved programme.

The competencies of a teacher are:

- Demonstrate effective relationship building skills sufficient to support learning, as part of a wider interprofessional team, for a range of students in both practice and academic learning environments and supporting mentors and practice teachers.
- Facilitate learning for a range of students, within a particular area of practice and where appropriate, encourage self-management of learning opportunities and provide support to maximise individual potential.
- Assess learning, in order to make judgements related to the NMC standards of proficiency for entry to the register or, for recording a qualification at a level beyond initial registration, being the final point of accountability for 'fitness for practice' decisions.
- Determine strategies for evaluating learning in practice and academic settings to ensure that the NMC standards of proficiency for recording a qualification at a level beyond initial registration have been met.
- Create an environment for learning, where practice is valued and developed, that provides appropriate professional and interprofessional learning opportunities and support for learning to maximise achievement for individuals.
- Support learning within a context of practice that reflects healthcare and educational policies, managing change to ensure that particular professional needs are met within a learning environment that also supports practice development.
- Apply a knowledge and practice evidence-base to their own work and contribute to the further development of such an evidence-base for practice.
- Demonstrate leadership skills for education within practice and academic settings,
- The outcomes for a teacher to meet the competencies are as follows:

Establishing effective working relationships

- Demonstrate effective relationships with other members of the teaching teams, in practice and academic settings, based on mutual trust and respect.
- Maintain appropriate supportive relationships with a range of students, mentors, practice teachers and other professionals.
- Foster peer support and learning in practice and academic settings for all students.
- Support students to integrate into new environments and working teams to enhance access to learning.

Facilitation of learning

- Promote development of enquiring, reflective, critical and innovative approaches to learning.
- Implement a range of learning and teaching strategies across a wide range of settings.
- Provide support and advice, with ongoing and constructive feedback to students, to maximise individual potential.
- Co-ordinate learning within an interprofessional learning and working environment.
- Facilitate integration of learning from practice and academic settings.
- Act as a practice expert to support development of knowledge and skills for practice.

Assessment and accountability

- Set and maintain professional boundaries that are sufficiently flexible for interprofessional learning.
- Develop, with others, effective assessment strategies to ensure that standards of proficiency for registration, or recordable qualifications at a level beyond initial registration, are met.
- Support others involved in the assessment process – students, mentors and peers.
- Provide constructive feedback to students and assist them in identifying future learning needs and actions, managing failing students so that they may either enhance their performance and capabilities for safe and effective practice, or be able to understand their failure and the implications of this for their future.
- Be accountable for their decisions related to fitness for practice for registration or recordable qualifications – underpinning such decisions with an evidence-base derived from appropriate and effective monitoring of performance.⁸

Evaluation of learning

- Determine and use criteria for evaluating the effectiveness of learning environments – acting on findings, with others, to enhance quality.
- Foster and participate in self and peer evaluation to enable students to manage their own learning in practice and academic settings and to enhance personal professional development.
- Evaluate the effectiveness of assessment strategies in providing evidence to make judgements on fitness for practice.
- Report on the quality of practice and academic learning environments to demonstrate that NMC requirements have been met, particularly in relation to support of students and achievement of standards of proficiency.

⁸ Only those teachers with a practice role and who have met the additional criteria for a sign-off mentor may assess students in practice settings.

Creating an environment for learning

- Develop, in partnership with others, opportunities for students to identify and access learning experiences that meet their individual needs.
- Ensure such opportunities maintain the integrity of the student's professional role whilst responding to the interprofessional context of practice.
- Determine, with others, audit criteria against which learning environments may be judged for their effectiveness in meeting NMC requirements.
- Support and develop others involved to ensure that learning needs are effectively met in a safe environment.
- Explore and implement strategies for continuous quality improvement of the learning environment.

Context of practice

- Support students in identifying ways in which policy impacts on practice.
- Contribute effectively to processes of change and innovation – implementing new ways of working that maintain the integrity of professional roles.
- Negotiate ways of providing support to students so that they can achieve their learning needs within the context of professional and interprofessional practice.
- Act as a role model to enable students to learn professional responsibilities and how to be accountable for their own practice.
- Adapt to change, demonstrating to students how flexibility may be incorporated whilst maintaining safe and effective practice.

Evidence-based practice

- Advance their own knowledge and practice abilities through access to, and involvement in – where appropriate – research and practice development.
- Consider how evidence-based practice, involving patients, clients, carers and other members of the health and social care team, enhances care delivery and learning opportunities.
- Empower individuals, groups and organisations to develop the evidence-base for practice.
- Disseminate findings from research and practice development to enhance the quality of learning, care delivery and academic environments.

Leadership

- Demonstrate effective communication skills to facilitate delivery of educational programmes that lead to registration or a recordable qualification.
- Initiate and lead programme development and review processes to enhance quality and effectiveness.
- Develop effective relationships with practice and academic staff, who are involved in programme delivery, to ensure clarity of contribution and strategies to respond to evaluation of learning experiences.
- Demonstrate strategic vision for practice and academic development relevant to meeting NMC requirements.
- Manage competing demands to ensure effectiveness of learning experiences for students.
- Lead, contribute to, analyse and act on the findings of evaluation of learning and assessment to develop programmes.
- Provide feedback about the effectiveness of learning and assessment in practice.

Section 3 –Applying the standards to support learning and assessment in practice

3.1 Applying the standards to nursing, midwifery and specialist community public health nursing education programmes

The NMC has acknowledged that nurses, midwives and specialist community public health nurses have different needs when applying the standards to support learning and assessment in practice.

These are clarified as:

- Nursing education – requires mentors, practice teachers and teachers to provide the full range of support and assessment required to meet the needs of pre-registration, and specialist practice education
- Midwifery education – requires only mentors and teachers.
- Specialist community public health nursing education – requires practice teachers and teachers.

3.2 Applying the NMC mentor standard in practice

From 1 September 2007 the NMC mentor standard is mandatory for supporting the learning and assessment of pre-registration nursing and midwifery students. NMC requirements will be updated in the future in the light of the review of specialist practice qualification and advanced nursing practice, as explained in the introduction to this document.

The standard for mentors needs to be read in conjunction with the relevant Standards for pre-registration nursing education (NMC 2010), Standards for pre registration midwifery education (2009), Standards for specialist education and practice (UKCC 1994) and also with respect to the Nursing and Midwifery Council (Education, Registration and Registration Appeals) Rules Order of Council 2004 (SI 2004 No 1767) hereafter referred to as the Education Rules; and the Nursing and Midwifery Council (Midwives) Rules Order of Council 2004 (SI 2004 No 1764) hereafter known as the Midwives Rules.

The following requirements are set by the NMC for implementing the mentor standard. Guidance is provided to help interpret the requirements.

3.2.1 Mentor preparation programmes

Mentor preparation programmes must be:

- At a minimum academic level of HE Intermediate level (previously known as level 2) or SCQF Level 8.
- A minimum of 10 days, of which at least five days are protected learning time.
- Include learning in both academic and practice settings.
- Include relevant work-based learning, e.g. experience in mentoring a student under the supervision of a qualified mentor, and have the opportunity to critically reflect on such an experience.
- Normally, be completed within three months.⁹
- Should provide a foundation for undertaking an NMC approved practice teacher programme.
- Allow AP(E)L to be applied to up to 100% of the programme, and recognise previous preparation of an equivalent nature and standard. It is for placement providers to determine if an individual meets the NMC additional criteria to sign-off a student's proficiency (section 3.2.6), and therefore they may be placed immediately on the local register with an annotation to identify this.

⁹ All midwifery mentors are required to meet the additional criteria to be a sign-off mentor (see section 3.2.6) as part of their preparation programme; the length of this programme should be adjusted to take account of this requirement to allow time for midwifery mentors to be supervised as a sign-off mentor on at least three occasions.

3.2.2 Continuing professional development for mentors

The NMC requires all qualified mentors to maintain and develop their knowledge, skills and competence as a mentor through regular updating. The NMC requires placement providers to maintain a record of current mentors and, where appropriate, (and in partnership with local education providers) to make provisions for annual updating of these nurses and midwives.

The purpose of annual updating is to ensure that mentors:

- Have current knowledge of NMC approved programmes.
- Are able to discuss the implications of changes to NMC requirements.
- Have an opportunity to discuss issues related to mentoring, assessment of competence and fitness for safe and effective practice.

Mentors should be prepared to demonstrate to their employers, and NMC quality assurance agents as appropriate,¹⁰ how they have maintained and developed their knowledge, skills and competence as a mentor. Placement providers will consider evidence of updating as part of triennial review.

3.2.3 Allocated learning time for mentor activity

The NMC recognises that nurses and midwives who are mentors are primarily employed to provide care for patients and clients. Pre-registration students have supernumerary status and can expect to be able to work with mentors. All students must be supervised at all times, either directly or indirectly. Being a mentor requires a commitment. The NMC requires that as a minimum:

Whilst giving direct care in the practice setting at least 40% of a student's time must be spent being supervised (directly or indirectly) by a mentor/practice teacher.

The nature of supervision will vary from direct to indirect depending upon the:

- Nature of the activity the student is engaged in.
- Evidence of their current competence.
- Need to assess achievement of NMC outcomes or competencies for progression on the programme.

Mentors will use their professional judgment and local/national policy to determine where activities may be safely delegated to students and the level of supervision required. They are accountable for such decisions and for ensuring public protection.

They will need time, when undertaking work with a student, to be able to explain, question, assess performance and provide feedback to the student in a meaningful way.

¹⁰ All NMC approved programmes are monitored regularly. This may involve NMC quality assurance agents in practice and education visits to examine evidence that NMC requirements are being met.

3.2.4 Supporting learning in practice

The NMC requires mentors to support learning in practice for several reasons (section 2.1):

- Provide support and guidance to the student when learning new skills or applying new knowledge.
- Act as a resource to the student to facilitate learning and professional growth.
- Directly manage the student’s learning in practice to ensure public protection.
- Directly observe the student’s practice, or use indirect observation where appropriate, in order to ensure that NMC defined outcomes and competencies are met.

The following requirements enable effective mentorship to be realised:

NMC Requirements	Guidance
Every student has a named mentor for each period of practice learning.	Mentors should be allocated prior to commencement of a placement. This should be sufficiently in advance of the placement to enable both the student and their mentor to prepare adequately for the placement. The NMC would recommend that, at a minimum, this should be one week prior to commencement of the placement.
Mentors should not normally support more than three students, from any discipline, at any point in time.	Mentors need to be able to commit themselves to supporting learning and assessment in practice. Their workload need to reflect the demands of being a mentor.
Whilst giving direct care in the practice setting at least 40% of the student’s time must be spent being supervised (directly or indirectly) by a mentor/ practice teacher. ¹¹ When in a final placement this 40% of the student’s time is in addition to the protected time (one hour per week) to be spent with a sign-off mentor (paragraph 3.2.6)	At all times students must be directly or indirectly supervised in the practice setting. The mentor’s responsibility is to plan and co-ordinate the student’s whole learning experience, determining the amount of direct supervision required by the mentor, and what experience may be through indirect supervision (student working independently). Some experience may be supervised by others (other professionals, mentors or practice teachers). The named mentor is accountable for their decisions to let the student work independently or with others.

¹¹ In some NMC approved programmes there is a specified requirement for the amount of practice that is supervised to exceed 40%.

NMC Requirements	Guidance
<p>An ongoing achievement record including comments from mentors must be passed from one placement to the next to enable judgements to be made on the student's progress. (Further detail: see circular 33/2007 in annexe 3)</p>	<p>Students are expected to keep a record of their learning experiences, identifying evidence to support achievement of NMC outcomes and competencies and where further support and supervision is required. This record should be made available to the named mentor at the beginning of a new experience to enable discussion of strengths and areas for improvement.</p> <p>Students must be kept fully informed regarding the ways in which information is intended to be shared, used and stored, including the length of time it is to be retained and when it will be destroyed. (Data Protection Act 1998)¹²</p>
<p>The mentor should have access to a network of support and supervision to enable them to fulfil their mentoring responsibilities, assist them in making complex judgements regarding competence such as failing a student and to support their professional development.</p>	<p>Support and supervision may be provided by, for example, other mentors, practice facilitators, practice teachers or link tutors, with due regard to the part of the register and field of practice. Where necessary, inexperienced mentors should seek support from a sign-off mentor who has met the NMC additional criteria for assessing proficiency.</p>
<p>Placement providers are responsible for ensuring that an up-to-date local register of mentors is maintained, with annotations of those who have met the NMC additional criteria for assessing proficiency (sign-off mentors).</p>	<p>The register will provide evidence for quality assurance purposes that there are a sufficient number of mentors, who met the NMC standards, to support learning and assessment in practice related to NMC approved programmes.</p>
<p>Placement providers are responsible for triennial review of mentors to ensure that only those who continue to meet the NMC's mentor requirements remain on the local register.</p>	<p>The NMC sets general requirements for remaining on the local register (see introduction – triennial review). It would be a matter for placement providers to determine locally any additional criteria needed for mentors to remain on the register.</p>

¹² The Data Protection Act 1998 has been superseded by the Data Protection Act 2018.

3.2.5 Assessing learning in practice

Mentors will have been prepared to assess student performance in practice and will be accountable for their decisions to pass, refer or fail a student. The NMC recognises that failing students may be difficult and that all assessment decisions must be evidence-based. Sign-off mentors who assess proficiency in the final placement or at the end of a period of supervised practice will have met additional criteria set by the NMC (section 3.2.6).

NMC Requirements	Guidance
Most assessment of competence should be undertaken through direct observation in practice.	Students must normally demonstrate their competence in the practice setting. However, where experience is limited, e.g. basic life support skills, simulated experience or OSCEs may be used. The majority of assessment should be through direct observation.
Mentors should be involved wherever possible, when competence is assessed through simulation.	Summative assessment using simulation may occur where opportunities to demonstrate competence in practice are limited. Mentors should be involved in designing, using and evaluating such assessment strategies.
Mentors should consider how evidence from various sources might contribute to making a judgement on performance and competence.	The NMC recognises that the total assessment strategy would include assessment through various means i.e. direct care, simulation, OSCEs and other strategies.
Mentors should seek advice and guidance from a sign-off mentor or a practice teacher when dealing with failing students.	Inexperienced mentors may require support from a sign-off mentor or practice teacher when faced with a failing student to help them to communicate concerns, identify action and evaluate progress.

3.2.6 Signing off practice proficiency

In order to ensure public protection the NMC needs to be assured that students have been assessed and signed off as capable of safe and effective practice at the end of a programme. Additional criteria have been defined for the mentor to be able to sign-off proficiency in practice at the end of a programme (paragraph 2.1.3).

Placement providers will determine when a mentor has met the additional criteria and will be annotated as a sign-off mentor on the local register. The NMC statutory midwifery committee has decided that all midwife mentors must have met the additional criteria to be sign-off mentors.

Due regard

In accordance with underpinning principle A (paragraph 1.2):

- Only a registered nurse may sign off a nursing student (the nurse must have a mark on the nurses’ part of the register that coincides with the branch programme the student has undertaken).
- Only a registrant with the same SPQ may sign off a SPQ student
- Only a registered midwife may sign off a midwifery student.

Confirmation of proficiency

The sign-off mentor, who has met the NMC additional criteria for assessing proficiency, is responsible and accountable for making the final sign-off in practice – confirming that a student has successfully completed all practice requirements. This confirmation will contribute to the portfolio of evidence considered by the AEI’s examination and assessment board. The NMC requires mentors who have not yet met the additional criteria to be supported by a sign-off mentor or a practice teacher if it is the student’s final placement, or when failing a student.

NMC Requirements	Guidance
<p>The NMC has identified progression points within each approved programme where confirmation is required that students have met specified outcomes and competencies.</p> <p>For pre-registration midwifery programmes a sign-off mentor is required to confirm the outcomes at each progression point – NMC Circulars 24/2007 and 13/2007.</p> <p>For progression points for nursing and SCPHN see the relevant standards of proficiency for nursing and SCPHN (NMC2004). For these programmes a sign-off mentor/practice teacher is required to confirm the outcomes only at the end of the programme.¹³</p>	<p>Confirmation is required at points where a student may not progress without a formal decision that they have met the outcomes or competencies of a previous part of the programme.</p>

¹³ For pre-registration nursing, mentors rather than sign-off mentors are required to sign-off outcomes for entry to the branch.

NMC Requirements	Guidance
All mentors may assess specific competencies throughout the programme.	NMC competencies may be achieved throughout the programme, unless otherwise indicated in programme standards. A mentor may confirm achievement of competencies, including those to be achieved at, or by, a progression point. Only a sign-off mentor, who has met the additional criteria, may sign-off proficiency at the end of a final period of practice learning.
Mentors must keep sufficient records to support and justify their decisions on whether a student is, or is not, competent/proficient.	The NMC considers it important that mentors have an audit trail to support their decisions. Throughout a placement where a critical decision on progress is to be made the mentor should ensure that regular feedback is given to the student and that records are kept of guidance given.
In the final placement of a pre-registration programme, mentors are required to be either a sign-off mentor, or supported by a sign-off mentor or a practice teacher, in order to make final decisions on proficiency.	Mentors are responsible and accountable for making decisions on the student's achievement of outcomes and competencies. They may assess competencies throughout the programme but only a sign-off mentor or a practice teacher may make final assessment of proficiency.
Sign-off mentors must have time allocated to reflect, give feedback and keep records of student achievements in their final period of practice learning. This will be the equivalent of an hour per student per week. This time is in addition to the 40% of the student's time to be supervised by a mentor (paragraph 3.2.4).	Sign-off mentors will require allocated time to ensure that students have effective feedback on their performance so that the ultimate decision on their proficiency is not unexpected. The time allocated may need to be greater earlier in the placement and reduced as they become more confident and competent.
Only sign-off mentors, who have met the additional criteria, must sign off achievement of proficiency at the end of the programme, unless the mentor is being supervised by a sign-off mentor or practice teacher who should countersign that the proficiency has been achieved by the student.	The final assessment of proficiency draws on evidence of assessment over a sustained period of time. The sign-off mentor may use the student passport and other evidence to see if competence has been achieved and maintained previously, as well as demonstrated in the current placement.

NMC Requirements	Guidance
The programme leader/lead midwife for education must confirm to the AEI Examination/Assessment Board that all NMC requirements have been met (to the best of their knowledge) for individual students presenting evidence of sign-off practice from a sign-off mentor or practice teacher.	AEI Examination or Assessment Boards should ensure that confirmation is received, based on recorded evidence, that all NMC requirements have been met. The AEI examination board must consider the record of achievement of practice proficiency, signed at the end of the final period of practice learning by a mentor who has met the NMC additional criteria.
The student must self-declare their good health and good character for entry to the register.	Good health and good character will have been assessed for admission to, and continued participation in, the programme. Students should be encouraged to advise their personal tutors of any issues that may affect this. They are responsible and accountable for their self-declaration to the NMC when applying for registration.
The programme leader/lead midwife for education must provide a supporting declaration of good health and good character of the student for registration.	A registrant who is the programme leader/lead midwife for education, or their designated deputy, whose name has been previously notified to the NMC, must complete a declaration in support of the student's self-declaration. There should be an audit trail of evidence (normally in the student's record).

3.3 Applying the NMC practice teacher standard in practice

The NMC practice teacher standard is mandatory for supporting learning and assessing nurses and midwives studying for registration as a specialist community public health nurse (SCPHN), and also for specialist practice qualifications where this is a local requirement.

The NMC standard for practice teachers needs to be read in conjunction with Standards of proficiency for specialist community public health nursing (NMC 2004) and Standards for specialist education and practice (UKCC 1994), and also with respect to the Education Rules (SI 2004 No 1767). The following requirements are set by the NMC for implementing the practice teacher standard. Guidance is provided to assist interpretation of the requirements.

3.3.1 Practice teacher preparation programmes

Practice teacher preparation programmes must:

- Be a minimum academic level of HE Honours (previously known as level 3) or SCQF Level 9.¹⁴
- Include at least 30 days protected learning time – to include learning in both academic and practice settings.
- Include relevant work-based learning with the opportunity to critically reflect on such an experience, e.g. acting as a practice teacher to a student in specialist practice under the supervision of a qualified practice teacher.
- Meet the additional criteria for a sign-off mentor.
- Normally be completed within six months.
- Should provide a foundation for undertaking an NMC approved teacher preparation programme.
- Allow AP(E)L to be applied to up to 100% of the programme. Previous preparation of an equivalent nature and standard should be recognised. It is for the education provider to determine if this allows the individual to be placed immediately on the practice teacher register without the need for further preparation.
- The content of a previous mentor programme, where appropriate, may be accredited, enabling the practice teacher programme to be completed in less time.

3.3.2 Continuing professional development for practice teachers

The NMC requires all practice teachers to maintain and develop their knowledge, skills and competence through annual updating. Additionally they would need to maintain and develop their extended knowledge and skills gained for practice in a specialist area. The NMC requires placement providers to maintain a record of current practice teachers and, where appropriate – in partnership with local education providers, to make provisions for annual updating of these nurses (see section 2 and Triennial review of mentor and practice teacher in the introduction).

The purpose of annual updating is to ensure that practice teachers:

- Have current knowledge of NMC approved programmes.
- Are able to discuss the implications of changes to NMC requirements.
- Have an opportunity to discuss issues relating to supervision, assessment of competence and fitness for safe and effective practice.

¹⁴ This may vary according to the needs of specific professions and any additional requirement will be identified within the Standards of proficiency for each part of the NMC register.

Practice teachers should be prepared to demonstrate to their employers, and NMC quality assurance agents, as appropriate,¹⁵ how they have maintained and developed their knowledge, skills and competence as a practice teacher. Placement providers will consider evidence of updating as part of triennial review.

3.3.3 Allocated learning time for practice teacher activity

The NMC recognises that nurses and midwives who are practice teachers are primarily employed to provide care for patients and clients. Students gaining registration as a specialist community public health nurse, are required to undertake a period of practice during which they would normally work on a one-to-one basis with their practice teachers.

The nature of supervision will vary from direct to indirect depending upon the:

- Nature of the activity the student is engaged in.
- Evidence of their current competence.
- Need to assess achievement of NMC outcomes or competencies for progression on the programme.

Practice teachers will use their professional judgment and local/national policy to determine where activities may be safely delegated to students and the level of supervision required. They are accountable for such decisions.

Practice teachers will need time, when undertaking work with a student, to be able to explain, question, assess performance, and provide feedback to the student in a meaningful way. A practice teacher should be allocated to a SCPHN student throughout the programme (or sign-off mentor where this has been agreed through the deferral process – see NMC circular 08/2007).

3.3.4 Supporting learning in practice

The NMC requires practice teachers to support learning for several reasons (section 2.2):

- Provide support and guidance to the student when learning new skills, applying new knowledge and transferring existing knowledge and competence to a new context of practice.
- Act as a resource to the student to facilitate learning and professional growth.
- Manage the student's learning in practice in order to ensure public protection.
- Directly observe the student's practice, or use indirect observation where appropriate, to ensure that NMC defined outcomes and competencies are met.

¹⁵ All NMC approved programmes are monitored regularly. This may involve NMC quality assurance agents in practice and education visits to examine evidence that NMC requirements are being met.

The following requirements enable effective practice teaching to be realised:

NMC Requirements	Guidance
Every SCPHN student (and SPQ student where this is a local requirement) has a named practice teacher.	Practice teachers should be allocated prior to commencement of supervised practice. This should be sufficiently in advance of the placement to enable both the student and their practice teacher to prepare adequately for the placement.
Practice teachers should support only one SCPHN student (or SPQ student) at any point in time.	Practice teachers need to be able to commit themselves to supporting learning and assessment in practice. Their workload needs to reflect the demands of being a practice teacher.
An ongoing achievement record must be maintained and reviewed regularly throughout the student’s supervised practice experience to enable judgements to be made on the students. For further details see Circular 33/2007 in annexe 3.	Students are expected to keep a record of their learning experiences, identifying evidence to support achievement of NMC outcomes and competencies and where further support and supervision is required. This record should be reviewed at intervals by their named practice teacher during their supervised practice experience to enable discussion of strengths and areas for improvement.
Placement providers are responsible for ensuring that an up-to-date local register of practice teachers is maintained.	The register will provide evidence for quality assurance purposes that there are a sufficient number of practice teachers, who meet the NMC standards, to support NMC approved programmes leading to a recordable specialist practice qualification or SCPHN registration. Students must be kept fully informed regarding the ways in which information is intended to be shared, used and stored, including the length of time to be retained and when it will be destroyed. (Data Protection Act 1998) ¹⁶
Placement providers are responsible for triennial review of practice teachers to ensure that only those who continue to meet the NMC practice teacher requirements remain on the local register.	The NMC sets general requirements for remaining on the local register (see introduction – triennial review). It would be a matter for programme providers to determine any additional criteria for practice teachers to remain on the local register.

Students must be kept fully informed regarding the ways in which information is intended to be shared, used and stored, including the length of time it is to be retained and when it will be destroyed. (Data Protection Act 1998)¹⁶

¹⁶The Data Protection Act 1998 has been superseded by the Data Protection Act 2018.

3.3.5 Assessing learning in practice

Practice teachers will have been prepared to assess student performance in practice in programmes leading to registration as a SCPHN. They will be accountable for their decisions to pass, refer or fail a student. The NMC recognises that failing students may be difficult and that all assessment decisions must be evidence-based. All practice teachers will be deemed to have met the NMC additional criteria for signing off proficiency (section 3.3.6) at the end of a programme by virtue of, where relevant, their previous mentor experience and the preparation they have undertaken for their practice teacher role.

NMC Requirements	Guidance
Assessment of competence should be undertaken through both direct observation in practice and evidence gained from indirect observation.	Students must demonstrate their competence in the practice setting. The nature of their programme may require that they are able to work autonomously with a defined caseload by the end of the programme. Practice teachers will seek evidence of their performance from patient/user satisfaction reports, self-reports from students, observation by other colleagues and their own direct observation.
Practice teachers should be directly involved in assessing competence through simulation.	Summative assessment using simulation may occur where opportunities to demonstrate competence in practice is limited, e.g. a simulated case conference for child protection.
Practice teachers should consider how evidence from various sources might contribute towards making a judgement on performance and competence.	The NMC recognises that the total assessment strategy would include evidence from direct observation, witness statements from other professionals, contributions from patients/clients and other strategies.
Inexperienced practice teachers should seek guidance from experienced practice teachers/teachers when making complex judgements, such as failing a student.	Inexperienced practice teachers may require particular support from experienced practice teachers/teachers when faced with a failing student to help them to communicate concerns, identify action and evaluate progress.

3.3.6 Signing off practice proficiency

In order to ensure public protection the NMC needs to be assured that students have been assessed and signed off as being capable of safe and effective practice at the end of a programme. Practice teachers must have met the additional criteria to be able to sign-off proficiency in practice at the end of a programme (section 2.1.3).

Due regard

In accordance with underpinning principle A (section 1.2):

- Only a registered SCPHN may sign-off a SCPHN student. The SCPHN must also be from the same field of practice that coincides with the field that the student has undertaken (see NMC Circular 26/2007, Annexe 3).

Confirmation of proficiency

The practice teacher is responsible and accountable for making the final sign-off in practice confirming that a student has successfully completed all practice requirements for a SCPHN qualification. This confirmation will contribute to the portfolio of evidence considered by the approved educational institution’s examination/assessment board, who will confirm to the NMC that the proficiencies in relation to both theory and practice and programme requirements have been successfully achieved.

NMC Requirements	Guidance
Practice teachers must keep sufficient records to support and justify their decisions on whether a student is or is not competent/proficient.	The NMC considers it is important that practice teachers have an audit trail to support their decisions.
Practice teachers must have time allocated to reflect, give feedback and keep records of student achievement in the final period of practice learning. This will be the equivalent of an hour per student per week.	Throughout supervised practice experience the practice teacher will require time to ensure that the student has effective feedback on their performance so that the ultimate decision on their proficiency is not unexpected.
The practice teacher must sign-off achievement of practice outcomes, competencies and final proficiency.	The practice teacher is responsible and accountable to the NMC for confirming that outcomes, competencies and NMC standards of proficiency have been met, which take account of outstanding issues e.g. a repeat placement.
The programme leader must confirm to the AEI Examination Board that all NMC requirements have been met (to the best of their knowledge) for individual students presenting evidence of sign-off of practice from the student’s named practice teacher.	AEI Examination and Assessment Boards should ensure that confirmation is received, based on recorded evidence of both theory and practice assessment, that all NMC requirements have been met and proficiency achieved.

NMC Requirements	Guidance
<p>The student must self-declare their good health and good character for entry to a new part of the register.</p>	<p>Good health and good character will have been assessed for admission to and maintenance on the register at initial registration, and again for entry to and continued participation in the current programme. Students should advise their Personal Tutors of any issues that may affect this. They are responsible and accountable for their self-declaration to the NMC when applying for registration in a new part of the register.</p>
<p>The programme leader/official correspondent must provide a supporting declaration of good health and good character of the student for registration.</p>	<p>A declaration of the student's self-declaration must be completed by a registrant who is the programme leader/official correspondent (or her deputy), whose name has been previously notified to the NMC, There should be an audit trail of evidence (normally in the student's record).</p>

3.4 Applying the NMC teacher standard in practice settings

The NMC teacher standard is mandatory for those nurses and midwives who are teachers employed in higher education and who support students on NMC approved programmes in practice settings. The NMC recognises that AEIs will have other teachers, who are not nurses and midwives, who will contribute to teaching on NMC approved programmes in their area of specialist expertise. The NMC will, through its quality assurance processes verify that the majority of HE teachers who support NMC students in practice settings have attained, or are working towards, a teaching qualification that meets the NMC outcomes from stage 4.

Approved educational institutions that employ teachers holding an NMC approved qualification will determine the requirements for applying the standard in academic settings. The NMC is concerned that those nurses and midwives who meet the outcomes of stage 4 of the framework are able to apply their knowledge, skills and competence in practice and academic settings. The NMC requires that 50% of learning for its approved pre-registration and specialist practice programmes takes place in practice.

NMC nurse, midwife and specialist community public health nurse teachers must have contemporary experience to be able to support learning and assessment in practice settings. Such experience may take a variety of forms, such as: acting as a link tutor, supporting mentor development and updating, having an active clinical role for a part of their time, supporting clinical staff in their professional development in practice, being involved in practice development to support the evidence-base from which students draw, and contributing to practice-based research.

3.4.1 Teacher preparation programmes NMC approved teacher programmes must:

- Be at a minimum academic level of postgraduate study, i.e. postgraduate certificate, diploma or degree (M level), according to the requirements of programme providers.
- Be at least one academic year in duration.
- Include a minimum of 12 weeks (360 hours) teaching practice.
- Demonstrate achievement of all of the outcomes of stage 4.

Programme providers should take account of the UK Professional Standards Framework for teaching and supporting learning in higher education (HE Academy, February 2006 – see Annexe 2). This framework was developed by the Higher Education Academy on behalf of the Higher Education sector and commissioned by Universities UK, the Standing Conference of Principals (SCOP) and the UK HE funding councils. The model provides a descriptor-based approach for HE institutions to determine their own criteria in the application of the standards framework. It is based upon applying areas of activity, core knowledge and professional values.

The UK Professional Standards Framework (above) complements the NMC Standards to support learning and assessment in practice. The framework is designed to be sector owned and applied to various staff groups from teaching assistants to those who have a substantive teaching role. This would allow programme providers to seek accreditation of their NMC approved teacher preparation programmes and, potentially, to have outcomes for mentors and practice teachers recognised by the HE Academy.

3.4.2 Continuing professional development for teachers

The NMC requires all NMC teachers to maintain and develop their knowledge, skills and competence as a teacher through regular updating. Those teachers employed in approved educational institutions will need to meet the requirements of their employers for scholarly activity. The NMC also requires that teachers focus on the practice aspects of their roles and ensure their knowledge of practice is contemporaneous and that, where appropriate, their skills are fit for safe and effective practice.

Teachers should be prepared to demonstrate to their employers, and NMC quality assurance agents, as appropriate,¹⁷ how they have maintained and developed their knowledge, skills and competence as teachers.

3.4.3 Signing off proficiency

Teachers are responsible for signing off the academic component of the programme. Many teachers will be involved in supporting learning and assessing assignments throughout the programme. The Programme Leader for Nursing or the Lead Midwife for Education, whose name has previously been notified to the Council, will make the final sign-off for the programme. They must ensure that they have seen evidence that the practice component of the programme has been signed off by a sign-off mentor or a practice teacher.

¹⁷ NMC approved programmes and providers are subject to monitoring as part of the NMC's UK wide QA framework.

Only teachers who have a practice-based role, and who have met the additional criteria for a sign-off mentor (section 2.1.3) may undertake sign-off of practice. This may apply where teachers have a role requiring them to take a practice caseload, as well as work in academic settings.

3.4.4 Allocated time for practice teaching activity

Approved educational institutions will employ nurses and midwives who have successfully met the outcomes of stage 4 and recorded their qualification on the register, and other teachers who are not nurses and midwives. The NMC expects teachers who are nurses and midwives to be able to support learning and assessment in both academic and practice learning environments. Teachers are therefore expected to spend a proportion of their time supporting student learning in practice (Recommendation 26 from Fitness for Practice, UKCC 1999). The NMC advises that this should be approximately 20% of their normal teaching hours.

Teachers in HE might specialise in teaching, research or practice and these specialities may at times be in conflict. The NMC requirement for teachers to support practice-based learning may be achieved through a variety of strategies such as:

- Acting as a clinical teacher or a link tutor.
- Preparing, supporting and updating mentors and practice teachers.
- Taking part in practice-based action learning groups.
- Contributing to practice development.
- Undertaking practice-based research activity.
- Any other strategies that would enable teachers to maintain practice knowledge and awareness, and where appropriate, practice skills, i.e. midwifery teachers would require effective registration as a midwife, specialist community public health nurses teachers would normally have a limited caseload, nurse teachers working in specialist areas may similarly wish to maintain a limited caseload.

It is for programme providers to ensure that students have access to a sufficient number of teachers with expertise in practice, teaching, research and development to support their learning in both practice and academic learning environments.

Section 4 – Approval and monitoring of mentor, practice teacher and teacher standards

4.1 NMC approval of mentor/practice teacher preparation programmes

The NMC has agreed two routes for the approval of mentor/practice teacher preparation programmes. Programme providers may choose the option best suited to their purposes. The routes are:

Route 1

Route 1 would be suited to NMC programme providers seeking approval for NMC programmes leading to registration: Nursing, Midwifery and SCPHN. A combined event could consider the pre-registration programme and a mentor/practice teacher programme. Separate documentation would be necessary for the mentor/practice teacher preparation programme.

Route 2

Framework approval events allowing one event to approve all standards set by the NMC as teaching roles. Route 2 would be best suited to those programme providers who already offer an NMC approved teacher preparation programme and who would be interested in developing these further to provide outcomes for mentors and practice teachers. Such programmes should provide stepping on and stepping off points and processes for AP(E)L to recognise achievement of previous stages (or equivalent) in the developmental framework. This route would also be suitable to those who do not offer an NMC approved pre-registration programme but who would wish to have approved mentors – such as those programme providers offering return to practice programmes or the overseas nurses programme.

4.2 NMC approval of teacher preparation programmes

The NMC already approves teacher preparation programmes leading to a recordable qualification on the register as part of its quality assurance processes. This arrangement will continue unchanged.

4.3 NMC monitoring arrangements

Reports of quality assurance activities, annual monitoring, and list of approved programmes are published on the NMC website at www.nmc.org.uk

4.4 NMC recognition of other teaching qualifications

The NMC recognises that some nurses and midwives may undertake teacher preparation programmes for their own interest and career development before making the decision to become a nurse, midwife or specialist community public health teacher. The NMC has previously offered a route for recording such a teaching qualification where it is deemed comparable to the NMC standard for the preparation of teachers. The NMC has agreed that this route should continue.

In such cases, the NMC requires sufficient evidence to demonstrate that the entry criteria for teacher preparation have been met, that the programme undertaken is comparable to that of an NMC approved programme in nature and content and that the registrant can provide evidence of mapping their learning and experience to demonstrate the current NMC requirements have been met. This includes evidence of assessed teaching activity, comparable with students studying an NMC approved programme for a period equivalent to a minimum of 12 weeks (or 360 hours). Such evidence must be verified by a nurse, midwife or specialist community public health nurse teacher, who has a recorded teaching qualification on the NMC register.

Nurses and midwives intending to use the NMC recognition route to record a teaching qualification must be able to provide evidence that they:

- Meet NMC criteria for entry to a teacher preparation programme.
- Have undertaken continuing professional development, at least to first degree level, relevant to their area of practice.
- Have undertaken a post-graduate programme of teacher preparation.
- Have mapped their learning and experience to demonstrate that the outcomes of stage 4 have been met. This must be verified by a registrant who already has a teaching qualification recorded on the register and is currently employed to teach students in education leading to registration or a recorded qualification with the NMC.
- Are able to supply a reference from practice to support that they have the ability to teach students in practice.
- Confirm that they have undertaken at least 12 weeks (or 360 hours) of assessed teaching activity with students on an NMC approved programme leading to registration or a recordable qualification. An NMC registrant who has a recorded teaching qualification on the register must have assessed such teaching activity.
- Such nurses and midwives would need to prepare a portfolio of evidence for local assessment by an NMC registrant who has a teaching qualification recorded on the register and who is employed at an NMC approved educational institution. This registrant will confirm to the NMC that evidence has been provided that all stage 4 outcomes have been met.

Section 5 – Glossary, references and annexes

Glossary

Glossary of terms	
Accreditation of Prior (Experiential) Learning (AP(E)L)	Process of awarding credit for formal or experiential learning by mapping it against defined learning outcomes of the programme offered (see NMC QA Factsheet I/2004).
Approved Educational Institutions (AEI)	An institution recognised by the NMC to provide NMC approved programmes. Normally these are in higher education, however the Nursing and Midwifery Order 2001 allows the NMC to approve other institutions to deliver programmes that meet NMC standards.
Approval	A process whereby the partners (see below) present their programme for external scrutiny (or validation) which, if successful, leads to joint approval by the NMC and the approved educational institution.
Competency	A competency describes the skills and abilities to practise safely and effectively without the need for direct supervision. Competencies are achieved incrementally throughout periods of practice experience during a programme. At the end of the final period of practice experience or supervised practice it is the evidence of achievement of all competencies that enables sign-off mentors or practice teachers to decide whether proficiency has been achieved.
Due regard	Differentiates between the nurses', midwives' and specialist community public health nurses' parts of the NMC register as well as specific fields of practice within nursing, e.g. adult, children, mental health and learning disability. Mentors and practice teachers normally assess others only with due regard to the parts on which they, themselves, are registered.
Fitness for practice	Requires the student to demonstrate that they are practising safely and effectively, have met the standards of proficiency and all other requirements to become registered.
Lead Midwife for Education	Named person within an approved educational institution responsible for leading midwifery education and involved in all processes relating to the approval and monitoring of NMC approved midwifery programmes.
Local register of mentors/practice teachers	Placement providers hold a register of all current mentors, including sign-off mentors and practice teachers, that have met the NMC outcomes for these roles and have additionally met the NMC requirements for maintenance on the register.
Mentor	A registrant who has met the outcomes of stage 2 and who facilitates learning, and supervises and assesses students in a practice setting.

Glossary of terms	
Nurses and midwives	This term refers to a nurses and midwives whose names are held on the NMC register. There are three parts of the register: nursing, midwifery and specialist community public health nursing. In addition, the term midwife has a legal definition: “A midwife is a person who having been regularly admitted to a midwifery education programme, duly recognised in the country in which it is located, has successfully completed the prescribed course of studies in midwifery and has acquired the requisite qualifications to be registered and/or legally licensed to practise midwifery.” (ICM 2005).
Outcomes	Outcomes identify the skills required at each stage of the framework to meet the defined final competencies.
Parts of the register	The NMC register, which opened on 1 August 2004, has three parts: nurse, midwife and specialist community public health nurse. A mark on the register identifies the field of practice, i.e. adult, children, mental health and learning disability nurses.
Postgraduate	A postgraduate preparation programme is normally undertaken following graduation from a first degree (or equivalent) and, normally, at Master’s level. Academic outcomes may be of postgraduate certificate, diploma, degree or a specified number of M level credits.
Practice proficiency	A student is deemed proficient when they have successfully met all of the NMC standards of proficiency for nursing, midwifery or specialist community public health nursing, at the end of an NMC approved programme. Practice proficiency may only be signed off by a practice teacher or a mentor who has met the NMC additional criteria.
Practice teacher	A registrant who has gained knowledge, skills and competence in both their specialist area of practice and in their teaching role, meeting the outcomes of stage 3, and who facilitates learning, supervises and assesses students in a practice setting.
Preceptorship	The process through which existing nurses and midwives provide support to newly qualified nurses and midwives.
Proficiencies	These are contained within the standards of proficiency for each of the three parts of the register. Fitness for practice is demonstrated by meeting all NMC proficiencies and other requirements by the end of the programme.
Programme providers	Programme providers are partnerships formed between AElS and service partners providers who provide placement opportunities for students on NMC approved programmes. Normally these programmes are 50% theory and 50% practice. All partners are responsible for ensuring that learning opportunities and support for learning and assessment is available in both theory and practice learning environments.
Quality Assurance (QA)	The initial approval to allow a programme to be delivered and ongoing monitoring during the lifespan of NMC approved programmes.

Glossary of terms	
Recordable qualification	A qualification, approved by the NMC that may be recorded on the NMC register.
Registrable qualification	A qualification approved by the NMC that enables admission to a part of the NMC professional register.
Registrants	Previously used by the NMC to describe nurses and midwives whose names are held on the NMC register.
Rules	Rules are established through legislation and they provide the legal strategic framework from which the NMC develops standards, e.g. Education, Registration and Registration Appeals Rules 2004 (SI 2004/1 767).
Sign-off mentor	Mentors are required to meet specified criteria in order to be able to sign-off a student's practice proficiency at the end of an NMC approved programme. All midwife mentors and practice teachers will have met the requirements through their preparation programme.
Specialist Community Public Health Nurse	The NMC register has a part for registered specialist community public health nurses (SCPHN). The Council has agreed standards of proficiency for entry to this part of the register. Existing groups of nurses have migrated to this part of the register; these include health visitors, school nurses (who hold a specialist practice qualification) and occupational health nurses (who hold a specialist practice qualification). Nurses and midwives who work in public health roles, and can demonstrate that they have met the academic and practice standards of proficiency for this part of the register, may be able to apply to be registered as SCPHN.
Standards	The NMC is required by the Nursing and Midwifery Order 2001 to establish standards of proficiency to be met by applicants to different parts of the register. The standards are considered to be necessary for safe and effective practice [Article 5(2)(a)]. These are set out within the standards of proficiency for each of the three parts of the register. The standards support the rules, are mandatory and gain their authority from the legislation.
Teacher	A registrant who has undertaken an NMC approved teacher preparation programme, or equivalent and successfully achieved the outcomes defined in stage 4 of the developmental framework.

References

- Department of Health (2004) The NHS Knowledge and Skills Framework, London, HMSO
- Department of Health (2006) Modernising Nursing Careers Setting the Direction, London, Department of Health
- Department of Health (2007) Trust, assurance and safety: the regulation of health professionals in the 21st Century, London: The Stationery Office (Cm 7013)
- Disability Discrimination Act (1995), Norwich, HMSO
- Disability Discrimination Act (2005) An act to amend the DDA 1995: and for connected purposes, Norwich, HMSO
- Higher Education Academy (2006) The UK Professional Standards Framework for teaching and supporting learning in higher education, London, HE Academy
- International Confederation of Midwives (2005) Definition of the Midwife, The Netherlands, ICM
- The Nursing and Midwifery Council (Education, Registration and Registration Appeals) Rules Order of Council 2004 (SI 2004 No 1767), Norwich, Office of Public Sector Information (OPSI)
- The Nursing and Midwifery Council (Midwives) Rules Order of Council 2004 (SI 2004 No 1764), Norwich, Office of Public Sector Information (OPSI)
- Nursing and Midwifery Council (2004) Consultation on a standard to support learning and assessment in practice, London, NMC
- Nursing and Midwifery Council (2004) Standards for the preparation of teachers on nurses, midwives and specialist community public health nurses, London, NMC
- Nursing and Midwifery Council (2004) Standards of proficiency for pre-registration nursing education, London, NMC
- Nursing and Midwifery Council (2004) Standards of proficiency for pre-registration midwifery education, London, NMC
- Nursing and Midwifery Council (2004) Standards of proficiency for specialist community public health nurses, London, NMC
- Nursing and Midwifery Council (2005) Consultation on fitness for practice at the point of registration, London, NMC

- Nursing and Midwifery Council *The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates*
- Nursing and Midwifery Council (2008) *The Prep handbook*, London, NMC
- United Kingdom Central Council for Nursing, Midwifery and Health Visiting (1994) *Standards for specialist education and practice*, London, UKCC
- United Kingdom Central Council for Nursing, Midwifery and Health Visiting (1999) *Fitness for Practice*, London, UKCC

NMC Circulars

- 20/2006 Introduction of the Standards to support learning and assessment in practice
- 21/2006 Preceptorship Guidelines
- 08/2007 Revised arrangements for the introduction of the practice teacher standard in relation to specialist community public health nursing programmes
- 13/2007 Preparing midwife mentors to meet the NMC's Standards to support learning and assessment in practice
- 17/2007 Approval process and timetable to implement the Standards to support learning and assessment in practice for NMC Approved Programme Providers
- 26/2007 Applying due regard to learning and assessment in practice
- 27/2007 Sign-off status and preceptorship for Practice Teacher students
- 28/2007 Guidance for small scale service providers in applying the NMC's Standards to support learning and assessment in practice
- 33/2007 Ensuring continuity of practice assessment through the ongoing achievement record
- 02/2008 Applying due regard to learning and assessment in practice for student midwives

Annex 1

The developmental framework to support learning and assessment in practice

Domain	Stage 1 Nurses and midwives	Stage 2 Mentor	Stage 3 Practice teacher	Stage 4 Teacher
Establishing effective working relationships	<ul style="list-style-type: none"> work as a member of a multi-professional team, contributing effectively to team working support those who are new to the team in integrating into the practice learning environment act as a role model for safe and effective practice develop effective working relationships based on mutual trust and respect 	<ul style="list-style-type: none"> demonstrate an understanding of factors that influence how students integrate into practice settings providing ongoing and constructive support to facilitate transition from one learning environment to another have effective professional and interprofessional working relationships to support learning for entry to the register 	<ul style="list-style-type: none"> have effective professional and inter-professional working relationships to support learning for entry to the register and education at a level beyond initial registration be able to support students moving into specific areas of practice or a level of practice beyond initial registration, identifying their individual needs in moving to a different level of practice support mentors and other professionals in their roles to support learning across practice and academic learning environments 	<ul style="list-style-type: none"> demonstrate effective relationships with other members of the teaching teams in practice and academic settings based on mutual trust and respect maintain appropriate supportive relationships with a range of students, mentors, practice teachers and other professionals foster peer support and peer learning in practice and academic settings for all students support students to integrate into new environments and working teams to enhance access to learning
Demonstrate effective relationship building skills sufficient to support learning, as part of a wider interprofessional team, for a range of students in both practice and academic learning environments	<ul style="list-style-type: none"> work as a member of a multi-professional team, contributing effectively to team working support those who are new to the team in integrating into the practice learning environment act as a role model for safe and effective practice develop effective working relationships based on mutual trust and respect 	<ul style="list-style-type: none"> demonstrate an understanding of factors that influence how students integrate into practice settings providing ongoing and constructive support to facilitate transition from one learning environment to another have effective professional and interprofessional working relationships to support learning for entry to the register 	<ul style="list-style-type: none"> have effective professional and inter-professional working relationships to support learning for entry to the register and education at a level beyond initial registration be able to support students moving into specific areas of practice or a level of practice beyond initial registration, identifying their individual needs in moving to a different level of practice support mentors and other professionals in their roles to support learning across practice and academic learning environments 	<ul style="list-style-type: none"> demonstrate effective relationships with other members of the teaching teams in practice and academic settings based on mutual trust and respect maintain appropriate supportive relationships with a range of students, mentors, practice teachers and other professionals foster peer support and peer learning in practice and academic settings for all students support students to integrate into new environments and working teams to enhance access to learning

Domain	Stage 1 Nurses and midwives	Stage 2 Mentor	Stage 3 Practice teacher	Stage 4 Teacher
<p>Facilitate learning for a range of students, within a particular area of practice where appropriate, encouraging self-management of learning opportunities and providing support to maximise individual potential</p> <p>Facilitation of learning</p>	<ul style="list-style-type: none"> co-operate with those who have defined support roles contributing towards the provision of effective learning experiences share their own knowledge and skills to enable others to learn in practice settings 	<ul style="list-style-type: none"> use knowledge of the student's stage of learning to select appropriate learning opportunities to meet individual needs facilitate the selection of appropriate learning strategies to integrate learning from practice and academic experience support students in critically reflecting upon their learning experiences in order to enhance future learning 	<ul style="list-style-type: none"> enable students to relate theory to practice whilst developing critically reflective skills foster professional growth and personal development by use of effective communication and facilitation skills facilitate and develop the ethos of interprofessional learning and working 	<ul style="list-style-type: none"> promote development of enquiring, reflective, critical and innovative approaches to learning implement a range of learning and teaching strategies across a wide range of settings provide support and advice, with ongoing and constructive feedback to students, to maximise individual potential co-ordinate learning within an interprofessional learning and working environment facilitate integration of learning from practice and academic settings act as a practice expert to support development of knowledge and skills for practice

Domain	Stage 1 Nurses and midwives	Stage 2 Mentor	Stage 3 Practice teacher	Stage 4 Teacher
<p>Assess learning in order to make judgements related to the NMC standards of proficiency for entry to the register or for recording a qualification at a level above initial registration</p> <p>Assessment and accountability</p>	<ul style="list-style-type: none"> work to the NMC Code in maintaining own knowledge and proficiency for safe and effective practice provide feedback to others in learning situations and to those who are supporting them so that learning is effectively assessed 	<ul style="list-style-type: none"> foster professional growth, personal development and accountability through support of students in practice demonstrate a breadth of understanding of assessment strategies and ability to contribute to the total assessment process as part of the teaching team provide constructive feedback to students and assist them in identifying future learning needs and actions. Manage failing students so that they may enhance their performance and capabilities for safe and effective practice or be able to understand their failure and the implications of this for their future 	<ul style="list-style-type: none"> set effective professional boundaries whilst creating a dynamic, constructive teacher-student relationship in partnership with other members of the teaching team use knowledge and experience to design and implement assessment frameworks be able to assess practice for registration and also at a level beyond that of initial registration 	<ul style="list-style-type: none"> set and maintain professional boundaries that are sufficiently flexible for interprofessional learning develop, with others, effective assessment strategies to ensure that standards of proficiency for registration or recordable qualifications at a level beyond initial registration are met support others involved in the assessment process, students, mentors and peers

Domain	Stage 1 Nurses and midwives	Stage 2 Mentor	Stage 3 Practice teacher	Stage 4 Teacher
<p>Assess learning in order to make judgements related to the NMC standards of proficiency for entry to the register or for recording a qualification at a level above initial registration</p> <p>Assessment and accountability</p>		<ul style="list-style-type: none"> be accountable for confirming that students have met or not met the NMC competencies in practice and as a sign-off mentor confirm that students have met or not met the NMC standards of proficiency and are capable of safe and effective practice 	<ul style="list-style-type: none"> provide constructive feedback to students and assist them in identifying future learning needs and actions, manage failing students so that they may enhance their performance and capabilities for safe and effective practice or be able to understand their failure and the implications of this for their future be accountable for confirming that students have met or not met the NMC standards of proficiency in practice for registration at a level beyond initial registration and are capable of safe and effective practice 	<ul style="list-style-type: none"> provide constructive feedback to students and assist them in identifying future learning needs and actions, manage failing students so that they may enhance their performance and capabilities for safe and effective practice or be able to understand their failure and the implications of this for their future be accountable for their decisions related to fitness for practice for registration or recordable qualifications, underpinning such decisions with an evidence base derived from appropriate and effective monitoring of performance

Domain	Stage 1 Nurses and midwives	Stage 2 Mentor	Stage 3 Practice teacher	Stage 4 Teacher
<p>Determine strategies for evaluating learning in practice and academic settings to ensure that the NMC standards of proficiency for registration or recording a qualification at a level above initial registration have been met</p> <p>Evaluation of learning</p>	<ul style="list-style-type: none"> contribute information related to those learning in practice, and about the nature of learning experiences, to enable those supporting students to make judgements on the quality of the learning environment 	<ul style="list-style-type: none"> contribute to evaluation of student learning and assessment experiences, proposing aspects for change resulting from such evaluation participate in self and peer evaluation to facilitate personal development and contribute to the development of others 	<ul style="list-style-type: none"> design evaluation strategies to determine the effectiveness of practice and academic experience accessed by students at both registration level and those in education at a level beyond initial registration collaborate with other members of the teaching team to judge and develop learning, assessment and support appropriate to practice and levels of education collect evidence on the quality of education in practice, and determine how well NMC requirements for standards of proficiency are being achieved 	<ul style="list-style-type: none"> determine and use criteria for evaluating the effectiveness of learning environments, acting on findings, with others, to enhance quality foster and participate in self and peer evaluation to enable students to manage their own learning in practice and academic settings and to enhance personal professional development evaluate the effectiveness of assessment strategies in providing evidence to make judgements on fitness for practice report on the quality of practice and academic learning environments to demonstrate that NMC requirements have been met, particularly in relation to support of students and achievement of standards of proficiency

Domain	Stage 1 Nurses and midwives	Stage 2 Mentor	Stage 3 Practice teacher	Stage 4 Teacher
<p>Create an environment for interprofessional learning</p>	<ul style="list-style-type: none"> • demonstrate a commitment to continuing professional development to enhance own knowledge and proficiency • provide peer support to others to facilitate their learning 	<ul style="list-style-type: none"> • support students to identify both learning needs and experiences that are appropriate to their level of learning • use a range of learning experiences, involving patients, clients, carers and the professional team, to meet defined learning needs • identify aspects of the learning environment which could be enhanced negotiating with others to make appropriate changes • act as a resource to facilitate personal and professional development of others 	<ul style="list-style-type: none"> • enable students to access opportunities to learn and work within interprofessional teams • initiate the creation of optimum learning environments for students at registration level and for those in education at a level beyond initial registration • work closely with others involved in education, in practice and academic settings, to adapt to change and inform curriculum development 	<p>Create an environment for learning, where practice is valued and developed, that provides appropriate professional and interprofessional learning opportunities and support for learning to maximise achievement for individuals</p> <ul style="list-style-type: none"> • in partnership with others, opportunities for students to identify and access learning experiences that meet their individual needs • ensure such opportunities maintain the integrity of the student's professional role whilst responding to the interprofessional context of practice • determine with others, audit criteria against which learning environments may be judged for their effectiveness in meeting NMC requirements • support and develop others involved to ensure that learning needs are effectively met in a safe environment • explore and implement strategies for continuous quality improvement of the learning environment

Domain	Stage 1 Nurses and midwives	Stage 2 Mentor	Stage 3 Practice teacher	Stage 4 Teacher
<p>Support learning within a context of practice that reflects health care and educational policies, managing change to ensure that particular professional needs are met within a learning environment that also supports practice development</p> <p>Context of practice</p>	<ul style="list-style-type: none"> whilst enhancing their own practice and proficiency, a registered nurse or midwife, act as a role model to others to enable them to learn their unique professional role 	<ul style="list-style-type: none"> contribute to the development of an environment in which effective practice is fostered, implemented, evaluated and disseminated set and maintain professional boundaries that are sufficiently flexible for providing interprofessional care initiate and respond to practice developments to ensure safe and effective care is achieved and an effective learning environment is maintained 	<ul style="list-style-type: none"> recognise the unique needs of practice and contribute to development of an environment that supports achievement of NMC standards of proficiency set and maintain professional boundaries, whilst at the same time recognising the contribution of the wider interprofessional team and the context of care delivery support students in exploring new ways of working and the impact this may have on established professional roles 	<ul style="list-style-type: none"> support students in identifying ways in which policy impacts on practice contribute effectively to processes of change and innovation, implementing new ways of working that maintain the integrity of professional roles negotiate ways of providing support to students so that they can achieve their learning needs within the context of professional and interprofessional practice act as a role model to enable students to learn professional responsibilities and how to be accountable for their own practice adapt to change, demonstrating to students how flexibility may be incorporated whilst maintaining safe and effective practice

Domain	Stage 1 Nurses and midwives	Stage 2 Mentor	Stage 3 Practice teacher	Stage 4 Teacher
<p>Apply evidence-based practice to their own work and contribute to the further development of such a knowledge and practice evidence base</p> <p>Evidence-based practice</p>	<ul style="list-style-type: none"> • further develop their evidence base for practice to support their own personal and professional development and to contribute to the development of others 	<ul style="list-style-type: none"> • identify and apply research and evidence based practice to their area of practice • contribute to strategies to increase or review the evidence base used to support practice • support students in applying an evidence base to their own practice 	<ul style="list-style-type: none"> • identify areas of research and practice development based on interpretation of existing evidence • use local and national health frameworks to review and identify developmental needs • advance their own knowledge and practice in order to develop new practitioners, at both registration levels and education at a level beyond initial registration, to be able to meet changes in practice roles and care delivery • disseminate findings from research and practice development to enhance practice and the quality of learning experiences 	<ul style="list-style-type: none"> • advance their own knowledge and practice abilities through access to and involvement in, where appropriate, research and practice development • consider how evidence-based practice, involving patients, clients, carers and other members of the health and social care team, enhances care delivery and learning opportunities • empower individuals, groups and organisations to develop the evidence-base for practice • disseminate findings from the research and practice development to enhance the quality of learning and care delivery and academic environments

Domain	Stage 1 Nurses and midwives	Stage 2 Mentor	Stage 3 Practice teacher	Stage 4 Teacher
Leadership	<ul style="list-style-type: none"> use communication skills effectively to ensure that those in learning experiences understand their contribution and limitations to care delivery 	<ul style="list-style-type: none"> plan a series of learning experiences that will meet students' defined learning needs be an advocate for students to support them accessing learning opportunities that meet their individual needs, involving a range of other professionals, patients, clients and carers prioritise work to accommodate support of students within their practice roles provide feedback about the effectiveness of learning and assessment in practice 	<ul style="list-style-type: none"> provide practice leadership and expertise in application of knowledge and skills based on evidence demonstrate the ability to lead education on practice, working across practice and academic settings manage competing demands of practice and education related to supporting different practice levels of students lead and contribute to the evaluation of effectiveness of learning and assessment in practice 	<ul style="list-style-type: none"> demonstrate effective communication skills to facilitate delivery of educational programmes leading to registration or a recordable qualification initiate and lead programme development and review processes to enhance quality and effectiveness develop effective relationships with practice and academic staff involved in programme delivery to ensure clarity of contribution and strategies to respond to evaluation of learning experiences demonstrate strategic vision for practice and academic development relevant to meeting NMC requirements manage competing demands to ensure effectiveness of learning experiences for students lead, contribute to, analyse and act on the findings of evaluation of learning and assessment to develop programmes provide feedback about the effectiveness of learning and assessment in practice

Demonstrate leadership skills for education within practice and academic settings

Annexe 2

The UK Professional Standards Framework for teaching and supporting learning in higher education

HE sector-owned standards

The HE Academy has developed a National Professional Standards Framework for Teaching and Supporting Learning in Higher Education. The framework was developed by the Higher Education Academy on behalf of the Higher Education sector and commissioned by Universities UK, SCOP and the UK HE funding councils. The model provides a descriptor-based approach for HE institutions to determine their own criteria in the application of the standards framework. It is based upon applying areas of activity, core knowledge and professional values. These areas are applied to learning outcomes and assessment activities within professional development programmes in order to demonstrate application of the standards.

Areas of activity, core knowledge and professional values within the framework

Areas of activity

- 1 Design and planning of learning activities and/or programmes of study
- 2 Teaching and/or supporting student learning
- 3 Assessment and giving feedback to learners
- 4 Developing effective environments and student support and guidance
- 5 Integration of scholarship, research and professional activities with teaching and supporting learning
- 6 Evaluation of practice and continuing professional development

Core knowledge

Knowledge and understanding of:

- 1 The subject material
- 2 Appropriate methods for teaching and learning in the subject area and at the level of the academic programme
- 3 How students learn, both generally and in the subject
- 4 The use of appropriate learning technologies
- 5 Methods for evaluating the effectiveness of teaching
- 6 The implications of quality assurance and enhancement for professional practice

Professional values

- 1 Respect for individual learners
- 2 Commitment to incorporating the process and outcomes of relevant research scholarship, and/or professional practice
- 3 Commitment to development of learning communities
- 4 Commitment to encouraging participation in higher education, acknowledging diversity and promoting equality of opportunity
- 5 Commitment to continuing professional development and evaluation of practice

Please see www.heacademy.ac.uk for further details.

Annexe 3: Circulars

Circular: Applying due regard to learning and assessment in practice.

Nursing and Midwifery Council Circular

Index Number: NMC Circular 26/2007

Issue Date: 21 Sept 2007

Review Date: 21 Sept 2008

Replaces: New circular

Category: Nursing General/Specialist Community Public Health Nurses

Status: Action

Summary

This circular:

- responds to challenges currently experienced in the application of due regard in meeting the Standards to support learning and assessment in practice (NMC August 2006) hereafter referred to as 'the Standards'.

(The definition of due regard is given in bold text in the background section page 73).

- sets out ways in which the principle of due regard may be applied more flexibly without reducing the degree of rigour applied to assessing student competence.
- may be applied with immediate effect in relation to nursing and specialist community public health programmes as indicated below.
- does not apply to pre-registration midwifery programmes. Further information related to the assessment of pre-registration midwifery students will follow.

This circular should be read in conjunction with:

- The Standards to support learning and assessment in practice (NMC August 2006)
- NMC Circular 20/2006

Background

The NMC has addressed some challenges in the application of due regard in the assessment of practice of approved nursing and specialist community public health nursing programmes. This includes issues relating to available resource and the need to make use of inter-professional shared learning opportunities.

Principle A (para 1.2) of the Standards states that NMC registrants:

‘who make judgements about whether a student has achieved the required standards of proficiency for safe and effective practice must be on the same part or sub-part of the register as that which the student is intending to enter’

It has been reported that in some circumstances the current application of due regard for learning and assessment has become either impractical or impossible due to workforce issues and employment practices. Equally, it is important that students can be placed with a professional from a different part of the register or a different profession in order to meet programme outcomes.

As a consequence, the ways in which due regard can be applied have been reviewed and requirements may now be met by applying the principles set out in Methods 1 to 2c pages 74–77.

Education providers may apply these principles as described below with immediate effect without need for programme modification.

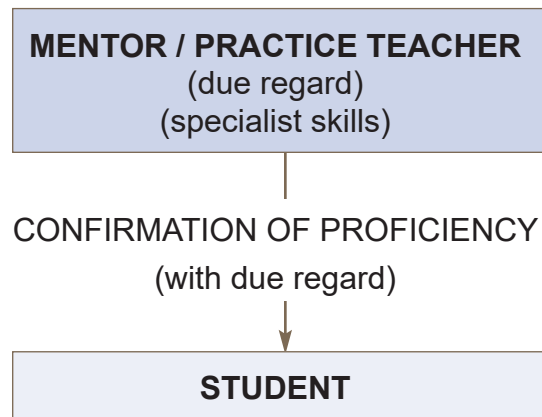
Principles to be applied

Method 1: Existing application

This method is the way in which due regard is currently applied and will likely remain the most frequently used method. It is also the only method which will apply in pre-registration midwifery programmes.

The student's mentor or practice teacher:

- has the specialist skills required to support the placement learning outcomes
- is from the same part of the register and field of practice as the student.
- supervises and monitors progress throughout this period
- assesses component skills related to the programme outcomes.



Judgements are informed by feedback from colleagues and evidence from other sources leading to an assessment determining whether the student has achieved the required standard for safe and effective practice in relation to the particular field of practice. Fields of practice are usually indicated by marks on the register as representing the nursing branches but they can also be applied more broadly, e.g. in relation to a specialist area of practice.

Method 2: Modified application

Three variations of method 2 are set out below and address the complexity of the types of placements within the different parts of the register and fields of practice.

Method 2a is intended to support the increasing need for nursing and specialist community public health nursing students to appreciate the interprofessional context in which they will be working as registrants and the need for placements to be undertaken in this way may increase. However, methods 2b and 2c are intended as interim measures to allow programme providers, placement providers and commissioners time to work together to ensure that adequate numbers of mentors and practice teachers from all parts of the register and fields of practice are prepared for these roles.

Method 2a: Where learning and assessment particularly requires specialist field input

This method enables due regard to be applied where students need to gain experience with somebody from a specialist field of practice who is not a mentor/practice teacher from the same part of the register and same field of practice as that which they intend to enter.

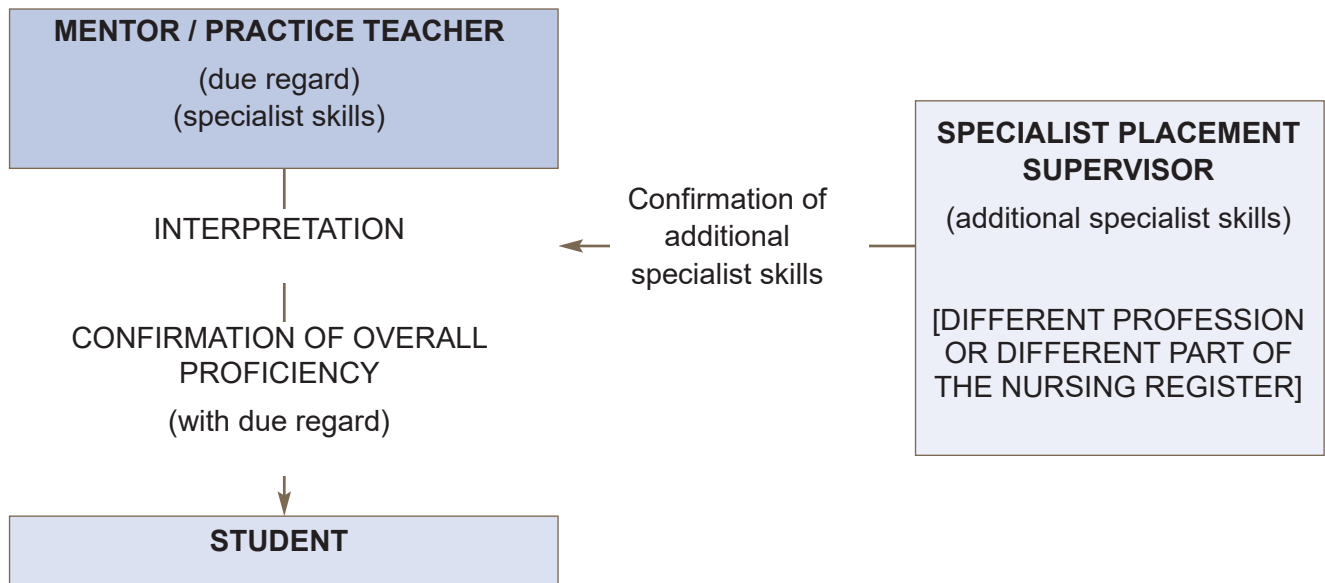
Examples could include:

- a specialist community public health nursing student who undertakes a placement within a social work environment,
- a mental health nursing student placed within a criminal justice environment
- a learning disability nursing student placed within an adult nursing environment
- a child branch nursing student placed with a specialist community public health nurse

In these circumstances the student is placed with a specialist placement supervisor who is a designated practitioner with the skills that the student needs to acquire or be exposed to. The specialist placement supervisor is normally a professional who has received preparation in supervising and assessing students in practice settings.

The specialist placement supervisor from a different part of the register or profession:

- directly supervises the student in the required activities that address the specified learning outcomes related to the specialist experience.
- assesses component skills directly related to the professional’s own area of competence and scope of practice.



The placement must be overseen by a NMC registrant mentor or practice teacher with due regard who meets with the student and placement supervisor at agreed predetermined points to monitor the student's achievement in the context of the part of the register that the student intends to enter. The mentor/ practice teacher is accountable for assessment with due regard and confirming overall proficiency (or not) at the end of the placement.

NB. Practice assessment in independent/supplementary prescribing programmes is the legal responsibility of a designated medical practitioner who supports, teaches and supervises the student with, where possible, an experienced nurse prescriber who should ensure that learning is applied to specific areas of nursing practice.

Method 2b: Where mentors and practice teachers with due regard are scarce.

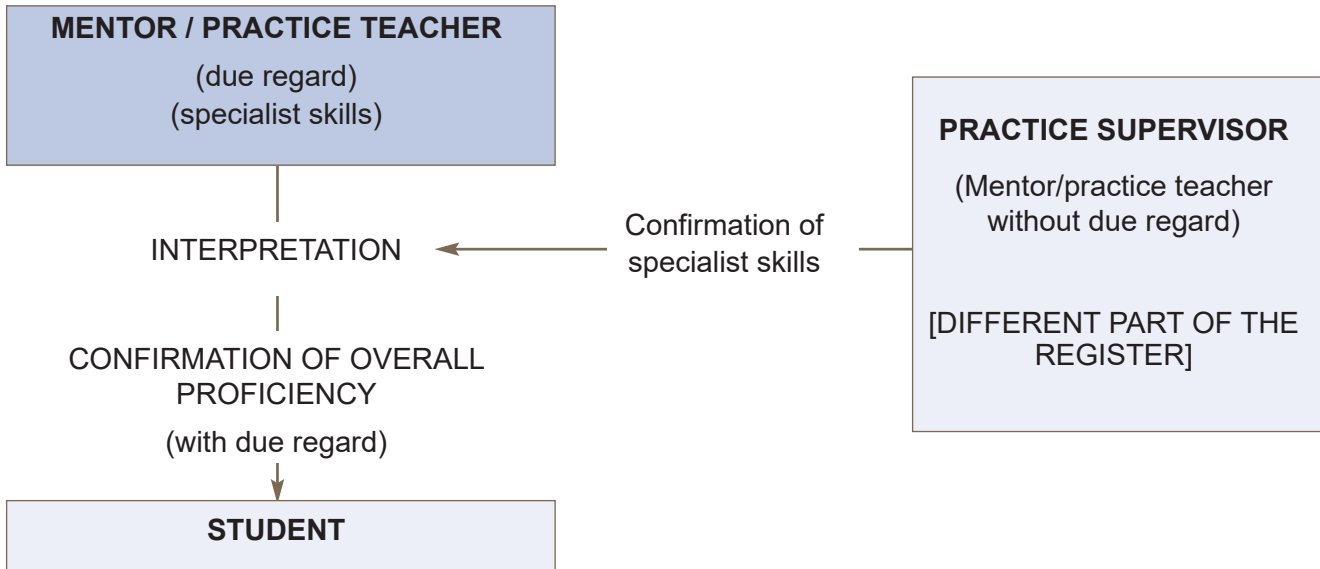
This method enables due regard to be applied where students need to gain experience within a required field of practice or part of the register where there are limited numbers of mentors/practice teachers available from their part of the register and/or field of practice. Direct supervision and assessment in the specialist area is provided by other NMC mentors/ practice teachers without due regard.

Examples could include a:

- mental health branch student supervised by an adult nurse in a general accident and emergency unit
- general practice nurse student supervised by an adult nurse in a minor injuries unit
- child branch student supervised by a learning disability nurse in a unit for challenging behaviour
- learning disability nurse supervised by a health visitor in a baby clinic.

A practice supervisor (mentor/practice teacher without due regard)

- directly supervises the student in the required activities that address the specified learning outcomes related to the specialist experience
- assesses component skills directly related to the professional's own area of competence and scope of practice.



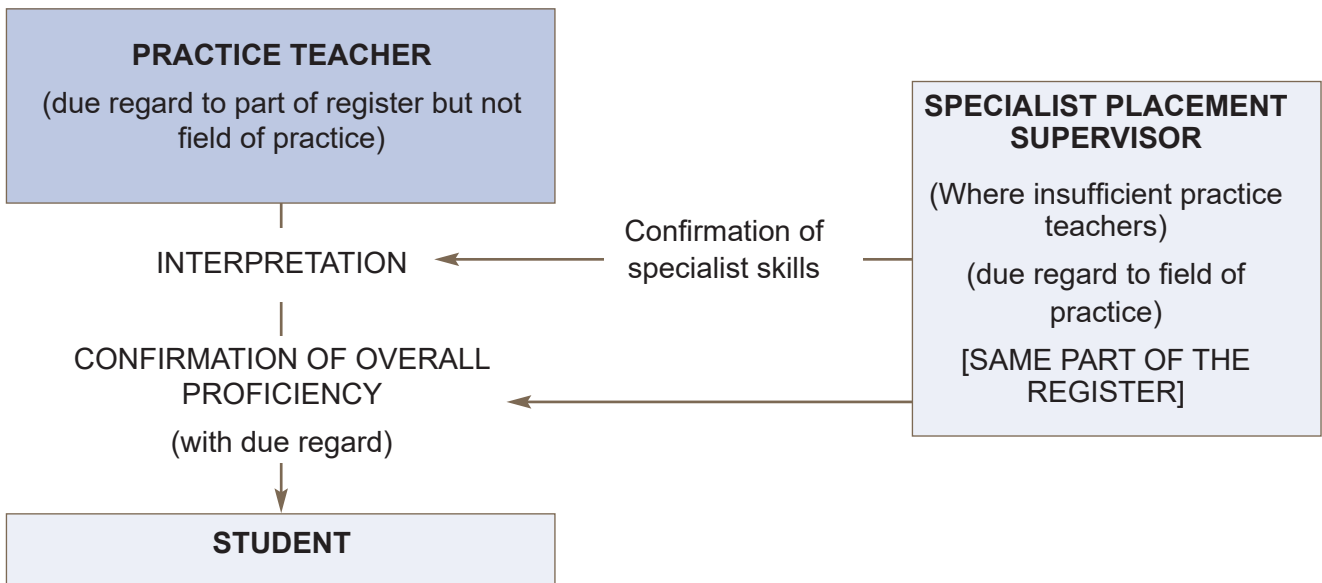
The placement must be overseen by an NMC registrant mentor or practice teacher with due regard who meets with the practice supervisor providing direct supervision at agreed predetermined points to monitor the student’s achievement in the context of the part of the register that the student intends to enter. The overseeing mentor/ practice teacher is accountable for assessment with due regard and confirming overall proficiency (or not) at the end of the placement.

Method 2c: In specialist community public health nursing programmes where practice teachers are available from the part of the register but not the specific field of practice.

This enables due regard to be applied where specialist community public health nursing students are placed within a required field of practice, where there are no practice teachers from that part of the register to provide direct supervision. Specialist community public health nurse (SCPHN) registrants from the field of practice provide direct supervision and assessment in the specialist area.

An example is where there are several health visitor practice teachers but no practice teachers within the occupational health nursing field of practice. Under these circumstances:

- an occupational health student is directly supervised by a SCPHN registrant from the occupational health field of practice
- the placement is overseen by a health visitor practice teacher who meets with the student and placement supervisor at agreed predetermined points to monitor the student’s achievement
- the health visitor practice teacher (from the SCPHN part of the register together with the SCPHN specialist supervisor from the specialist occupational health field of practice) jointly assess overall proficiency within context of the SCPHN part of the register and specific field of practice.



The placement supervisor and the overseeing practice teacher must both take accountability for the confirmation of proficiency at the end of the placement or programme.

N.B. The placement supervisor would normally be a registrant on the SCPHN part of the register who would also be entered on the local mentor register.

Circumstances where due regard need not apply

There are two circumstances where due regard need not apply:

- in the common foundation programme within pre-registration nursing programmes where the placement is not branch (field) specific. In these circumstances a mentor from any part of the nursing register may confirm that outcomes have been achieved.
- in formative placements where proficiencies/learning outcomes are not being assessed.

Required action

Providers of nursing and specialist community public health nursing programmes may now apply the principles in this circular in the application of due regard for the respective parts of the register and fields of practice. In applying the principles, the most important consideration is safety, public protection and confirmation of overall proficiency. This requires the specialist placement provider, mentor/practice teacher and student to work together in determining the overall practice assessment outcome.

All placement arrangements will continue to be monitored through existing practice placement audit and quality assurance mechanisms.

This circular may be reproduced by all to whom it is addressed

This circular has been issued by:

Sarah Thewlis
Chief Executive and Registrar
Nursing and Midwifery Council

Circular: Applying due regard to learning and assessment in practice for student midwives

Nursing and Midwifery Council Circular
Index Number: NMC Circular 02/2008
Issue Date: 25 January 2008
Review Date: 1 January 2010
Replaces: New Circular
Category: Midwifery
Status: Action

Summary

This circular:

- responds to challenges currently experienced in the application of due regard in meeting the Standards to support learning and assessment in practice (NMC August 2006) hereafter referred to as 'the Standards'.
- sets out ways in which the principle of due regard may be applied more flexibly without reducing the degree of rigour applied to assessing student competence.

Applying due regard to learning and assessment in practice for student midwives

This circular clarifies the principle of applying due regard in a safe and effective way across a range of different placements where student midwives may achieve competence. It should be read in conjunction with the Standards to support learning and assessment in practice. The content of the circular should be applied with immediate effect.

Due regard

The principle of due regard underpins the NMC Standards to support learning and assessment in practice. Principle A (paragraph 1.2 of the Standards) states that NMC registrants:

'who make judgments about whether a student has achieved the required standards of proficiency for safe and effective practice must be on the same part or sub-part of the register as that which the student is intending to enter'

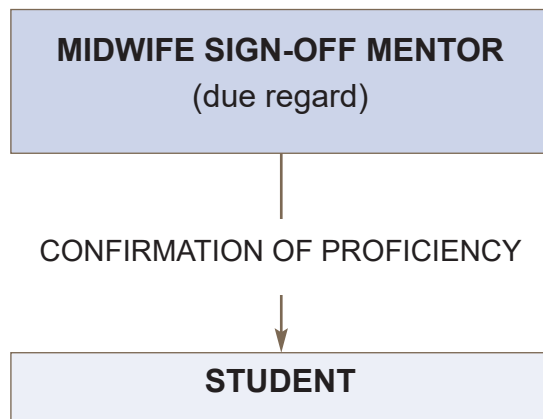
Existing application of applying due regard

Applying due regard is illustrated in the diagram below. In this model the student midwife is placed with a midwife sign-off mentor (who must have achieved the NMC requirements for sign-off). This person undertakes a number of functions. These include:

- managing the placement
- planning the student’s learning experiences
- working with them on a day-to-day basis.

In so doing, the midwife sign-off mentor develops an opinion on the student’s performance and learning progression throughout a practice placement which may be informed by the assessment of specific tasks and skills. Their opinion is also normally informed by feedback from colleagues and evidence from other sources. This process leads to a judgment being made as to whether the student has achieved competence by reaching the requirements for safe and effective practice set out in the NMC Standards of proficiency for pre-registration midwifery education.

The existing application of due regard

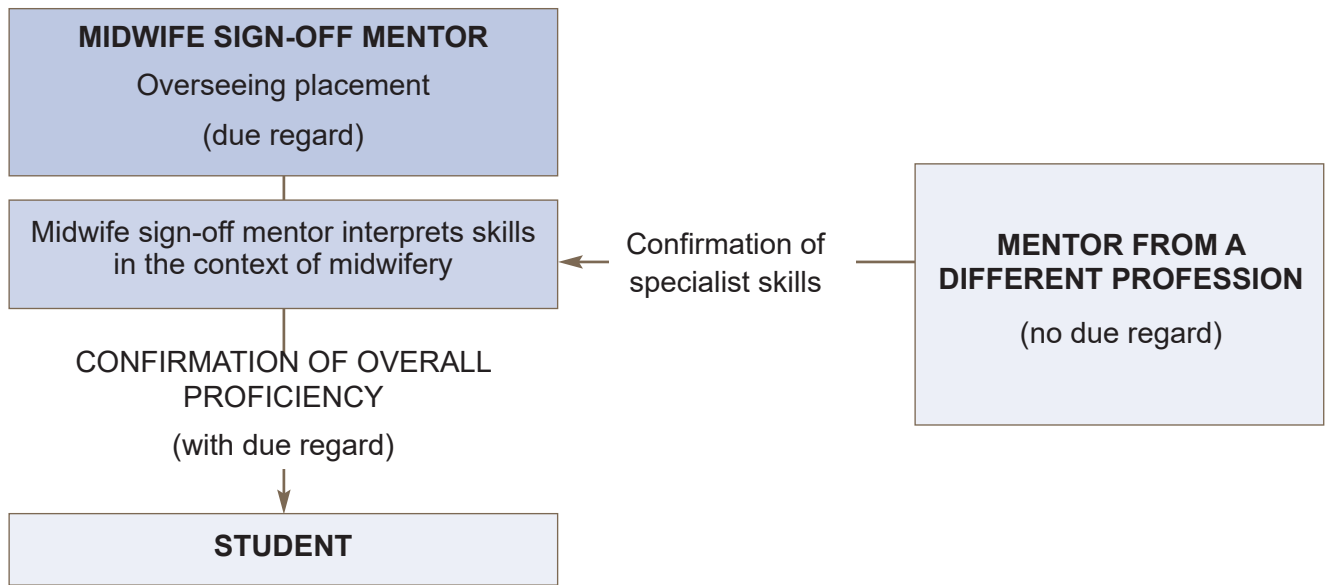


Applying due regard where mentors are available but do not meet NMC requirements for due regard

There are circumstances where it is appropriate for a student midwife to gain experience by being placed with someone from a different profession who would feedback to the student and sign-off mentor.

The final judgement as to whether the student midwife has achieved the required standard for safe and effective practice in relation to a particular aspect of the standards of proficiency, is made by a midwife sign-off mentor with due regard ‘overseeing’ the placement.

Applying due regard where mentors are available who do not meet NMC requirements for due regard.



In applying the above framework, the most important consideration is safety, public protection and confirmation of competence . This will be achieved by the mentor (no due regard), midwife sign-off mentor overseeing the placement (with due regard) and student working together in detailing the practice assessment outcome.

Action Required

- may be applied with immediate effect in relation to midwifery

This circular may be reproduced by all to whom it is addressed

This circular has been issued by:

Sarah Thewlis
Chief Executive and Registrar
Nursing and Midwifery Council

Circular: Ensuring continuity of practice assessment through the ongoing achievement record.

Nursing and Midwifery Council Circular
Index number: NMC Circular 33/2007
Issue Date: October 2007
Review Date: October 2010
Supports: Standards to support learning and assessment in practice (NMC 2006)
Category: Standards
Status: Action

Summary

The circular sets out the principles for sharing of personal information necessary to maintain continuity of assessment and to ensure safe and effective practice through the 'ongoing achievement record'. This forms part of the assessment of practice arrangements for all approved programmes.

The Standards to support learning and assessment in practice (NMC 2006, page 30) requires that:

'An ongoing achievement record (student passport) including comments from mentors, must be passed from one placement to the next to enable judgments to be made on the student's progress'.

The term 'student passport' is no longer being applied to this process due to differing interpretations and meaning and will in future be referred to as the 'ongoing achievement record'.

Education providers must ensure that:

- student's consent to the processing of confidential data about him or her to be shared between successive mentors and with the relevant education providers in the process of assessing fitness for practice.
- robust processes are in place to ensure that where there are issues or concerns about a student's progress that these are promptly and appropriately dealt with
- where there are serious concerns about a student's health or character this should be reported promptly using established University procedures
- students are actively supported in addressing issues and concerns through a well defined and time limited development plan, either within a placement or across successive placements.
- disabled students needs are assessed and student's are appropriately supported in addressing the requirements of any development plan.

Requirements

The vehicle for sharing information regarding student progress in practice settings will normally be through the 'ongoing achievement record' that forms part of the assessment of practice document.

Consent

Legal advice relating to the Data Protection Act 1998¹⁸ has confirmed that the NMC 'is perfectly competent to require the nurse to consent to the processing of confidential data about him or her in the process of assessing her fitness to be a nurse'. This data might include both 'personal data' and 'sensitive personal data' as described within Sections 1 and 2 of the Data Protection Act 1998¹⁸. (In this context 'nurse' relates to student nurse and also applies to student 'midwife').

Should the student not consent to the sharing of confidential data, then this would be incompatible with ensuring fitness for practice and therefore the student would be unable to meet programme requirements.

Students must be kept fully informed regarding the ways in which information is intended to be shared, used and stored, including the length of time it is to be retained and when it will be destroyed.

'Ongoing achievement record'

Education providers must ensure that:

- student's consent has been obtained allowing the processing of confidential data about him or her to be shared between successive mentors and with the relevant education providers in the process of assessing fitness for practice.
- an 'ongoing achievement record', including comments from mentors is passed from one placement to the next to enable judgements to be made on the student's progress.
- student concerns are addressed and where relevant shared with others, including academic staff.
- sign-off mentors can access records of achievement to inform signing off proficiency, confirming that ongoing competence and any concerns have been addressed since the last progression point.

The 'ongoing achievement record' forms part of the assessment of practice document and needs to be of sufficient detail to enable the sign off mentor to confirm proficiency at the designated point of the programme. All actions must be taken with the full knowledge of the student. Mentors should not keep their own separate student progress records, everything should be contained within the assessment of practice document.

The following applies to all assessed placements but may be interpreted more flexibly for placements of less than four weeks, or for observational experience:

- the student and mentor meet together at the end of a placement to document strengths, development needs, and any concerns. The document to be shared with the education provider.
- the student to be responsible for carrying the documentation from placement to placement with copies retained by the education provider

¹⁸The Data Protection Act 1998 has been superseded by the Data Protection Act 2018.

- within 5 days of commencing a placement the documentation to be used by the student and mentor to develop a development plan and set goals that take account of strengths, issues and concerns raised in previous placements.
- regular meetings are scheduled to evaluate progress by student and mentor throughout a placement, (involving academic staff when appropriate) at least at the mid point and at the end of a placement where strengths and any issues for development are addressed.
- a specific development plan to address needs and/or concerns can be established at any point and must set out clear timescales for addressing the needs/concerns
- where a specific development plan has been put in place and concerns remain then an evaluation session with the mentor must be urgently scheduled and others involved as appropriate e.g. academic staff.
- where there are causes for concern a student representative might also be present.

Action Required

The above requirements apply to all NMC approved programmes and are effective from the date of this Circular. They support the requirements set out within the Standards to support learning and assessment in practice (NMC 2006)

This circular may be reproduced by all to whom it is addressed

This circular has been issued by:

Sarah Thewlis
Chief Executive and Registrar
Nursing and Midwifery Council

Contact us

Nursing & Midwifery Council
23 Portland Place
London W1B 1PZ
020 7333 9333
www.nmc.org.uk

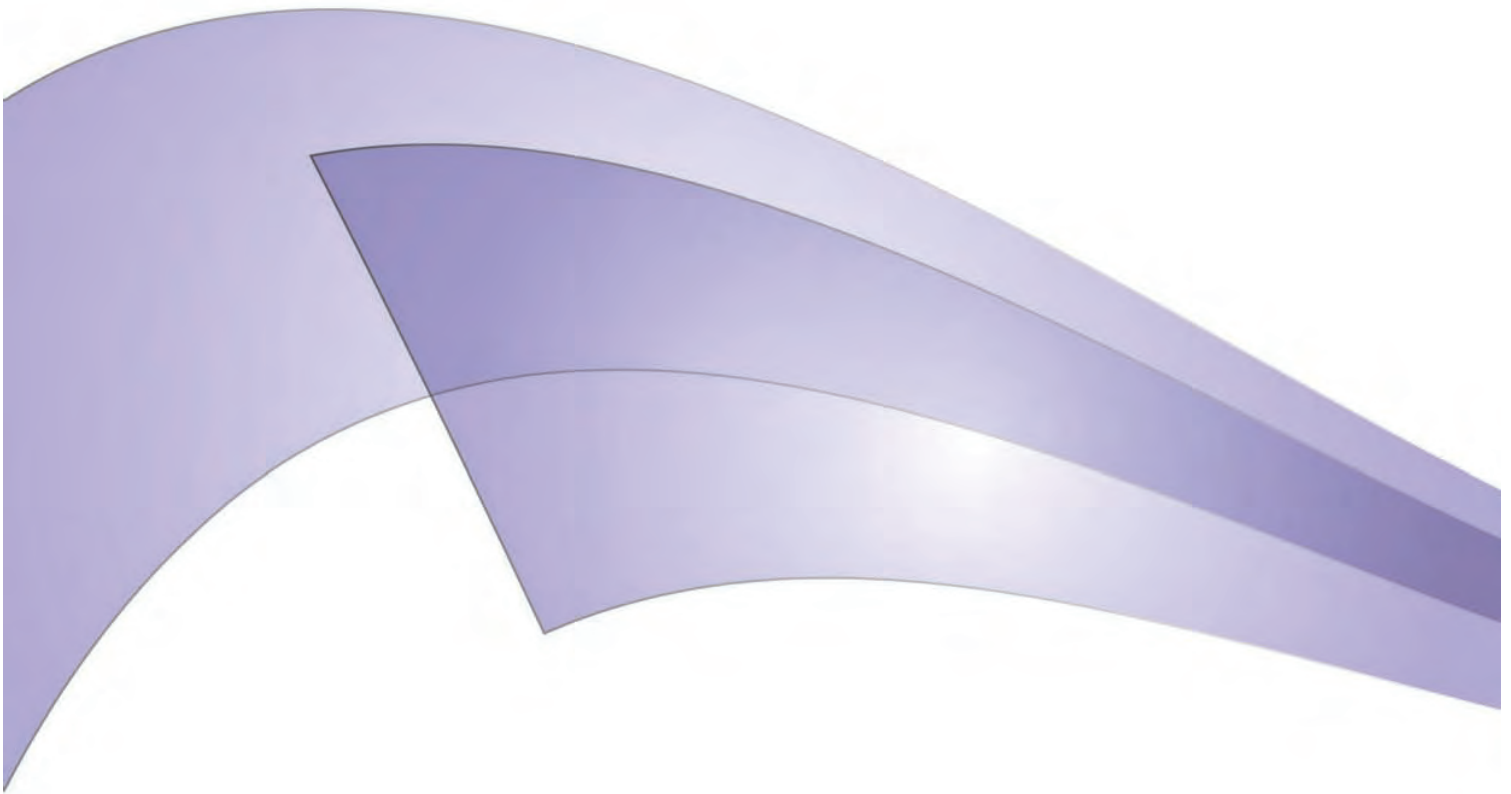
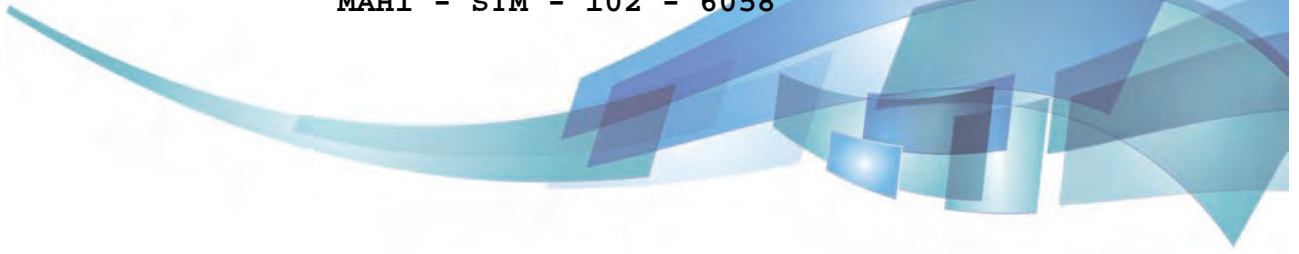
Standards to support learning and assessment in practice was first published in August 2006. This second edition was published in July 2008.

PB-STLAIP-A4-0708

85

Preceptorship Framework

for Nursing, Midwifery and Specialist Community
Public Health Nursing in Northern Ireland





Contents

Foreword	2
Acknowledgements	3
1.0 Introduction	4
2.0 Background	5
3.0 What is Preceptorship?	6
4.0 Preceptorship Framework	9
5.0 Developing Individuals; Roles and Responsibilities	13
Glossary	17
References	18
Appendices	19



Foreword

Preceptorship is an important period in the career of every registered nurse, midwife or specialist community public health nurse (scphn). It is the time when a practitioner, newly registered with the Nursing and Midwifery Council (NMC), is supported to develop confidence in the chosen field of practice by consolidating knowledge and skills and engaging in the professional socialisation process with colleagues.

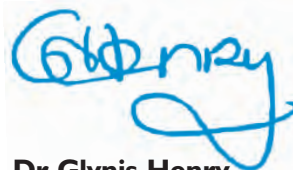
The value of preceptorship is acknowledged in the Nursing and Midwifery Council's publications (NMC 2006 and NMC 2011) and in the National Health Service Knowledge and Skills Framework (DH, 2004). As outlined within this document (page 7), preceptorship is one of three core elements within the nursing and midwifery professional development and support continuum, complementing mentorship and supervision.

The purpose of this *Preceptorship Framework* is to guide Northern Ireland employers and managers of NMC registrants in the implementation, audit and evaluation of preceptorship. The framework will also be a useful resource for preceptees and preceptors including those responsible for leading and managing preceptorship within their organisations.

The *Preceptorship Framework* comprises standards for preceptorship with an accompanying organisational audit tool and a skill set assessment tool for preceptors. It is an excellent resource for employers, managers and registrants. The framework will augment the existing process within organisations. In addition, it will facilitate a consistent approach to preceptorship for those employed as nurses, midwives and scphns throughout Northern Ireland. The consequential benefit for patients/clients will be related to improvements in the overall care or service provided.



Angela McLernon
Acting Chief Nursing Officer
DHSSPS



Dr Glynis Henry
Chief Executive
NIPEC



Acknowledgements

As Chair of the project Steering Group, I would like to thank all those who contributed to the development of this *Preceptorship Framework*. The Framework was developed through effective collaboration and consultation with the professions of nursing and midwifery across the statutory, independent and education sectors. NIPEC established a Steering Group comprising Health and Social Care Trust senior nursing, midwifery and human resources colleagues, senior nurses in the independent sector and Department of Health, Social Services and Public Safety and also colleagues from education and staff side organisations (See Appendix One, Steering Group Membership).

In particular, I have valued the contribution of the members of the Steering Group, who kept the progress of the project under review and ensured that the project objectives were achieved.

The subgroup members are also to be highly commended for their commitment and invaluable contribution to the development and refinement of this *Preceptorship Framework*. I would further like to acknowledge those who contributed to the development of the website to support the implementation of preceptorship.

In addition, the contribution from our human resource and staff side colleagues was invaluable, in that they ensured the content of this framework reflected current human resource practice and requirements of the Knowledge and Skills Framework (DH, 2004).

Finally, I wish to thank NIPEC, including the administrative and information technology staff, for their significant contribution to ensuring the successful outcomes of this project.

Francis Rice

Chair of Preceptorship Steering Group
Director of Mental Health and Disability Services
and Executive Director of Nursing
Southern Health and Social Care Trust

1.0 Introduction

- I.1 The Nursing and Midwifery Council (NMC) requires that all nurses, midwives and specialist community public health nurses (scphns) are committed to a journey of lifelong learning, which is even more crucial in the rapidly changing environment of health care. This commitment will enable them to continue to enhance their knowledge, skills, experience and attitudes (NMC, 2007) in order to facilitate the delivery of safe and effective, person-centred care/services to patients and clients.
- I.2 At the point of entry to the NMC register, nurses, midwives and scphns are confirmed as safe, effective and proficient practitioners (NMC, 2008). The NMC, however, has recognised that nurses, midwives and scphns who are newly registered need an additional period of support in their new role. This support is designed to help them develop their confidence and enhance their competence, including their critical thinking and decision-making skills (NMC, 2006).
- I.3 The NMC therefore recommends that all new registrants should have a period of preceptorship on commencing employment, to support them through the period of transition in their new role (NMC, 2006). Those charged with the responsibility of helping new registrants through this period of transition play a crucial role in supporting and developing our nurses and midwives of the future. Preceptorship should also be available for those nurses and midwives who have completed return to practice programmes and practitioners from outside the United Kingdom (UK) who are newly registered with the NMC.
- I.4 There is much literature to support the benefits of preceptorship (Rose, 2007; Smedley, 2008 and Stewart, Pope and Hansen, 2010):
 - for **new registrants**, their confidence and competence are enhanced, leading them to feel valued and respected by their employer
 - for **preceptors**, the opportunity to develop their colleagues professionally, and act as a good role model, adds to their job satisfaction and helps towards achievement of their career aspirations
 - ultimately **patients/clients** benefit as a result of being cared for by safe, competent and confident nurses, midwives or scphns who are professionally supported in their new role.
- I.5 To ensure a standardised approach to the effective implementation of preceptorship for nurses, midwives and scphns, the Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC) agreed, with the Acting Chief Nursing Officer, Department of Health, Social Services and Public Safety (DHSSPS), the need for the development of a preceptorship framework for Northern Ireland. The development of this resource will also support the implementation of the DHSSPS Nursing and Midwifery Strategy *A Partnership for Care* (DHSSPS, 2010).



2.0 Background

- 2.1 Each of the four UK countries has undertaken work to operationalise the NMC's recommendation regarding preceptorship. Scotland introduced the *Flying Start* programme (Banks et al, 2010); England developed a preceptorship framework and in addition is adapting Scotland's *Flying Start* programme (DH, 2010) and the Health Trusts in Wales have developed an infrastructure to support preceptorship. In Northern Ireland, each of the Health and Social Care (HSC) Trusts has developed its own systems and processes to ensure the effective implementation of preceptorship.

- 2.2 It is important to note that in HSC Trusts the preceptorship process is also closely linked into the principles of Agenda for Change (AfC) and the personal development process within the National Health Service Knowledge and Skills Framework (NHS/KSF) (DH, 2004).



3.0 What is Preceptorship?

3.1 The NMC recommends that organisations employing nurses, midwives and scphns provide them with access to preceptorship in the form of professional support and development in order to promote the delivery of safe, effective and person-centred care. The model of preceptorship incorporates the elements of teaching, role modelling, socialising, assessing and orienting nurses, midwives or scphns to the new clinical environment. This process enables individual practitioners to cement their knowledge and skills and develop confidence in their new role (NMC, 2010). The benefits of preceptorship are not only experienced by the preceptee, but also by those in the preceptor role and this can ultimately contribute towards a positive experience for patients and clients, combined with the provision of safe, effective and person-centred care (see Appendix Two for a list of the benefits of preceptorship as identified in the literature).

3.2 Definitions

Preceptorship is:

a period of structured transition for the preceptee during which he or she will be supported by a preceptor, to develop confidence as an autonomous professional, refine skills, values, attitudes and behaviours and to continue on a journey of lifelong learning (adapted from Department of Health (DH), 2010).

A preceptor is:

a registered nurse, midwife or scphn who has been given a formal responsibility to support a newly registered practitioner through preceptorship.

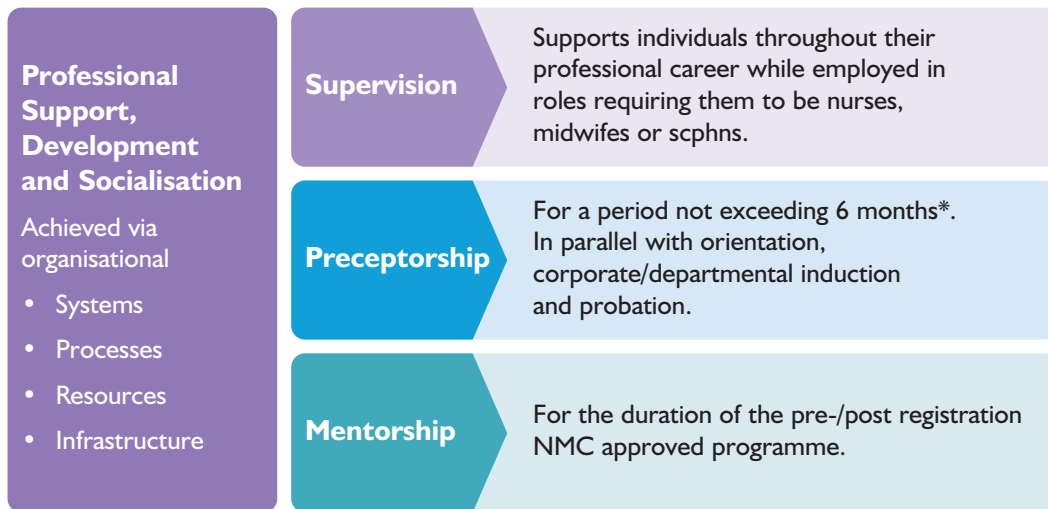
A preceptee is:

a newly registered practitioner on part 1, 2 or 3 of the NMC register who is entering practice for the first time as a nurse, midwife or scphn. It also includes those returning to practice, and new registrants from outside the UK.

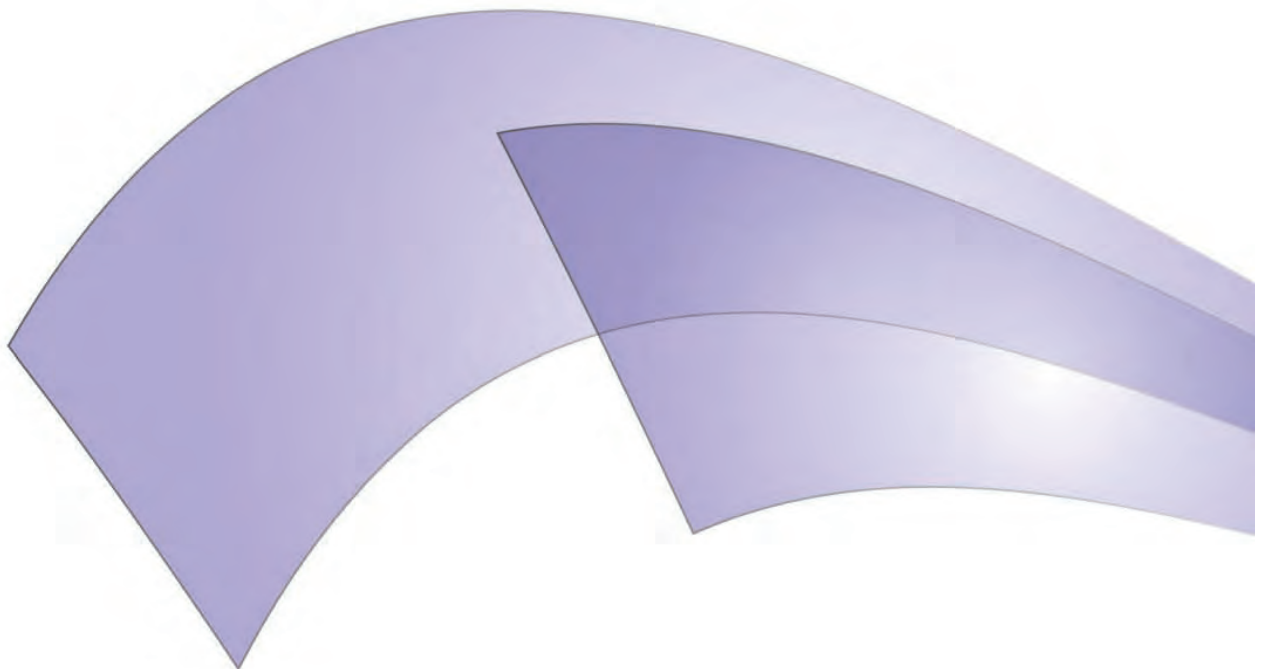
3.3 The provision of professional support and development, within the nursing and midwifery professions, is part of a continuum, commencing with mentorship for those undertaking pre-registration programmes; preceptorship for those newly qualified, those returning to practice or new registrants from outside the UK; and supervision to support the ongoing development of NMC registrants (see Figure 1: The Nursing and Midwifery Professional Support and Development Continuum, and Figure 2: The Nursing and Midwifery Professional Support and Development Processes).



Figure 1: Nursing and Midwifery Professional Support and Development Continuum



*Note: unless there are circumstances that may require an extension.



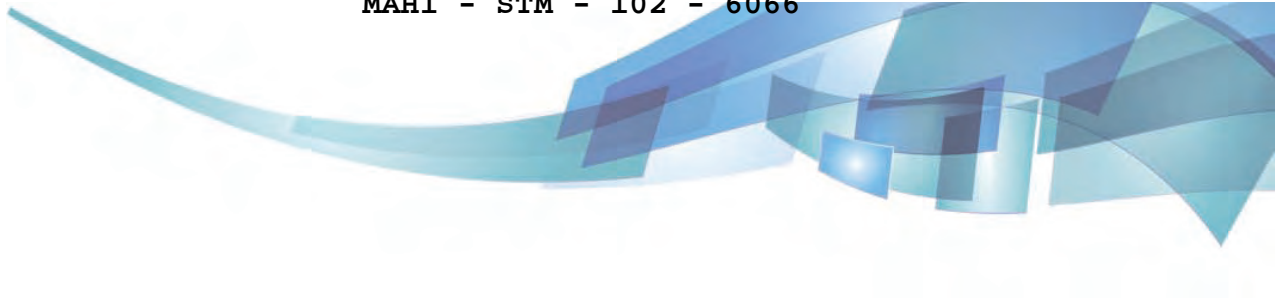


Figure 2: Nursing and Midwifery Professional Support and Development Processes

Mentorship	Preceptorship	Supervision ¹
By whom? A mentor/sign-off mentor.	By whom? A preceptor.	By whom? A supervisor.
Who is a registered nurse, midwife or scphn on the organisation’s database who meets the NMC standards for Learning and Assessment in Practice.	Who is a registered nurse, midwife or scphn on a locally held register in the organisation.	Who is a registered nurse, midwife or scphn on a locally held register in the organisation.
For student nurses/midwives/scphns undertaking a pre- or post-registration programme to help them develop their competence and experience in their field of practice, in order to become safe and competent practitioners.	For newly registered nurses, midwives or scphns, those returning to practice and those new registrants from outside the UK, in the early stages of their employment, to help them develop confidence in their new role and ensure the delivery of safe and effective care.	For nurses, midwives ² or scphns, to help them continue to develop their competence and confidence to ensure the delivery of safe and effective care.
Where? In approved practice placements.	Where? In a practice setting.	Where? Usually in the practice setting.

¹ Supervision to facilitate *professional* support and learning should **only** be provided by NMC registrants. Supervision for other purposes can be provided by colleagues, relevant to the individual’s role, who are not NMC registrants.

² Supervision of midwives is a statutory system (required by law) for protection of the public from poor midwifery practice, by monitoring midwives’ practice and providing support and guidance to every midwife in the UK. This role is carried out on the NMC’s behalf by local supervising authorities in Northern Ireland, as well as England, Scotland and Wales (NMC, 2010).



4.0 Preceptorship Framework

4.1 Northern Ireland's *Preceptorship Framework* comprises three elements:

- two preceptorship standards
- audit tool to support the monitoring of the standards
- self-assessment tool identifying the essential skill set for preceptors.

These elements, detailed below, have been developed to support the effective implementation of preceptorship within organisations employing nurses, midwives and scphns. The *Preceptorship Framework* should be used in conjunction with relevant legislative and statutory requirements, including organisational policies, procedures, systems and processes.

4.2 Standards for Preceptorship in Nursing and Midwifery

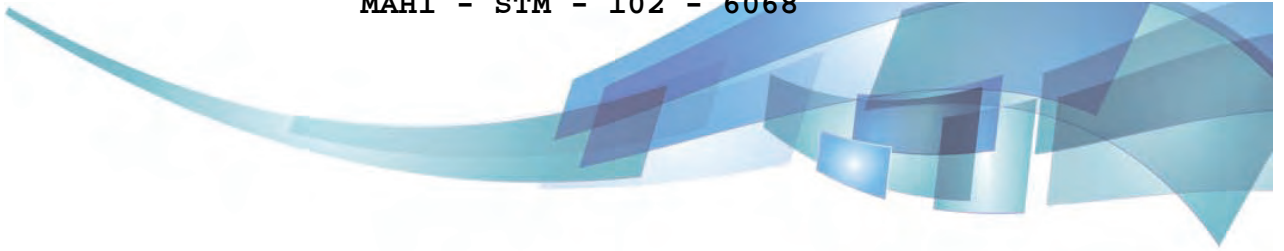
The following two standards have been developed to guide and sustain preceptorship across Northern Ireland.

Standard Statement 1: Preceptorship Implementation

All preceptees will participate in a period of preceptorship, in which they will build their confidence as autonomous, accountable practitioners, by enhancing their knowledge, skills and attitudes with the help of a preceptor. The period of preceptorship should not exceed six months, unless there are circumstances that may require an extension. Moreover, it should run alongside the individual's induction and probationary periods.

Criteria

1. Organisations will ensure that preceptees understand the preceptorship process and engage fully with it.
2. Preceptees will avail of formal and informal learning activities, evidenced in their professional portfolio, to maximise the development of their knowledge, skills, experience and attitudes during the preceptorship period.
3. Line managers will ensure that preceptees are allocated time with their preceptor to meet their identified learning and development needs.
4. The processes of appraisal, personal development planning and supervision will be used to support preceptors in their role and ensure their effectiveness.
5. Preceptors will use existing networks in their organisation to share and learn from experiences, challenges and solutions.
6. Organisations will have a process to facilitate continuity of the preceptorship process.



Standard Statement 2: Preceptorship Governance

Preceptorship will become an effective tool to support preceptees through the transition period and it will be embedded within the organisation's governance arrangements, supporting the development of effective leadership capacity and performance management.

Criteria

1. Organisations will have a written process/procedure to guide the implementation of preceptorship.
2. Organisations will have systems in place to track and monitor preceptees, from commencement through to completion of the preceptorship period.
3. Ward Sisters/Charge Nurses and Community Team Leaders will hold a local register of preceptors who are able to demonstrate the essential qualities and skills as listed in Table I (page I3).
4. Organisations will demonstrate that preceptors are supported in undertaking the role.
5. Organisations will ensure that their preceptorship arrangements meet and satisfy professional regulatory body and organisational requirements.
6. Organisations will ensure that preceptorship is part of their governance arrangements.
7. Organisations will audit the preceptorship standards annually, using the monitoring tool (Appendix Three).

4.3 The Relationship between Preceptorship, Induction and Probation

It is worth noting that the process of preceptorship does not replace the need for induction or probation. They serve different purposes, although they can run in parallel. The purpose of induction is to provide all employees with a good understanding of how the organisation works, including its principles, values and objectives. Its function is also to ensure that all employees have the knowledge, skills and attitudes necessary to perform their role in a safe, person-centred working environment. The probationary period represents the best opportunity for managers to identify any capability, conduct or attendance issues that exist and manage these appropriately before confirming an employee in post. Management of the probationary period however can, in some cases, lead to a decision not to confirm an employee in post because the necessary standard required has not been achieved.



It is acknowledged that the value of induction including orientation is further enhanced for the preceptee during the preceptorship period. The preceptor acts as a role model and resource to enhance the preceptee's confidence and further develop his/her competence and critical-decision making ability during this time. Moreover, the preceptorship process augments the professional socialisation which begins during the mentorship period and which is further enhanced during supervision.

4.4 Furthermore, it is important to recognise that the process of preceptorship is **NOT** a:

- substitute for organisational performance management processes
- replacement for managing fitness to practice
- period in which the preceptee is not accountable or responsible for his/her actions or omissions
- replacement for mandatory training
- replacement for induction or probation.

4.5 To prepare nurses and midwives for the preceptorship process on which they will embark once they enter employment as a nurse, midwife or scphn for the first time, the pre-registration curriculum will include introduction to the preceptorship process. This should ensure that preceptees gain an understanding of their role, responsibilities and the benefits of preceptorship. It is recommended that the optimum time for this to take place is when students are in the university setting, being prepared for their penultimate or final clinical placement.

4.6 Learning Agreement

In order to formalise the preceptorship process, it is recommended that a learning agreement is completed for each preceptee. This will enable the line manager, preceptor and preceptee to understand their individual roles in the preceptorship process and will provide a formal record to assist with auditing and evaluating the process. A generic learning agreement template is available to download at http://www.nipec.hscni.net/res_sectioneducdev.htm

4.7 Preceptorship Portfolio

The preceptor will introduce the preceptee to the organisation's portfolio documentation, which will be used to help the preceptee gather evidence to record learning and development and reflect on practice. The preceptee's line manager is also responsible for encouraging completion of the portfolio.

4.8 Audit and Evaluation

The standards for Preceptorship will be monitored annually using the audit tool (see Appendix Three).



5.0 Developing Individuals: Roles and Responsibilities

To ensure the effective implementation of preceptorship, attention must be given to supporting and developing individuals in their roles. Roles and responsibilities have been clearly defined for those involved in the preceptorship process and are detailed below.

5.1 Development for the Preceptor Role

Whilst there are no formal qualifications associated with being a preceptor, individuals will need some preparation for their role. Preceptors should be nurses, midwives or scphns, who have had at least twelve months' experience post-registration, preferably within the same area of practice as the preceptee. Registrants who undertake the role of preceptor should complete relevant learning and development activities to prepare them for the role and to continue to support them in the role. From a review of the literature (Rose, 2007; Smedley, 2008 and Stewart et al., 2010), the qualities and skills required of effective preceptors (see Table 1) are also common to those required of mentors and supervisors.

Table 1. Qualities and skills required of effective preceptors

- Ability to act as a professional role model
- Effective communication, interpersonal, reflective, critical thinking and decision-making skills
- Ability to recognise cultural and individual diversity needs
- Effective leadership skills, assertiveness and flexible as regards change
- Effective clinical, teaching and facilitation skills and delivering evidence-based practice
- Competent, confident and motivated in their own role and in the role of preceptor
- Patience and the ability to guide the preceptee through complex activities and tasks

5.2 Roles and Responsibilities of Preceptors, Preceptees, Line Managers and Professional Leads for Preceptorship

Each individual has a specific role and important responsibilities to ensure the successful transition of the preceptee through the preceptorship period. These are highlighted below. In the event that a preceptor may not always be available and to ensure continuity within the preceptorship process, it may sometimes be necessary, for a co-preceptor with the appropriate knowledge and skills, to be appointed to act on the preceptor's behalf.

5.2.1 Preceptor

The role and responsibility of the preceptor is to facilitate the preceptorship process by:

- demonstrating an adherence to codes of professional practice
- supporting orientation and induction to the workplace
- providing an overview of the preceptorship process and documentation
- monitoring and provide feedback to support the preceptee in the completion of his/her preceptorship portfolio
- supporting learning and development in line with requirements of the role and, where relevant, KSF post outline and the development of an action plan to meet learning needs, including teaching/coaching/experiential learning sessions
- using models of reflection to promote self-development
- at specific review points during the preceptorship period, reflect with the preceptee on his/her progress, noting any concerns and provide feedback to the line manager
- acting as a role model for the preceptee
- completing the preceptorship process documentation as per the organisation's policies.

5.2.2 Preceptee

The role and responsibility of the preceptee is to participate actively in the preceptorship process and:

- demonstrate adherence to codes of professional practice
- take ownership of the preceptorship process and be proactive in completion of the objectives
- liaise with the line manager to ensure that working arrangements (off duty) facilitate the preceptee and preceptor to meet regularly, to review progress and identify development needs
- attend and actively engage in agreed meetings
- reflect with the preceptor on his/her progress at review meetings, including discussing any concerns about progress through the preceptorship process
- maintain and update all relevant documentation including preceptorship portfolio
- ensure that relevant preceptorship process documents are forwarded to line manager and that a copy is retained for personal records
- raise any areas of concern about the process with line manager or other relevant person.



5.2.3 Line Manager

The role and responsibility of the line manager is to:

- arrange preceptorship for those practitioners requiring it
- nominate the appropriate preceptor to lead in the preceptorship process
- advise other relevant individuals of the preceptee and the aligned preceptor
- provide the KSF post outline (where relevant) for the preceptee, to enable the preceptor to plan appropriate activities to meet the learning and development needs of the preceptee
- ensure that the preceptee receives relevant induction training, including statutory and mandatory training within appropriate timescales
- provide appropriate support to enable the preceptorship processes
- facilitate and maximise learning opportunities as required
- act as a role model
- obtain feedback at regular intervals from preceptor and preceptee and measure progress against planned learning outcomes, identified in the learning agreement
- manage any underperformance through application of the organisation's relevant human resource policies and procedures
- hold a local register of preceptors.

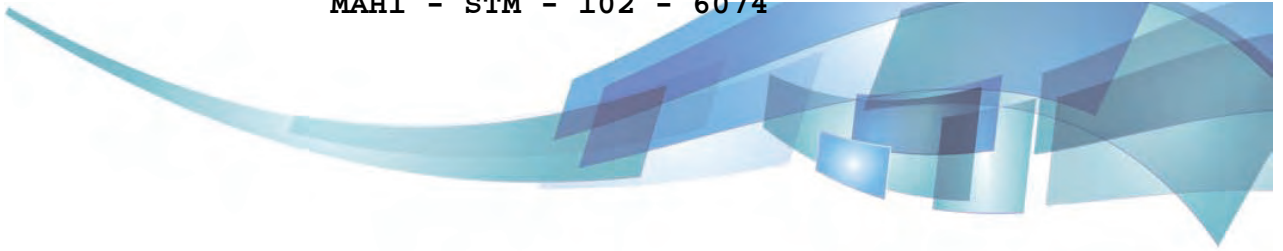
5.2.4 Professional Lead for Preceptorship

Organisations should have a nominated person in the role of professional lead with a responsibility to:

- ensure that an appropriate evidence-based preceptorship model is in place for preceptees
- liaise with line managers to ensure that the organisational preceptorship process is implemented in line with the requirements of the regional preceptorship framework
- be able to access the local register of preceptors, held by individual Ward Sisters/Charge Nurses and Community Team Leaders
- audit the preceptorship standards annually using the audit tool (see Appendix Three).

5.3 Supporting Preceptorship Online

NIPEC has developed a section on its main website www.nipec.hscni.net/preceptorship for use by preceptors, preceptees,



line managers and professional leads to support the effective implementation of the preceptorship process. The recording of learning and development activities, reflections and other information about individuals' ongoing development can be achieved via NIPEC's online portfolio at www.nipecdf.org

The preceptorship section on NIPEC's website comprises:

- a template for recording discussion and actions arising from preceptorship meetings
- NIPEC's learning agreement template, for completion by preceptor, preceptee and line manager, which the preceptee could also save into his/her portfolio
- information about the qualities and skills necessary to be a successful preceptor
- the professional skill set for preceptors, which facilitates self-assessment and enables the individual to plan relevant learning and development activities to support his/her development in the role of preceptor (Appendix Four)
- preceptorship standards and the Audit Tool (Appendix Three)
- advice for preceptors and preceptees regarding ongoing CPD
- access to www.nipecdf.org including: reflective diary, learning and development log, evidence log. These can be used by the preceptee, to provide evidence at development review/appraisal meetings to support successful transition through the preceptorship process.





Glossary

CPD	Continuous professional development. The NMC Prep requirements (2011) include a commitment by all registrants to undertake continuing professional development.
Mentee	Student on a pre- or post-registration NMC approved education programme.
Mentor	Registered nurse, midwife or scphn who has been given a formal responsibility to supervise and assess students in practice settings and who meets the NMC requirements for a mentor.
Preceptee	Newly registered practitioner on part 1, 2 or 3 of the NMC register who is entering practice for first time as a nurse, midwife or scphn. It also includes those returning to practice, and new registrants from outside the UK.
Preceptor	Supports a newly registered practitioner through preceptorship.
Supervisee	A registered nurse, midwife or scphn receiving professional support and learning through a range of activities.
Supervisor of Nurses	Registered nurse or scphn who provides professional support and learning to nurses or scphns.
Supervisor of Midwives	Registered midwife appointed by a local supervising authority to exercise supervision over midwives practising in its area in accordance with Rule 11 (NMC, 2012).

References

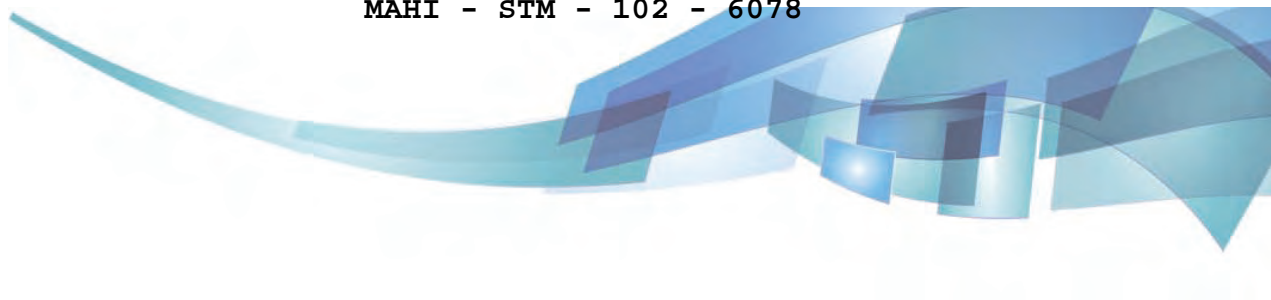
- Banks P. Kane H. Roxburgh M. et al. (2010) *Evaluation of Flying Start NHS*. Scotland: NHS Education Scotland.
- Department of Health (DH) (2004) *National Health Service Knowledge and Skills Framework*. London: DH
- Department of Health (DH) (2010) *Preceptorship framework for newly registered Nurses, Midwives and Allied Health Professionals*. London: DH.
- Department of Health Social Services and Public Safety (DHSSPS) (2010) *A Partnership for care*. Belfast: DHSSPS.
- Nursing and Midwifery Council (NMC) (2006) *Preceptorship guidelines*. London: NMC.
- Nursing and Midwifery Council (NMC) (2007) *A competency framework for NMC Council Members*. London: NMC.
- Nursing and Midwifery Council (NMC) (2008) *Standards for learning and assessment in practice: NMC standards for mentors, practice teachers and teachers*. London: NMC.
- Nursing and Midwifery Council (NMC) (2008) *The Code: standards of conduct, performance and ethics for nurses and midwives*. London: NMC.
- Nursing and Midwifery Council (NMC) (2011) *Advice and information for employers of Nurses and Midwives*. London: NMC.
- Nursing and Midwifery Council (NMC) (2012) *Midwives, rules and standards*. London: NMC.
- Rose S. (2007) *A guide to nursing preceptorship*. Liverpool: Merseycare NHS Trust High Secure Services Ashworth Hospital.
- Smedley A. and Penney D. (2009) A partnership approach to the preparation of preceptors. *Nurse Education Perspectives*. 30 (1) 31-36.
- Stewart S. Pope D. and Hansen TS (2010) Clinical preceptors enhance an accelerated Bachelor's Degree to BSN Program. *Nurse Educator*. 35 (1) 37-40.



Appendix One

Membership of Steering Group

Organisation	Representative
Southern HSC Trust	Francis Rice, Executive Director of Nursing, (CHAIR) Dawn Ferguson, Practice Education Facilitator Heather Ellis, Head of Education, Learning and Development*
Belfast HSC Trust	Moira Mannion, Co-Director of Nursing, Education and Learning / Salliann Lewis, Nurse Development Lead*
Northern HSC Trust	Elizabeth Graham, Head of Nursing, Education and Development / Kate McGoldrick, Practice Education Facilitator* Kate McLaughlin, Health Visiting Practice Teacher
South Eastern HSC Trust	Bob Brown, Assistant Director of Nursing, Learning and Development/Evelyn Mooney, Practice Education Co-ordinator* **
Western HSC Trust	Brendan McGrath, Assistant Director of Nursing, Workforce Planning & Modernisation
Public Health Agency	Oriel Brown, Nurse Consultant
Northern Ireland Hospice	Sue Foster, Lecturer in Palliative Care*
Independent Health Care Providers	Louise Campbell, Home Manager
Regulation Quality Improvement Authority	Phelim Quinn, Director of Nursing
Open University	Donna Gallagher, Senior Lecturer (from 30th January 2012)



Membership of Steering Group *(continued)*

Organisation	Representative
Queen's University Belfast	Dr Marion Traynor, Assistant Director of Education, (from 30th January 2012) Gail Anderson, Teaching Fellow Midwifery (from 30th January 2012)
Ulster University	Owen Barr, Head of School (from 30th January 2012)
Royal College of Nursing	Rita Devlin, Senior Professional Development Officer*
Royal College of Midwives	Annette Taylor, Midwifery Practice Education Facilitator, WHSCT*/ Mary Caddell, RCM (from 31st January 2012)
Unite/CPHVA	Mary Duggan, Chair NI CPHVA
Unison	Fidelma Carolan, Regional Organiser (Lifelong Learning)
Four Seasons Health Care	Melanie Bowden, Training and Development Manager
DHSSPS	Kathy Fodey, Nursing Officer
NIPEC Council	Sally Campalani, Council Member
NIPEC	Cathy McCusker, Senior Professional Officer (Project Lead)* **

* Denotes membership of sub-group

** Website Development Group: Debbie McKelvey (Ward Sister Belfast HSC Trust), Ann Robertson, (Manager, Four Seasons Health Care), and Steering Group members Evelyn Mooney and Cathy McCusker.



Appendix Two

Benefits of Preceptorship for Preceptees, Preceptors and Organisations

(Adapted from Preceptorship Framework for Nursing (DH, 2010))

The benefits for the preceptee can be:

- increased confidence, accompanied by feelings of being valued and respected, which is augmented by professional socialisation
- enhancement of critical decision-making and critical thinking skills
- reflection on practice, supported by constructive feedback, to improve practice and performance
- increased job satisfaction, leading to improved patient/client satisfaction
- enhanced knowledge and skills in how to become an integral member of the team and team leader
- developed understanding of the commitment to working within the profession and requirements of regulatory body
- learn how to 'manage self' and taking personal responsibility for maintaining up-to-date knowledge
- development of specific competences that relate to the new role and effectively working within a multi-disciplinary team, enabling progress through Agenda for Change gateways.

The benefits for Preceptors can be:

- enhanced appraisal, supervision, mentorship and facilitation skills
- increased commitment to their profession and the regulatory requirements
- contribution to their own lifelong learning
- enhanced future career aspirations
- job satisfaction as a result of developing others to achieve their potential
- developing own knowledge and experience.

The potential benefits for organisations can be:

- increased patient/client satisfaction, with a corresponding reduction in complaints, accidents and incidents
- reduction in sickness absence rates, improvements in recruitment and retention.

Appendix Three

Audit Tool for monitoring achievement of preceptorship standards in organisations

<p>Standard 1: Preceptorship Implementation All preceptees will participate in a period of preceptorship, in which they will build their confidence as autonomous, accountable practitioners by enhancing their knowledge, skills and attitudes with the help of a preceptor:</p>	<p>Evidence of achievement of standards Organisations will provide evidence which demonstrates achievement of each criterion related to the standard.</p>
<p>The period of preceptorship should not exceed six months, unless there are circumstances which may require an extension. Moreover, it should run alongside the individual's induction and probationary periods.</p>	
<p>1. Organisations will ensure that preceptees understand the preceptorship process and engage fully with it.</p>	
<p>2. Preceptees should avail of formal and informal learning activities, evidenced in their professional portfolio, to maximise the development of their knowledge, skills, experience and attitudes during the preceptorship period.</p>	
<p>3. Line managers should ensure that preceptees are allocated time with their preceptor to meet their identified learning and development needs.</p>	
<p>4. The processes of appraisal, personal development planning and supervision will be used to support preceptors in their role and ensure their effectiveness.</p>	
<p>5. Preceptors will use existing networks in their organisation to share experiences, challenges and solutions.</p>	
<p>6. Organisations will have a process to facilitate continuity of the preceptorship process.</p>	



Appendix Three

Audit Tool for monitoring achievement of preceptorship standards in organisations (continued)

<p>Standard 2: Preceptorship Governance Preceptorship will become an effective tool to support preceptees through the transition period and it will be embedded within the organisation's governance arrangements, supporting effective leadership and performance management.</p>	<p>Evidence of achievement of standards Organisations will provide evidence which demonstrates achievement of each criterion related to the standard.</p>
<p>1. Organisations will have a written process/procedure to guide the implementation of preceptorship.</p>	
<p>2. Organisations will have systems in place to track and monitor preceptees, from commencement through to completion of the preceptorship period.</p>	
<p>3. Ward Sisters/Charge Nurses and Community Team Leaders will hold a local register of preceptors who are able to demonstrate the essential qualities and skills as listed in Table I (page 13).</p>	
<p>4. Organisations will demonstrate that preceptors are supported in undertaking the role.</p>	
<p>5. Organisations will ensure that their preceptorship arrangements meet and satisfy professional regulatory body and organisational requirements.</p>	
<p>6. Organisations will ensure that preceptorship is part of their governance arrangements.</p>	
<p>7. Organisations will audit the preceptorships standards annually, using the monitoring tool (Appendix Three).</p>	

Appendix Four

Professional Skill Sets for Preceptors

The Professional Skill Set has been developed to help those who are preceptors or who are preparing to undertake the role of preceptor. Individuals can use this assessment tool to plan, with their line manager and/or supervisor, their learning and development, to develop/enhance their competence as a preceptor.

1. Understand the concept of preceptorship and its positive influence on the preceptee	Please tick if achieved	2. Manage the preceptorship process	Please tick if achieved
1.1 Have an understanding of the concept of preceptorship.	<input type="checkbox"/>	2.1 Plan and manage preceptorship sessions and demonstrate effective record keeping.	<input type="checkbox"/>
1.2 Have an ability to work within the scope of preceptorship.	<input type="checkbox"/>	2.2 Establish the learning agreement and ground rules.	<input type="checkbox"/>
1.3 Be able to describe the purpose and process of preceptorship.	<input type="checkbox"/>	2.3 Work within the NMC Code (2008) and NMC Preceptorship guidelines (2006).	<input type="checkbox"/>
1.4 Have an understanding of the role of preceptors and preceptees in implementing preceptorship.	<input type="checkbox"/>	2.4 Manage concerns and any conflict arising in the preceptorship session.	<input type="checkbox"/>
1.5 Identify how preceptorship can be used to enhance the confidence and competence of the preceptee.	<input type="checkbox"/>	2.5 Use facilitation skills to ensure appropriate engagement with the preceptee.	<input type="checkbox"/>
1.6 Relate preceptorship to lifelong learning for preceptor and preceptee.	<input type="checkbox"/>	2.6 Facilitate preceptee to engage in critical reflection to develop confidence and enhance competence.	<input type="checkbox"/>
	<input type="checkbox"/>	2.7 Facilitate the preceptee in creating appropriate action plans.	<input type="checkbox"/>
	<input type="checkbox"/>	2.8 Critically evaluate own role as preceptor.	<input type="checkbox"/>



Appendix Four

Professional Skill Sets for Preceptors *(continued)*

3. Facilitate preceptee in engaging actively in development of his/her confidence and enhancement of competence	Please tick if achieved	Biographical details
3.1 Have an understanding of the context within which the preceptee practises in relation to legal, professional, organisational and personal accountability.	<input type="checkbox"/>	Name.....
3.2 Facilitate preceptee in developing practice.	<input type="checkbox"/>	Organisation and work area
3.3 Use positive challenge to encourage the preceptee to reflect in and on practice.	<input type="checkbox"/>
3.4 Promote critical thinking and decision making, team working, leading and self-reliance in preceptee.	<input type="checkbox"/>
3.5 Facilitate preceptee in identifying and managing conflict.	<input type="checkbox"/>
3.6 Have the ability to motivate, support, and empower preceptee.	<input type="checkbox"/>
3.7 Facilitate preceptee in using problem solving techniques.	<input type="checkbox"/>	NMC registration PIN number



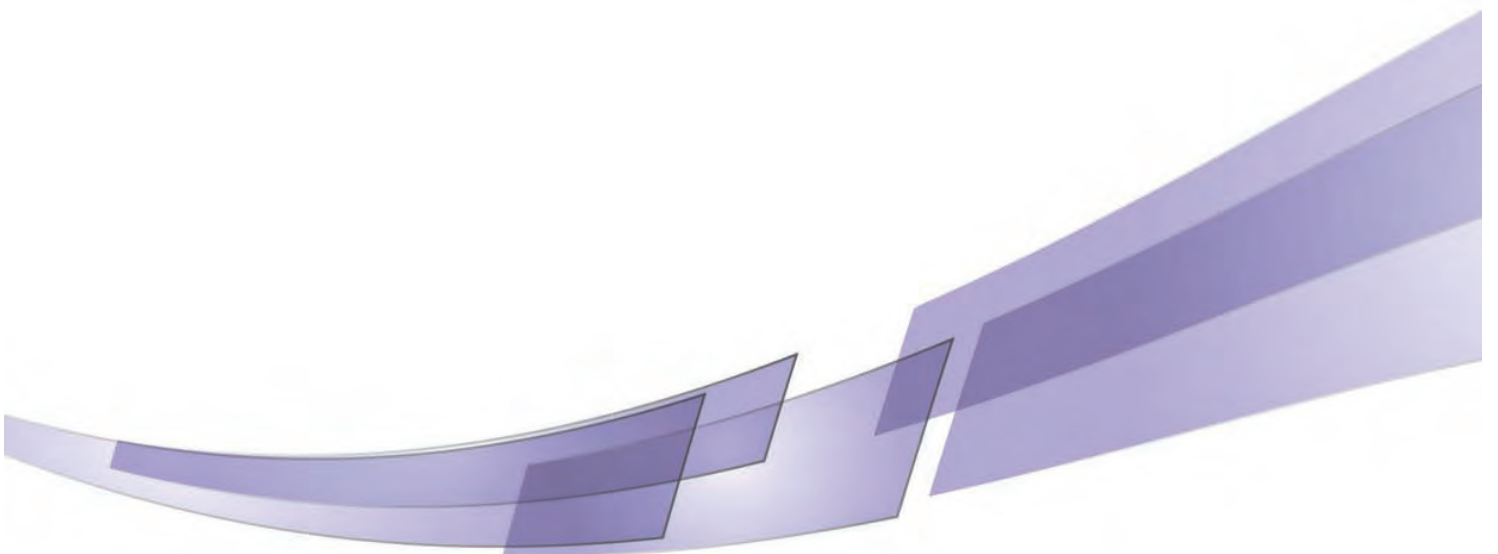
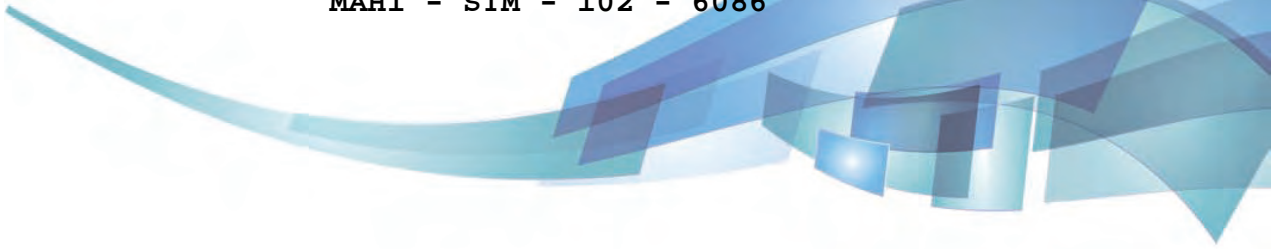
Notes

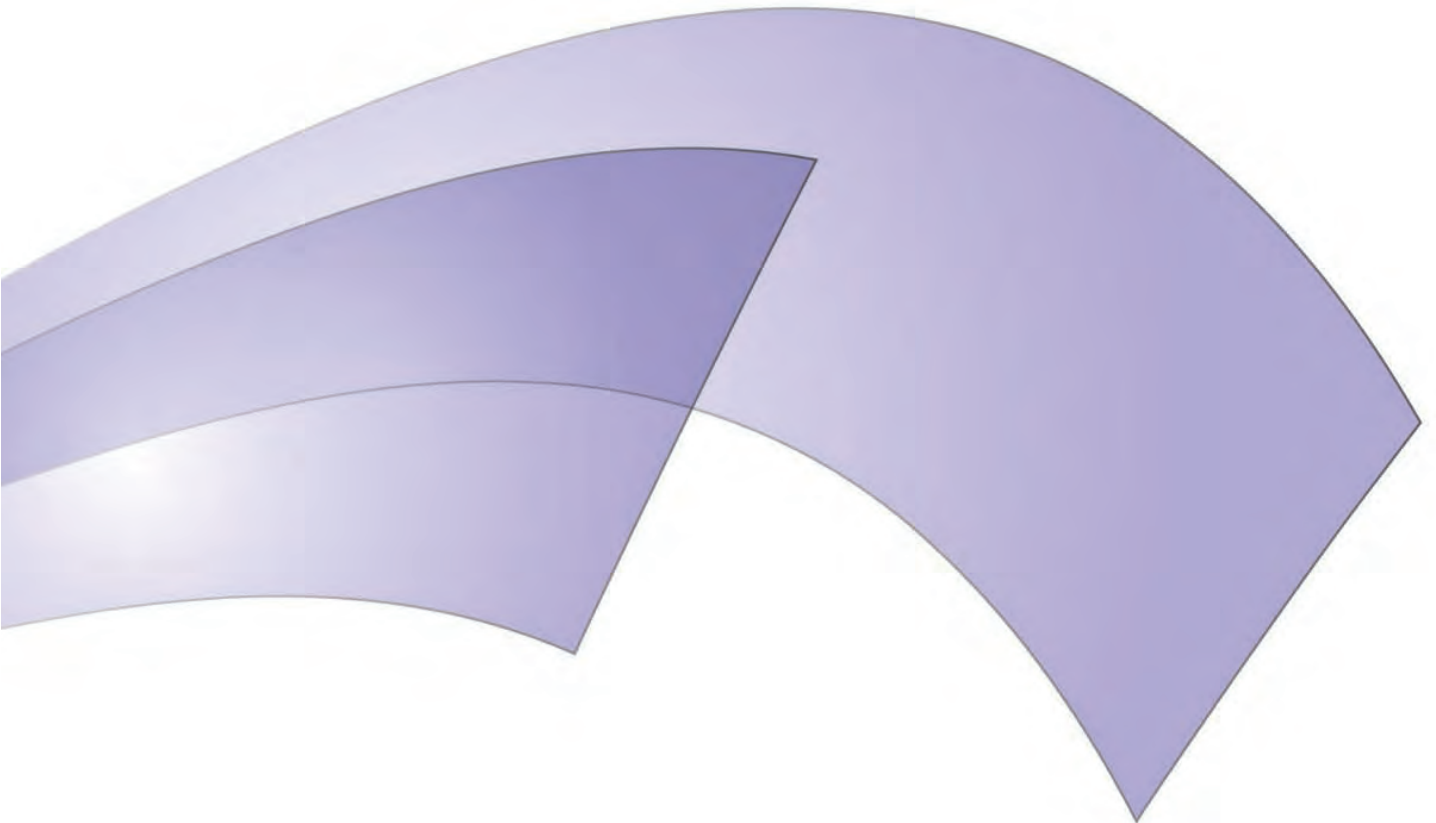
A series of horizontal dotted lines provided for taking notes, spanning the width of the page.



Notes

A series of horizontal dotted lines spanning the width of the page, intended for taking notes.







For further Information, please contact:

NIPEC

Centre House, 79 Chichester Street,
BELFAST, BT1 4JE

Tel: (028) 9023 8152

Fax: (028) 9033 3298

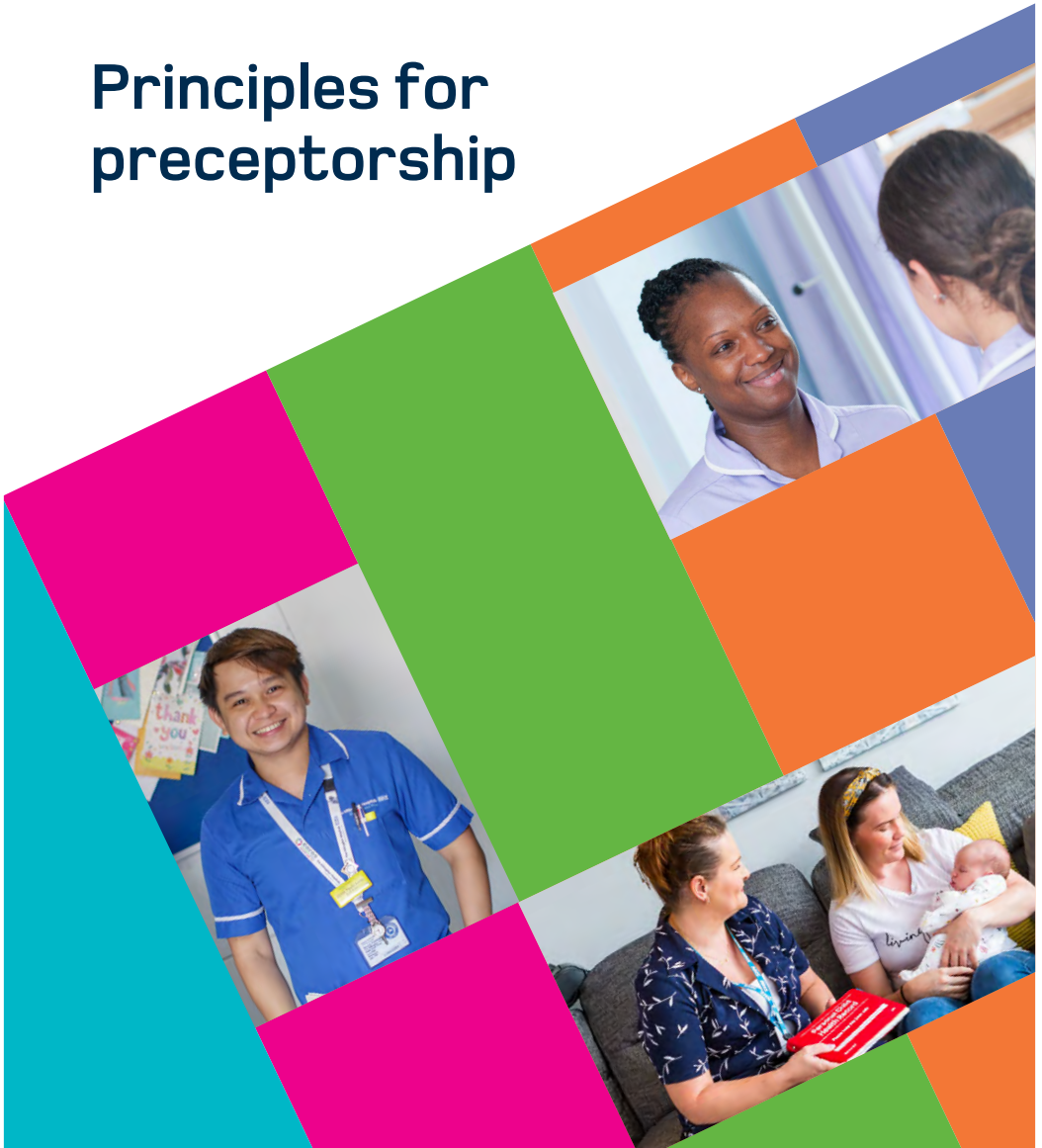
This document can be downloaded from the
NIPEC website: www.nipec.hscni.net

January 2013

ISBN No: 978-1-903580-40-0



Principles for preceptorship



“

Our new principles for preceptorship have been developed in collaboration with the Chief Nursing Officers (CNOs) in the four countries of the UK, the Chief Midwifery Officers in England and Scotland and Lead officers for midwifery in Northern Ireland and Wales. We are grateful for their support on this important work.

The preceptorship principles have been developed in recognition of the benefits that a supported, structured period of preceptorship brings to employers, preceptees, and people who use services. ”



Andrea Sutcliffe

Chief Executive and Registrar

Introduction

This document sets out a series of principles which can be applied in preceptorship programmes for newly registered nurses, midwives and nursing associates¹ joining the NMC register.

It sets out the purpose of preceptorship, who it's for and the principles which support its implementation in practice at employer and/or region or country wide levels.

In this document, professionals engaged on preceptorship programmes are referred to as 'preceptees.' Those who support preceptees are referred to as 'preceptors' and the period of preceptorship is called the 'preceptorship programme'.

These principles will help preceptees, preceptors, employers and organisations, students, practitioners, professional regulators, system regulators, educators and others to think about how they can best support newly registered nurses, midwives and nursing associates.

The objectives of preceptorship are to welcome and integrate the newly registered nurse, midwife and nursing associate into the team and place of work, help them grow in confidence, and begin their lifelong journey as an accountable, independent, knowledgeable and skilled practitioner.

¹ Nursing associates are registered in England only

Preceptorship may vary in length to meet the needs of the preceptee and individual countries, regions or organisations may set minimum and/or maximum durations for the preceptorship period. It's important to recognise that preceptorship is not intended to repeat or re-test any applied knowledge and skills required for NMC registration at pre or post-registration level. Preceptorship provides a structured and useful adjunct to individual performance appraisal processes, and formal employer and organisational induction and mandatory training.

This document sets out a common set of principles for organisations and employers that can be used to develop an effective model of preceptorship. They will help organisations and employers think about what they need to do to achieve consistently high quality and effective preceptorship for every newly registered nurse, midwife and nursing associate in the UK.

While this document is framed in the context of newly registered nurses, midwives and nursing associates, the principles can also usefully be applied to those joining a new part of the NMC register, those returning to practise after re-joining the register and nurses, midwives and nursing associates coming to work in the UK from within or outside the EEA/EU.

Nurses, midwives and nursing associates who are self-employed or intending to practise infrequently should arrange to receive support in line with these principles.

Preceptorship takes account of the setting in which the individual is working and providing care. It will reflect the health and social care landscape in each of the four countries of the UK including the NHS, the social care sector, and the independent and charitable sectors.

The journey from pre-qualification to regulated professional

It's important to recognise that the experience a newly registered nurse, midwife or nursing associate has in the period directly after initial registration is significantly important and can positively influence their journey to becoming a confident professional.

At the point of registration, newly registered nurses, midwives and nursing associates have the knowledge, skills and behaviours required to join the professional register. Preceptorship then offers the structured support needed for new nurses, midwives and nursing associates to successfully convert this knowledge into everyday practice, and gain confidence in their ability to use their knowledge and skills and consistently apply the Code on a day to day basis.

The preceptorship period provides the basis for the beginning of a lifelong journey of reflection, and the ability to self-identify continuing professional development needs, as the nurse, midwife and nursing associate embarks on their career and prepares for revalidation.

The benefits of preceptorship

Within the UK it's recognised that a supported, structured period of preceptorship has a variety of benefits for employers, preceptees, and people who use services.

Newly registered nurses, midwives and nursing associates are conscious of the need for support at this time of new employment and the availability of good quality preceptorship will influence their employment choices and selection.

A positive preceptorship experience is reported to result in newly registered nurses, midwives and nursing associates having increased confidence and sense of belonging, feeling valued by their employer, and having greater professional and team identity. Effective preceptorship outcomes are linked to improved recruitment and retention. Attracting and retaining skilled nurses, midwives and nursing associates is important for delivering better, safe and effective care.

Principles of preceptorship

1

Organisational culture
and preceptorship

2

Quality and oversight
of preceptorship

3

Preceptee
empowerment

4

Preparing preceptors
for their supporting role

5

The preceptorship
programme

1

Organisational culture and preceptorship

A period of preceptorship immerses the newly registered nurse, midwife and nursing associate into their professional role and into the ways of working and culture of their new workplace. A good organisational culture that supports preceptorship will have the following characteristics:

- 1.1** It is kind, fair, impartial, transparent, collaborative and fosters good interprofessional and multi-agency relationships
- 1.2** There is an understanding of the importance of having systems and processes in place to support and build confidence of newly registered nurses, midwives and nursing associates
- 1.3** There is an approach to preceptorship that prioritises individual mental and physical health and wellbeing, and promotes accountability, self-reflection and safe practice in accordance with the Code.

2

Quality and oversight of preceptorship

Being committed to the Principles of Preceptorship and having preceptorship programmes available/running are seen as key activities within the organisation. There is evidence of management of the process, and evaluation of its efficacy and outcome.

To ensure effective preceptorship:

- 2.1** There are processes in place to identify those who require preceptorship
- 2.2** There is sufficient preceptor capacity to support all of those who require preceptorship
- 2.3** The employer, preceptees and preceptors understand and comply with national and local policies, and the relevant governance requirements required by the four countries of the UK
- 2.4** Preceptorship activities should complement the preceptees' induction and orientation into the local workplace
- 2.5** There is recognition of the impact of system challenges on effective preceptorship and how to mitigate these
- 2.6** Processes are in place to monitor, evaluate and review preceptorship programmes
- 2.7** There is a governance framework around preceptorship which allows the process to be audited and reported.

3

Preceptee empowerment

Preceptorship is tailored to the individual nurse, midwife and nursing associate preceptee's new role and the health or care setting. It seeks to recognise and support the needs of the preceptee to promote their confidence in their professional healthcare role.

In effective preceptorship models, preceptees:

- 3.1** Are provided with the appropriate resources to enable them to develop confidence as newly registered nurses, midwives and nursing associates
- 3.2** Are supported according to their individual learning needs
- 3.3** Are supported by a nominated preceptor
- 3.4** Have opportunities for reflection and feedback to support their approach to preparing for revalidation
- 3.5** Are empowered to work in partnership with preceptors and are able to influence the content and length of their preceptorship programme to meet both individual and organisational needs.

4

Preparing preceptors for their supporting role

Preceptors should receive appropriate preparation to understand and undertake their role.

In effective preceptorship models, preceptors:

- 4.1** Act as professional role models
- 4.2** Receive ongoing support and actively engage in professional development
- 4.3** Are supportive and constructive in their approach to the preceptee
- 4.4** Share effective practice and learn from others
- 4.5** Seek and are given feedback on the quality of all aspects of their preceptorship role.

5

The preceptorship programme

Preceptorship should take account of the setting in which the individual nurse, midwife and nursing associate is working and providing care. These principles apply to any health or social care setting across UK, including the NHS, the social care sector, and the independent and charitable sectors.

Preceptorship programmes will:

- 5.1** Be timely and align with the start of a new employment role
- 5.2** Recognise the knowledge, skills, attributes and competence nurses, midwives and nursing associates have at the point of registration
- 5.3** Seek to ensure that activities within the programme are agreed with the individual preceptee
- 5.4** Vary in length and content according to the needs of the individual nurse, midwife and nursing associate and the organisation. Individual countries, regions or organisations may set minimum or maximum lengths for preceptorship
- 5.5** Include activities designed to welcome and integrate the preceptee into the team and place of work
- 5.6** Be designed to ensure that it is possible for the preceptee to meet the aims and outcomes of the preceptorship programme within the agreed timeframe.

Four country arrangements for employer led clinical supervision for midwives

In 2017 the four countries of the UK introduced employer led models of supervision. These models focus on supporting and developing effective midwifery practice. Further information is available via the following links:

England

A-EQUIP (Advocating and Educating for Quality Improvement) midwifery supervision model.

<https://www.england.nhs.uk/mat-transformation/implementing-better-births/a-equip/a-equip-midwifery-supervision-model/>

Northern Ireland

Framework for Supervision: Midwifery, Nursing and Safeguarding

<https://www.health-ni.gov.uk/articles/changes-midwife-supervision-uk>

Scotland

Clinical supervision for midwives

<https://www.nes.scot.nhs.uk/education-and-training/by-theme-initiative/maternity-care/about-us/clinical-supervision.aspx>

<https://learn.nes.nhs.scot/3580/clinical-supervision>

Wales

Clinical Supervision for Midwives (CSfM): A Model for Wales

<https://gov.wales/sites/default/files/publications/2019-03/clinical-supervision-for-midwives-in-wales.pdf>

UK wide information on preceptorship

England

Health Education England (2018) RePAIR: Reducing Pre-registration Attrition and Improving Retention:

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

NHS Health Education England, Preceptorship

www.hee.nhs.uk/our-work/capitalnurse/workstreams/preceptorship

NHS Employers: Preceptorships for newly qualified staff

<https://www.nhsemployers.org/your-workforce/plan/workforce-supply/education-and-training/preceptorships-for-newly-qualified-staff>

Northern Ireland

NIPEC, Preceptorship Framework

nipec.hscni.net/resource-section/preceptorship/

Scotland

NHS Education for Scotland, Flying Start NHS

www.nes.scot.nhs.uk/education-and-training/by-theme-initiative/workforce-development/flying-start-nhs.aspx

Wales

Welsh Government, Core principles for preceptorship

www.nwssp.wales.nhs.uk/sitesplus/documents/1178/Final%20Report%20for%20Preceptorship.pdf

Useful references

Allan, H.T., Magnusson, C., Evans, K., Horton, K., Curtis, K., Ball, E., Johnson, M. Putting knowledge to work in clinical practice: Understanding experiences of preceptorship as outcomes of interconnected domains of learning. *Journal of Clinical Nursing*, 2018, 27, 123-131. See: <https://eprints.bournemouth.ac.uk/28996/>

Ashforth, K., and Kitson-Reynolds, E. Fairy Tale Midwifery ten years on: re-evaluating the lived experiences of newly qualified midwives. *British Journal of Midwifery*, 2019, 27(10), 649-654. See: <https://www.magonlinelibrary.com/doi/full/10.12968/bjom.2.019.27.10.649>

Brook, J., Aitken, L., Webb, R., Maclaren, J., Salmon, D. Characteristics of successful interventions to reduce turnover and increase retention of early career nurses: A systematic review. *International Journal of Nursing Studies*, 91(2019), 47-59. See: <https://openaccess.city.ac.uk/id/eprint/21215/>

Feltham, Christina. (2014) The value of preceptorship for newly qualified midwives. *British Journal of Midwifery*, 22 (6), 427-43. See: <https://www.magonlinelibrary.com/doi/abs/10.12968/bjom.2014.22.6.427?af=R>

Irwin, C., Bliss, J., Poole, K. Does preceptorship improve confidence and competence in Newly Qualified Nurses?: A systematic literature review. *Nurse Education Today*, 60 (2018), 35-46. See: <https://uwe-repository.worktribe.com/output/880683>

Jonsen, E., Melender, H.L., Hilli, Y. Finnish and Swedish nursing students' experiences of their first clinical practice placement—a qualitative study. *Nurse Education Today*, 2013; 33(3): 297-302. See: <https://doi.org/10.1016/j.nedt.2012.06.012>

Ke, Y.T., Kuo, C.C., Hung, C.H. The effects of nursing preceptorship on new nurses' competence, professional socialization, job satisfaction and retention: a systematic review. *Journal of Advanced Nursing*, 2017; 73(10):2296-2305. See: <https://doi.org/10.1111/jan.13317>

Logina, A. and Traynor, M. The relationship between effective transition models and the optimal management of patient care. *British Journal of Nursing*, 2019, 28 (3), 168-172. See: <https://www.magonlinelibrary.com/doi/pdf/10.12968/bjon.2019.28.3.168>

Mitchell, J.M. and Davies, S. Implementation of a structured programme of preceptorship for newly qualified midwives in a maternity unit. *Nursing Management*, 23, 6, 35-39. See: https://usir.salford.ac.uk/id/eprint/40947/1/PreceptorshipNMI463_R1.pdf

Odelius, A., Traynor, M., Mehigan, S., Wasike, M., Caldwell, C. Implementing and assessing the value of nursing preceptorship. *Nursing Management*, 23, 9, 35-37. See: <https://journals.rcni.com/nursing-management/implementing-and-assessing-the-value-of-nursing-preceptorship-nm.2017.e1547>

Power, A. and Ewing, K. Midwifery preceptorship: the next chapter. *British Journal of Midwifery*, 2016, 24 (8), 582-584. See: <http://necar.northampton.ac.uk/8988/1/Power20168988.pdf>

Salt, J., Cummings, G.G., Profetto-McGrath, J., 2008. Increasing retention of new graduate nurses: a systematic review of interventions by healthcare organisations. *Journal of Nursing Administration*, 38 (6), 287-296. See: <https://www.ncbi.nlm.nih.gov/pubmed/18562833>

Scholes, J., Petty, N., McIntosh, T., Green, A., Flegg, M. Managing support for newly qualified practitioners: lessons learnt from one health care region in the UK. *Journal of Nursing Management*, 2017, 25, 102-109. See: <https://research.brighton.ac.uk/en/publications/managing-support-for-newly-qualified-practitioners-lessons-learnt>

Taylor, L.M. and East-Telling, C.L., Ellerton, A. Exploring preceptorship programmes: Implications for future design. *Journal of Clinical Nursing*, 2019, 28, 1164-1173. See: <https://onlinelibrary.wiley.com/doi/abs/10.1111/jocn.14714>

Tucker, G., Atkinson, J., Kelly, J., Parkin, L., McKenzie, A., Scott, S., Joyce, S., Davidson, D. Evaluation of a structured preceptorship programme. *British Journal of Community Nursing*, 2019, 24 (11), 554-557. See: <https://www.magonlinelibrary.com/doi/abs/10.12968/bjcn.2019.24.11.554?journalCode=bjcn>

Wain, A. Examining the lived experiences of newly qualified midwives during their preceptorship. *British Journal of Midwifery*, 2017, 25 (7), 451-457. See: <https://www.magonlinelibrary.com/doi/abs/10.12968/bjom.2017.25.7.451>

Whitehead, B., Owen, P., Henshaw, L., Beddingham, E., Simmons, M. Supporting newly qualified nurse transition: A case study in a UK hospital. *Nurse Education Today*, 36 (2016), 58-63. See: https://www.academia.edu/35595788/Supporting_newly_qualified_nurse_transition_A_case_study_in_a_UK_hospital_Item_type_Article



Portland Place,
London W1B 1PZ
T +44 20 7637 7181
F +44 20 7436 2924
www.nmc.org.uk

The nursing and midwifery regulator for England, Wales,
Scotland and Northern Ireland Registered charity in
England and Wales (1091434) and in Scotland (SC038362)



Department of
Health

An Roinn Sláinte

Mánnystrie O Poustie

www.health-ni.gov.uk

Northern Ireland Preceptorship Framework

for Nursing and Midwifery



Reflective
Supervision

Personal - Professional - Practice

CONTENTS

1.0	INTRODUCTION	3
2.0	BACKGROUND	3
3.0	NI PRECEPTORSHIP FRAMEWORK GOVERNANCE REQUIREMENTS	4
4.0	PRECEPTORSHIP RESOURCES	6
5.0	REFERENCES	7
6.0	APPENDICES	8

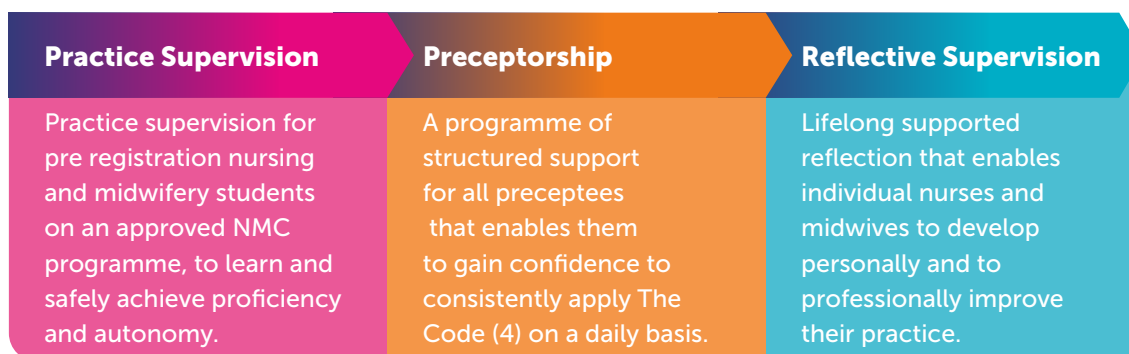
1.0 INTRODUCTION

- 1.1 In 2020, the Nursing and Midwifery Council (NMC) published ***Principles for Preceptorship (1)*** in recognition of the benefits that a supported, structured period of preceptorship can offer to all newly registered nurses and midwives. Key features of effective preceptorship are the provision of a welcoming working environment with learning and development opportunities that build the confidence, accountability, independence, knowledge, skills and professional values of all newly registered practitioners. The Principles are also relevant to registrants who are: joining a new part of the NMC register; undertaking a specialist/advanced level of practice; re-joining the register; returning to practice and coming to work in the UK from within or outside the EEA/EU. Hereafter referred to those preceptees.
- 1.2 The principles were developed in collaboration with the Chief Nursing Officers in the four countries of the UK, the Chief Midwifery Officers in England and Scotland and Lead Officers for Midwifery in Northern Ireland (NI) and Wales. It is for each country to implement the principles within their care system.

2.0 BACKGROUND

- 2.1 This ***Northern Ireland Preceptorship Framework (2)*** reflects the new ***NMC Principles for Preceptorship (1)***. It outlines the preceptorship governance requirements, tools and templates for organisations, regulators, educators, employers, Professional Leads, Line Managers, Preceptors and Preceptees to consistently implement, govern, report and improve on the achievement of the ***NMC Principles for Preceptorship (1)*** across NI.
- 2.2 The ***NI Reflective Supervision Framework (3)*** provides a reflective practice structure for lifelong learning and professional development which includes practice supervision for pre-registration nursing and midwifery students, preceptorship for all Preceptees and reflective supervision for all NMC Registered Nurses and Registered Midwives (See Figure 1).

Figure 1: Continuum of Lifelong Learning and Professional Development



- 2.3 Preceptorship benefits registrants by providing a programme of structured support aimed at building professional confidence, life-long learning and reflective practice skills. Benefits to people include delivery of consistent safe, effective, compassionate, person-centred care and improved recruitment and retention of staff for organisations.

3.0 NI PRECEPTORSHIP FRAMEWORK GOVERNANCE REQUIREMENTS

- 3.1 *NI's Preceptorship Framework (2)* requires that Preceptorship is available for all Preceptees and Preceptorship programmes should acknowledge professional competence at the point of registration. Preceptorship programmes must provide the structured support needed for Preceptees to successfully transition their knowledge into everyday practice, gain confidence in their ability to use their knowledge and skills and to consistently apply **The Code (4)** on a daily basis. Preceptorship facilitates professional socialisation and provides the basis for the beginning of a lifelong journey of reflection together with enabling the Preceptee to self-identify continuing professional development needs and to prepare for revalidation.

Figure 2: NMC Principles for Preceptorship (1)



- 3.2 Preceptorship must be used in conjunction with relevant legislative and statutory requirements, including organisational policies and procedures.
- 3.3 Organisations must provide a person-centred, welcoming culture that values learning and development supported by corporate and local induction, in addition to appraisal, supervision, personal development planning and ongoing continuous professional development. Preceptorship accountability must be embedded in the organisations governance arrangements with systems and processes in place for robust monitoring, reviewing and reporting to the organisation's senior Registered Nurse/Registered Midwife/ Executive Director of Nursing (Appendix 1). The Chief Nursing Officer needs assurance on

an annual basis that the systems and processes are in place to support preceptorship. Additional reporting/detail is only required if a professional issue arises that requires intervention. In addition, employers should also have in place mechanisms for the evaluation of preceptorship (Appendix 1), improvement plans and escalation processes for raising concerns.

- 3.4 Preceptorship commences with the Line Manager providing the Preceptee with the name of their Preceptor on their first week of employment as an NMC registrant. The preceptorship programme generally is completed within a period of six months which can be extended and tailored to individual need as required. An Extenuating Circumstances Form can be completed and agreed at local level (Appendix 1). A certificate of completion of the preceptorship programme will be issued to the Preceptee which can be used as part of the NMC revalidation process.
- 3.5 The nominated Professional Lead/s responsible for the implementation of Preceptorship should report to the Executive Director of Nursing or the most Senior Nurse / Senior Midwife, on preceptorship attainment and improvement plans (Appendix 1). The role and responsibilities of Professional Lead(s) are detailed in Appendix 1.
- 3.6 The Department/Area's nominated Line Manager should maintain a local register of: i) all Preceptees; ii) appointed Preceptors; iii) start and proposed end dates of each individual preceptee's programme; and iv) number of successfully completed Preceptorship Learning Agreement and Evaluation Templates (Appendix 1). The Line Manager should report annually on the previous year's (1st April to 31st March) preceptorship attainment, in line with the organisation's preceptorship processes. Any preceptees who have extenuating circumstances and require an extension to their preceptorship programme should complete the Extenuating Circumstances Form (Appendix 1).

The nominated Line Manager should ensure protected time for guided learning opportunities with the appointed Preceptor (minimum of 2 protected contacts per month). The nominated Line Manager should sign off the Preceptorship Learning Agreement and Evaluation of Preceptorship Programme Templates (Appendix 1). The role and responsibilities of the nominated Line Manager are detailed in Appendix 1.

- 3.7 Preceptors should meet the criteria of the role detailed in the Preceptor Qualities and Skills Assessment Tool (Appendix 1) and have undertaken relevant preparation for the role. This may be a Preceptor preparation programme based on the ***NMC Principles for Preceptorship (1), NI Preceptorship Framework (2), NI Reflective Supervision Framework (3)*** and ***The Code (4)***.

Preceptors should use a variety of approaches tailored to the Preceptees preferred learning style with the purpose of promoting Preceptee wellbeing, personal growth,

professional development, confidence and empowerment. The Preceptee should be encouraged to set realistic, achievable objectives and to record progress on their Learning Agreement Template (Appendix 1). The role and responsibilities of Preceptors are detailed in Appendix 1.

- 3.8 Preceptees' are responsible for designing a preceptorship programme with realistic, achievable objectives in collaboration with their Preceptor. The programme should meet the needs of the Preceptee, those the Preceptee is caring for and the Department/Area's needs. Achievement of objectives should include professional socialisation activities. The Preceptees must record progress on their Preceptorship Learning Agreement Template (Appendix 1). The role and responsibilities of the Preceptee are detailed in Appendix 1.

At the end of the preceptorship period, a post programme evaluation should be completed by the Preceptee (Appendix 1). The Preceptee will continue to participate in reflective supervision as part of the ongoing continuum of professional development in line with the ***NI Reflective Supervision Framework (3)***.

- 3.9 Preceptorship **does not** replace orientation to the workplace, organisational, departmental induction programmes, individual appraisal, supervision processes, mandatory training, probationary period, nor is it a re-test of professional competence.

4.0 PRECEPTORSHIP RESOURCES

Templates, resources, an online Preceptorship Awareness resource and a Regional Preparation Programme have been developed to ensure standardised implementation of the NMC principles and consistency of approach across NI. The online Preceptorship Awareness resource and the Regional Preceptorship Preparation Programme are accessible via [the Clinical Education Centre website](#). The resources listed below are in Appendix 1.

- ▶ Roles and Responsibilities
- ▶ Preceptorship Learning Agreement Template
- ▶ Evaluation of Preceptorship Programme Template
- ▶ Preceptor Qualities and Skills Assessment Tool
- ▶ Extenuating Circumstances Application Form Template
- ▶ Organisation Annual Preceptorship Reporting Template

5.0 REFERENCES

- 1 Nursing and Midwifery Council (2020) *Principles for Preceptorship*. London: NMC.
- 2 Department of Health (2022) *NI Preceptorship Framework for Nursing and Midwifery*. Belfast: NIPEC.
- 3 Department of Health (2022) *Reflective Supervision: A Framework to Support Nursing and Midwifery Practice*. Belfast: NIPEC.
- 4 Nursing and Midwifery Council (2018) *The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates*. London: NMC.

APPENDIX 1

ROLES AND RESPONSIBILITIES

ALL

All NMC registrants must adhere to and promote the **NMC Principles for Preceptorship (1), NI Preceptorship Framework (2), NI Reflective Supervision Framework (3) and The Code (4)**.

Professional Leads

The role and responsibilities of the nominated Professional Leads are to:

- ▶ Annually submit the previous year's preceptorship attainment data to the Executive Director of Nursing or most Senior Nurse / Senior Midwife using the Organisation Annual Preceptorship Reporting Template (Appendix 1).
- ▶ Ensure Preceptees receive a preceptorship programme tailored to their individual needs which is generally completed within a period of six months. It can be extended and tailored to individual need as required.
- ▶ Liaise with Line Managers and Preceptors to ensure that the organisation's preceptorship systems and processes are in line with the requirements of the **NMC Principles for Preceptorship (1), NI Preceptorship Framework (2), NI Reflective Supervision Framework (3) and The Code (4)**.
- ▶ Monitor and review preceptorship uptake and completion of preceptee programmes.
- ▶ Agree and professionally support improvement plans as required.

Nominated Line Manager

The role and responsibilities of the Nominated Line Manager are to:

- ▶ Hold a register from 1st April to March 31st each year, comprising: the number of Preceptees; nominated Preceptors; the start and proposed end date of preceptorship programme and number of successfully completed Preceptorship Learning Agreement and Evaluation of Preceptorship Programme Templates (Appendix 1).
- ▶ Share the name of the appointed Preceptor with the Preceptee within the first week of employment as an NMC registrant.
- ▶ Ensure that the Preceptee receives relevant induction training, including statutory and mandatory training within appropriate timescales.
- ▶ Plan relevant activities to meet the Preceptee's learning and development needs.
- ▶ Provide appropriate support to enable the preceptorship processes.
- ▶ Facilitate and maximise learning opportunities with a minimum of two protected contacts per month.
- ▶ Act as a professional role model for preceptorship.

- ▶ Obtain feedback at regular intervals from Preceptor and Preceptee, measuring progress against planned learning outcomes, identified in the Preceptorship Learning Agreement Template (Appendix 1). Act on feedback from Evaluation of Preceptorship Programme Template.
- ▶ Manage any underperformance through application of the organisation’s relevant human resource policies and procedures.
- ▶ Ensure a timely response to any concerns raised.

Preceptor

The role and responsibilities of the preceptor are to:

- ▶ Support the Preceptee to successfully complete the preceptorship programme.
- ▶ Meet the criteria within the Preceptor Qualities and Skills Assessment Tool (Appendix 1).
- ▶ Have completed relevant preparation to undertake the Preceptor role.
- ▶ Demonstrate and promote adherence to professional guidance.
- ▶ Provide an overview of the preceptorship process and documentation.
- ▶ Use reflective supervision and a variety of approaches tailored to the Preceptee’s preferred learning style with the purpose of promoting Preceptee wellbeing, personal growth, professional development, confidence and empowerment.
- ▶ In collaboration with Preceptee set realistic, achievable objectives that meet the needs of the Preceptee, those the Preceptee is caring for and the Department / Area’s needs. Achievement of objectives should include professional socialisation activities.
- ▶ Monitor and record progress on Preceptee’s Learning Agreement Template (Appendix 1) and act on any concerns and provide feedback to the nominated Line Manager.
- ▶ Provide feedback to support the Preceptee network and seek feedback from others with a preceptorship role.
- ▶ Complete the preceptorship process documentation as per the organisation’s policies.
- ▶ Support orientation and induction in the workplace.

Preceptee

The role and responsibilities of the Preceptee are to:

- ▶ Take ownership of their preceptorship programme and enhance their professional confidence.
- ▶ Demonstrate adherence to legal, organisational and preceptorship professional guidance.
- ▶ Liaise with the nominated Line Manager and Preceptor to ensure that working arrangements (off duty) facilitates protected time for guided learning opportunities.
- ▶ In collaboration with their Preceptor be proactive in designing a preceptorship programme with realistic, achievable objectives that meet their needs, the needs of those they are caring for and the Department/Area’s needs.

- ▶ Ensure objectives include professional socialisation activities.
- ▶ Attend and actively engage in agreed learning opportunities and use reflective supervision to build confidence and as part of lifelong learning.
- ▶ Record progress within the Preceptorship Learning Agreement Template (Appendix 1).
- ▶ Ensure that relevant preceptorship process documents are forwarded to the nominated Line Manager and that they retain a copy for their revalidation.
- ▶ Reflect with the Preceptor on progress at review meetings, including discussing any progress issues through the preceptorship process.
- ▶ Raise any issues about the process with the Preceptor, the nominated Line Manager or other relevant person.
- ▶ Complete Preceptorship Learning Agreement and Evaluation of Preceptorship Programme templates (Appendix 1).
- ▶ On completion of their preceptorship programme continue participating in reflective supervision in line with the ***NI Reflective Supervision Framework (3)***.

APPENDIX 1**PRECEPTORSHIP LEARNING AGREEMENT TEMPLATE**

Name of Preceptee: _____ Location/Base: _____

Commencement Date of Preceptorship Programme: _____

Proposed End Date: _____

Extenuating Circumstances Form Required? Yes No

Name of Preceptor: _____

Name of Line Manager: _____

Must be completed by Preceptee and Preceptor then signed off by Line Manager

Criteria	Completed by Preceptee	Completed by Preceptor & any additional comments by Line Manager
Preceptorship Programme Content: What are the aims? What are the realistic, achievable objectives?		
Design, Duration and Assessment of Learning: How will the programme design promote Preceptee empowerment, personal learning, professional development and confidence? How will reflective supervision and feedback be supported? What and how will any required resources be provided? How will barriers to successful achievement of Preceptorship Learning Agreement be mitigated?		

Northern Ireland Preceptorship Framework
for Nursing and Midwifery

Criteria	Completed by Preceptee	Completed by Preceptor & any additional comments by Line Manager
Anticipated outcomes of learning for: <ul style="list-style-type: none"> ▶ Preceptee ▶ People cared for ▶ Place of work Explicitly link to NMC Code (2018)		

Personal statement of commitment to achieve learning outcomes from the participant:

I, the Preceptee, agree to fully commit to completing all aspects of the programme as outlined above.

Preceptee Signature: _____ Date: _____

I, the Preceptor, agree to fully support the Preceptee to complete the programme, as outlined above.

Preceptor Signature: _____ Date: _____

I, the Line Manager, agree to fully support the Preceptee to undertake the programme, as outlined above.

Line Manager Signature: _____ Date: _____

Copy to be retained in Preceptee’s personal file

APPENDIX 1**EVALUATION OF PRECEPTORSHIP PROGRAMME TEMPLATE**

Name of Preceptee: _____ Location/Base: _____

Preceptorship Programme Completion date: _____

Evaluation Completion Date: _____

Extenuating Circumstances Form Required? Yes No

Name of Preceptor: _____

Name of nominated Line Manager: _____

To be completed by the Preceptee and Preceptor on completion of the programme and signed off by the nominated Line Manager

Criteria	Preceptee: Evaluation. Link each section to NMC Code (2018)	Preceptor & Line Manager: Evaluation
Identify the impact on the Preceptee's confidence following completion of the Preceptorship programme.		
Identify the impact of the Preceptee undertaking this programme on organisation.		
Provide feedback from people cared for by the Preceptee.		

Preceptee Signature: _____ Date: _____

Preceptor Signature: _____ Date: _____

Nominated Line Manager Signature: _____ Date: _____

Copy to be retained in Preceptee's personal file

APPENDIX 1**PRECEPTOR QUALITIES AND SKILLS ASSESSMENT TOOL**

- ▶ Ability to act as a professional role model
- ▶ Effective communication, reflective practice, critical thinking and decision-making skills
- ▶ Ability to recognise cultural and individual diversity needs
- ▶ Collective leadership skills, assertiveness and flexibility to change
- ▶ Effective clinical, teaching and coaching skills and delivering evidence-based practice
- ▶ Competent, confident and motivated in their own role and in the role of Preceptor
- ▶ The ability to guide the Preceptee through complex activities and tasks
- ▶ The ability to challenge underperformance issues

Preceptor Qualities & Skills Assessment Tool	Achieved Yes / No
1. Understand the concept of preceptorship and its positive influence on the Preceptee	
1.1 Have an understanding of the concept of preceptorship.	
1.2 Have an ability to work within the scope of preceptorship.	
1.3 Be able to describe the purpose and process of preceptorship.	
1.4 Have an understanding of the role of Preceptors and Preceptees in implementing the NMC principles for preceptorship.	
1.5 Identify how preceptorship can be used to enhance Preceptee confidence and for revalidation on their lifelong journey as an accountable, independent, knowledgeable and skilled practitioner.	
1.6 Relate preceptorship to the continuum of lifelong learning, professional development and revalidation for Preceptor and Preceptee.	
2. Manage the preceptorship process	
2.1 Plan and manage preceptorship sessions and demonstrate effective record keeping.	
2.2 Establish the preceptorship Learning Agreement and ground rules.	
2.3 Work within <i>The Code (NMC, 2018)</i> , <i>NMC Principles for preceptorship (2020)</i> , <i>NI Preceptorship Framework (2022)</i> and the <i>NI Reflective Supervision Framework (2022)</i> .	
2.4 Manage concerns and any conflict during preceptorship.	
2.5 Use an approach that ensures appropriate engagement with the Preceptee.	
2.6 Use reflective supervision (supported reflection) to develop the Preceptee's confidence to personally and professionally improve the quality, safety and person-centredness of their practice.	

Northern Ireland Preceptorship Framework
for Nursing and Midwifery

Preceptor Qualities & Skills Assessment Tool	Achieved Yes / No
2.7 Be supportive and constructive in empowering the Preceptee to create an achievable Preceptorship Learning Agreement with realistic individual and organisational goals supported by appropriate development actions and timeframes.	
2.8 Ensure continuity within the preceptorship process by actively seeking a Co-Preceptor with the appropriate knowledge and skills, to be appointed should the Preceptor not be available or the relationship is not maximising Preceptee's experience.	
2.9 Continually improve the experience of Preceptees', other Preceptors and self by critically evaluating own role as a Preceptor, seeking feedback on all aspects of role together with networking and sharing best practice.	
3. Facilitate Preceptee in engaging actively in development of his/her confidence and enhancement of competence	
3.1 Have an understanding of the context within which the Preceptee practises in relation to legal, professional, organisational and personal accountability.	
3.2 Facilitate Preceptee in developing practice.	
3.3 Use positive challenge to encourage the Preceptee to reflect on their practice.	
3.4 Promote critical thinking and decision making, team working, leading and self-reliance in Preceptee.	
3.5 Facilitate Preceptee in identifying and managing conflict.	
3.6 Have the ability to motivate, support, and empower Preceptee.	
3.7 Facilitate Preceptee in using problem solving techniques.	

Preceptor Name:

Role and Area / Department:

Preceptor Signature:

Date:

APPENDIX 1**EXTENUATING CIRCUMSTANCES APPLICATION FORM TEMPLATE****To be completed by Preceptee**

Name: _____ Date of Commencement of Programme: _____

Location: _____ Name of Preceptor: _____

Review Date & Proposed Completion Date: _____

Nominated Name of Line Manager: _____

I understand that, if owing to my extenuating circumstances I am not able to be contacted at work, I give permission to be contacted at home.

Home Telephone Number: _____ Home Email: _____

Details of Extenuating Circumstance**Nature of difficulty: (please tick as appropriate)** Illness Other Personal Circumstance**Supporting evidence: (please tick as appropriate)**Do you have medical certificate(s) or other supporting evidence? Yes No If YES is the evidence attached? Yes No **Extenuating Circumstances**

Provide details of the effect of the extenuating circumstances that you wish to be considered:

Please indicate your proposed dates for completion of your preceptorship programme:

I confirm that to the best of my knowledge the information given on this form is a true and accurate statement of my personal circumstances

Preceptee Signature: _____ Date: _____

Approved by:

Nominated Line Manager Signature: _____ Date: _____

APPENDIX 1

ORGANISATION ANNUAL PRECEPTORSHIP REPORTING TEMPLATE

Department/Area			
Reporting 1st April YYYY to 31st March YYYY (Previous Year)			
Professional Lead for Preceptorship			
Signature		Date	
Nursing			Headcount
Number of individuals joining NMC register (new registrants, international nurses and those returning to practice)			
Number of individuals joining NMC register (new registrants, international nurses and those returning to practice) who successfully completed a preceptorship programme agreed with their nominated Line Manager			
Midwifery			Headcount
Number of individuals joining NMC register (new registrants, international midwives and those returning to practice)			
Number of individuals joining NMC register (new registrants, international midwives and those returning to practice) who successfully completed a preceptorship programme agreed with their nominated Line Manager			
Additional comments			



June 2022

Review Date: June 2025



<https://nipec.hscni.net>

ISBN: 978-1-903580-76-9



Belfast Health and
Social Care Trust



PRECEPTORSHIP

PORTFOLIO

(ADULT)



Please print the following essential information:

Name of Band 5 Staff Nurse

Start date of employment

Start date of registration

NMC PIN **Expiry Date**.....

Name of Preceptor

Name of Deputy Preceptor

Ward/Team, Site & Service Group
.....

Period of induction **From** **To**

Contents

<i>Page 1</i>	<i>Record of personal details</i>
<i>Page 2</i>	<i>Content</i>
<i>Pages 3-6</i>	<i>Introduction and information</i>
<i>Page 7- 8</i>	<i>Mandatory training records</i>
<i>Page 9</i>	<i>Knowledge & Skills Framework (KSF)</i>
<i>Page 10</i>	<i>Corporate Induction</i>
<i>Page 11</i>	<i>Local Induction</i>
<i>Pages 12-13</i>	<i>Health & Safety Checklist</i>
<i>Page 14 - 30</i>	<i>Generic Core Objectives</i>
<i>Page 31 - 34</i>	<i>Area Specific Objectives</i>
<i>Page 35</i>	<i>Appendix 1 – Identification of Learning Needs</i>
<i>Page 36 - 41</i>	<i>Appendix 2 – Record of Meetings (monthly)</i>
<i>Page 42</i>	<i>Appendix 3 – Review of Progress</i>
<i>Page 43</i>	<i>Appendix 4 – Final Review (6 months)</i>
<i>Pages 44 - 46</i>	<i>Appendix 5 – NMC Reflection Sheets</i>
<i>Pages 47 – 48</i>	<i>Appendix 6 – Models of Reflection</i>
<i>Page 49</i>	<i>NMC Code</i>
<i>Page 50</i>	<i>Trust Values</i>

Introduction

The Nursing and Midwifery Council (NMC) strongly recommends that all newly qualified nurses undertake a period of preceptorship (NMC, 2006). The Belfast Trust's Corporate Welcome, the Nursing & Midwifery Induction Programme, and the Preceptorship portfolio aim to deliver the means for you to meet the NMC's recommendations. This will enable you to make the transition from nursing student to staff nurse and provide you with the opportunity to deliver safe and effective nursing care in a supportive environment. It is expected that your preceptorship period will take place over the first 6 months of employment. This timeframe will only be extended in extenuating circumstances and at the discretion of your preceptor and line manager. In these circumstances the reasons for the extended preceptorship period will be recorded and consideration will be given to applying the Trust Capability Policy.

This programme has been mapped against the relevant dimensions within the Knowledge and Skills Framework (KSF) and can be used as part of your evidence to support learning and development. KSF is a broad generic framework that focuses on the application of knowledge and skills. It is designed to support the development of individuals so that they can be effective in the post in which they are employed. Successful completion of this programme provides you with the evidence required to pass through the foundation gateway for your post.

The Trust is committed to supporting you through this preceptorship programme and will provide you with a preceptor and deputy preceptor.

- You will be introduced to your preceptor and your deputy preceptor on commencing in your clinical area, who will be a Registered Nurse, Band 5 (or above) with a minimum of 1 years' experience in the area.
- You (as the preceptee) and the preceptor will negotiate off-duty to enable successful completion of the preceptorship period. This will be negotiated with the Sister/Charge Nurse. It is important that you and your preceptor meet regularly to discuss and document your progress through the preceptorship period. A formal review of your progress should take place every four weeks (*Appendix 2*).
- On completion of the preceptorship period please ensure your programme is signed by you, your preceptor and your line manager (*Appendix 3*). You are advised to maintain a copy for your own records. Your line manager will retain a copy in your personal file (this may be at ward level or within a central area for your Service Group).

There will be times when you will work with other registered nurses who will enable you to achieve your learning objectives required through the preceptorship period.

***NB – If a learning objective is not applicable to your specific area this must be confirmed by your preceptor.**

Roles & Responsibilities

The role of the preceptee is to:

- Review your Logbook of Practice Skills from university with your preceptor. Identify any learning needs you still have not met that are relevant (in line with your KSF job outline) to your area of practice.
- To agree an action plan with your preceptor to facilitate you to achieve your learning objectives.
- Take ownership of the programme and be proactive in completion of the objectives;
- Negotiate off-duty to ensure that you and your preceptor hold regular meetings to review your progress and development needs;
- Maintain and update all relevant documentation;
- While your preceptor is responsible for signing off the final review, all registered members of staff can sign objectives.
- Ensure a copy of your final review page is forwarded to your line manager;
- Ensure that you keep the completed programme as a record of completion of your Preceptorship period;
- If you are not achieving the objectives of the programme you have a responsibility to raise this with your preceptor and/or line manager in the first instance.

The role of the preceptor:

- To work a similar shift pattern as you each week, insofar as this is reasonably practicable;
- For the periods that the preceptees is not working with their preceptor it is desirable that the preceptees off duty should be similar to that of the deputy preceptor.
- To facilitate you to gain the experience which will enable you to be a safe and confident practitioner;
- To support you and provide constructive feedback;
- To act as a role model;
- To support you if the objectives are not being achieved through the identification of an action plan to facilitate completion;

- To liaise regularly with the line manager regarding progress;

Role of the Line Manager:

- To provide support for both preceptor and preceptee;
- To facilitate and maximise learning opportunities;
- To act as a role model;
- To obtain regular feedback from both the preceptor and preceptee on progress against the identified objectives;
- To appoint an appropriate preceptor and will appoint a named deputy who will cover periods of absence when necessary;
- To confirm successful completion of the programme by completing the final review (*appendix 3*).

Collecting Evidence

Evidence is generally regarded as a collection of materials that demonstrate achievement and ability. Collecting evidence for the purposes of this portfolio can also be used to provide proof of your continuing professional development to meet NMC Prep/revalidation requirements as well as demonstrating your development in line with your KSF outline.

Evidence may be collected in a number of ways:

- Observation of workplace activity
- Critical review of written documentation
- Certificates of attendance from study days/training/elearning
- Questioning
- Written support of work undertaken with members of the multidisciplinary team.
- Projects/assignments/case studies – as agreed with your preceptor or undertaken as part of the preceptorship programme
- Reflective records
- Critical feedback from peers and line manager
- Accolades/testimonials.

Review of Progress

Please use the progress sheets (*Appendix 1 & 2*) to reflect on and record progress. It is important that you engage with interprofessional members of the team to reflect on and record critical feedback regarding your progress. Through reflecting on your practice with your preceptors this approach can also enable you to meet your learning objectives.

Learning objectives will be agreed during your four weekly reviews. Any challenges or issues that arise will be discussed and a negotiated plan of action, that enables you to resolve and achieve the learning objectives, will be agreed and documented.

If there remain unresolved issues, you and your preceptor/deputy preceptor will bring this to the attention of your line manager.

Please note that other key staff may be accessed to support your preceptorship experience and sign off your objectives.

Learning Agreement:

I have read and understand the requirements of this programme.

Preceptee Date

Preceptor Date
(Deputy Preceptor)

Mandatory Training Record

This list is to be used as guidance and it is **not** expected that you will be able to complete all these requirements in your first 6 months. This list is not exhaustive and further training will apply depending on the area of work.

Mandatory training	Face to Face (F) E Learning (E)	Frequency	Date attended
Corporate Induction	F	Once	
NIMP	F	Once	
Local Induction	F	Once	
Tissue Viability	F	Once	
Adverse Incident Reporting	F/E	Once	
Complaints Management	F/E	Once	
Medical Gas Safety	F	Once	
Waste Management & Sharps Awareness	E	Once	
Fire	F	Yearly	
In Hospital Life Support	F	2 Yearly	
Infection Prevention and Control	E	2 Yearly	
Introduction to Patient Handling (e-learning module must be completed, certificate printed and produced as evidence prior to attending)	F/E	2 yearly	
Basic Personal Safety Training	E	2 yearly	
Safe Transfusion/Competencies	F	3 yearly	
Administration of Medicines Update	F	3 yearly	
Hyponatraemia – BMJ Online Module	E	3 yearly	
Medical Devices	F/E	3 yearly	

COSHH Awareness	E	3 yearly	
Safeguarding Children - level one	F	3 yearly	
Safeguarding Vulnerable Adults	F	3 yearly	
Data Protection	F/E	3 Yearly	
Health & Safety Awareness	F/E	3 yearly	
Equality	E	4 yearly	

Knowledge and Skills Framework

This programme is designed to assist with your transition through the KSF foundation gateway for the Band 5 nurse. The areas for development highlighted in the programme fall within the dimensions of the KSF framework.

Core Dimensions	Level	
C1	2	Communication
C2	2	Personal and people development
C3	1	Health, safety and security
C4	1	Service Improvement
C5	2	Quality
C6	2	Equality and diversity
Specific Dimensions		
HWB2	2	Assessment and care planning to meet health and wellbeing needs
HWB5	3	Provision of care to meet health and wellbeing needs

Corporate Welcome & the Nursing & Midwifery Induction Programme

Objectives: The nurse will have an awareness and understanding of the structures and function of the Trust.	Demonstrated Date and Signature Preceptee	Achieved Date and signature Preceptor
The nurse is able to locate and access the following in the clinical/locality or via the Belfast Health and Social Care Trust HUB site:		
<ul style="list-style-type: none"> • Demonstrate awareness and understanding of relevant policies, procedures & guidelines 		
<ul style="list-style-type: none"> • Attend Corporate Welcome 		
<ul style="list-style-type: none"> • Attend Nursing and Midwifery Induction Programme 		
<ul style="list-style-type: none"> • Complete the Health and Safety Induction check list 		
<ul style="list-style-type: none"> • Demonstrate awareness and understanding of the Nursing and Midwifery structures within the Trust 		
<ul style="list-style-type: none"> • Demonstrate awareness, understanding and relevancy of the 5 corporate objectives 		
The nurse will demonstrate awareness and understanding of his/her roles and responsibilities with regard to: NB. This should not be viewed as a definitive list, but as a suggestion.		
<ul style="list-style-type: none"> • Fire policy 		
<ul style="list-style-type: none"> • Resuscitation 		
<ul style="list-style-type: none"> • Patient handling 		
<ul style="list-style-type: none"> • Clinical Governance 		
<ul style="list-style-type: none"> • Major Incidents plan 		
<ul style="list-style-type: none"> • Infection Prevention & Control 		
<ul style="list-style-type: none"> • Safe transfusion 		
<ul style="list-style-type: none"> • Safeguarding Children / Safeguarding Vulnerable Adults 		
<ul style="list-style-type: none"> • The National Early Warning Scoring (NEWS) 		
<ul style="list-style-type: none"> • Last offices guidelines 		
<ul style="list-style-type: none"> • The nurse will be able to demonstrate awareness in accurate record keeping as outlined by the NMC (2009) 		

Local Induction

Objectives: The nurse will become familiar with their clinical area.	Demonstrated Date and Signature Preceptee	Achieved Date and signature Preceptor
Provide details of car parking and hospital bus service.		
Introduce to colleagues and multidisciplinary team.		
Outline the patient services provided by the clinical area.		
Discuss with line manager about review/expectations/KSF outline and requirements of the job.		
Describe the management structure		
Familiarise with the local layout		
Obtain an explanation of area specific handover arrangements		
Explain hours of duty, breaks, annual leave requests, pay, extra duty claim, time keeping and study leave		
Provide signatures, personal details and NMC PIN for records		
Arrange computer access to: <ul style="list-style-type: none"> • HRPTS • PARIS • Master Lab/ Lab centre • Trust Hub • PAS/Patient Journey • Blood tracking • Radiology/Centricity • Hospital @ Night contact details • Any other area specific system e.g CEC site 		
<ul style="list-style-type: none"> • Use the phone system 		
<ul style="list-style-type: none"> • Use the bleep system 		
<ul style="list-style-type: none"> • Call the arrest team 		
<ul style="list-style-type: none"> • Activate the fire alarm 		
<ul style="list-style-type: none"> • Work within the Code of Conduct (NMC 2013). 		



HEALTH & SAFETY INDUCTION CHECKLIST

NEW STAFF, AGENCY/BANK WORKERS

The Health and Safety Checklist is a tool Managers can use for induction of staff or as a support to existing induction programmes. Line Managers should ensure that the initial induction should be completed within the first two weeks of starting. Emergency procedures should be covered in the first day. On completion the inductee and person providing the induction should both sign the form

Individuals Name:	Job Title:
Location:	Area:
Start Date:	Induction Date:

1. Health and Safety Policy and Information	Yes	No	N/A	Comments
<ul style="list-style-type: none"> Staffs responsibility as outlined within the Health and Safety Policy explained and directed to where a copy can be viewed Explain local health and safety procedures A copy of the Trust's Health and Safety Induction Information Leaflet and explained how to access Occupational Health Services 				Health and Safety Policy
2. Emergencies/Fire Arrangements and Smoking	Yes	No	N/A	Comments
<ul style="list-style-type: none"> Action to follow in the event of discovering fire or hearing the alarm, escape routes, fire wardens and assembly/muster points. Position of fire extinguishers/blankets and fire alarm call points. Personal Emergency Evacuation Plan (PEEP), for staff with a disability. Trust's policy on smoking. 				
3. Risk Assessment and Training	Yes	No	N/A	Comments
<ul style="list-style-type: none"> Discuss the following issues with new start, where these are appropriate to their work: Risk assessments and safe systems of work specific to their job. i.e. lone working General workplace health and safety (i.e. housekeeping, safe storage, etc) A copy of Zero Tolerance Personal Safety Update leaflet. Apply for Management of Aggression training as appropriate. Work with hazardous substances and the location of Control of Substances Hazardous to Health assessments and Hazard/Safety Data sheets. Safe moving and handling information and the use of mechanical handling devices and manual handling risk assessments. Apply for 'Patient or Load handling' training. If the work undertaken involves a significant amount of Display Screen Equipment (DSE) use, discuss the DSE Self-Assessment Form and entitlement to eyesight test. Apply for 'Back Care for Office Workers' training. 				Lone Worker Policy Zero Tolerance to prevent and manage violence and aggression policy. Alcohol and drugs in the workplace policy. COSSH Policy Manual Handling Policy Display Screen Equipment Policy
PWG/V.10.1/June 2016				Revised V Cartmill (NDL)

- Importance of good hygiene, hand washing and use of alcohol gels. Apply for relevant mandatory Infection Prevention and Control training.
- Safe use & maintenance of equipment, including pointing out the safety features?
- If the person is a new or expectant mother carry out specific risk assessment.

Infection Prevention and Control Management Arrangements Policy

New and Expectant Mother Policy

4. Welfare Facilities and First Aid	Yes	No	N/A	Comments
<ul style="list-style-type: none"> • Location of toilets, washing facilities, kitchen & rest areas, lockers, showers, drinking water, etc.... • Location for first aid boxes and how to contact first-aiders. 				
5. Incident and Hazard Reporting	Yes	No	N/A	Comments
When and how to complete the Trust's incident form and that it is everyone's responsibility to report accidents/incidents, including near misses and other concerns with their work activities immediately to their Line Manager				Adverse incident Policy
6. Personal Protective Equipment	Yes	No	N/A	Comments
<ul style="list-style-type: none"> • Activities for which personal protective equipment or other safety equipment is required (and why it must be used) • Personal protective equipment (PPE) issue and explain its proper use, storage and maintenance. • Procedure for reporting defective or damaged PPE and obtaining replacements 				Trust Policies are available on Intranet
7. Health and Safety Training				
Identify health and safety training needs (including timescales for attendance) and detail in Personal Development Plan and document below any additional H&S Information and supervision required e.g. asbestos, electricity, working at height, confined places. Permit to work etc...				

Declaration: I certify that the above health and safety induction subjects have been explained:

Induction conducted by: *(please include job title)*

Date:

Inductee signature:

Date:

C1 - Communication
Communicate with a range of people on a range of matters

Communication (C1) Communicate with a range of people on a range of matters		
Objectives: Apply knowledge and demonstrate an understanding of communication skills both written & verbal.	Demonstrated Date and Signature Preceptee	Achieved Date and signature Preceptor
The staff nurse is able to:		
Communicate effectively with patients, relatives, colleagues and other members of the multidisciplinary team		
Support people with emotional issues and in difficult situations e.g. distressing diagnosis, challenging behaviour		
Demonstrate the ability to support patients, relatives and colleagues in dealing with difficult situations according to their needs, e.g. breaking bad news and patient/carer's concerns		
Deal with complaints appropriately		
Illustrate how confidentiality is maintained in adherence to the NMC Code of Conduct (2013)		
Deal with sensitive issues appropriately		
Identify and make provisions for patient/relatives with communication and language barriers e.g. hearing difficulties, Mental Health issues or Learning Disabilities.		
Familiarise yourself to the services available to aid communication for those individuals who do not speak English e.g. Language Line		

Recognises and deals appropriately with potential conflict situations		
Communication (C1) Communicate with a range of people on a range of matters		
Demonstrate awareness of the role of the Specialist Nurse, e.g. Respiratory Nurse, Diabetes Specialist Nurse		
Communicate within the nursing team e.g. adequate handover reporting/ handover to Community Teams		
Demonstrate knowledge around safety briefings at start of each shift.		
Use active listening skills, encourage/support patients to communicate and take action based on what you have heard		
Maintain a professional and caring attitude in all aspects of communications		
Report, document and follow-up issues that may impact upon quality. Escalate concerns to line manager.		
Keep accurate and complete records consistent with legislation, policies and procedures in accordance with the NMC guidelines on record keeping (2009)		
Maintain patient records in accordance with the Data Protection Act (1999) and Trust policies and demonstrate an awareness of the Freedom of Information Act (2004)		
Demonstrate understanding of the principles of informed consent and capacity and apply these in practice.		
Enable patient/client/family to be fully involved in decisions regarding their care		

**C2 - Personal and People Development.
Develop own knowledge and skills and provide information to others to help their development**

Personal and People Development (C2) Develop own knowledge and skills and provide information to others to help their development.		
Objectives: Apply own knowledge and skills to help others.	Demonstrate: Date and Signature Preceptee	Achieved Date and signature Preceptor
The staff nurse is able to:		
Utilise evidence based practice in day to day work		
Support patients/client/family to develop knowledge and skills regarding their care		
Understand the roles and responsibilities of the multi-disciplinary team		
Able to assist in development of others e.g. students, unregistered members of the nursing team, external agencies		
Act as a role model		
Support learners to develop knowledge and skills within the area		
Seek opportunities to undertake supervision in accordance with Chief Nursing Officer standards (2008) i.e. two periods of supervision per year.		
Access further education relevant to role		

C3 - Health, Safety and Security
Monitor and maintain health, safety and security of self and others

Health, Safety and Security (C3). Monitor and maintain health, safety and security of self and others.		
Objectives: Applies knowledge and demonstrates understanding of relevant equipment.	Demonstrated Date and Signature Preceptee	Achieved Date and signature Preceptor
The staff nurse is able to:		
Identify training needs in relation to medical devices and ensure appropriate training is offered and attended		
Demonstrate awareness of how to prepare/order equipment in an appropriate, timely manner, according to the patient's clinical status		
Demonstrate ability to check equipment and confirm this is safe and ready for use		
Demonstrate ability to check equipment, identify faults and take corrective action		
Follow up when equipment has been reported faulty and check that action has been taken		
Demonstrate the cleaning /decontamination requirements of equipment used.		
Effectively monitor equipment whilst in use and if necessary promptly identify and take appropriate action to address faults		
Demonstrate knowledge of the Trust decontamination policy		

C3 - Health, Safety and Security
Monitor and maintain health, safety and security of self and others

Health, Safety and Security (C3). Monitor and maintain health, safety and security of self and others.		
Objectives: Apply knowledge and understanding of safe infection prevention and control practices.	Demonstrated Date and Signature Preceptee	Achieved Date and signature Preceptor
The staff nurse is able to:		
Demonstrate correct hand washing – 7 step technique		
Demonstrate correct aseptic non touch technique (ANTT)		
Demonstrate knowledge and understanding of the High Impact Interventions (Care Bundles) used		
Demonstrate safe practice when applying category specific isolation precautions		
Demonstrate knowledge of management policies and pathways for <ul style="list-style-type: none"> • MRSA • C Difficile • Sharps 		
Demonstrate appropriate use of personal protective equipment (PPE) and prevention of cross infection		
Describe the appropriate actions to take when dealing with the spillage of body fluids in accordance with Trust policy		
Demonstrate role and responsibilities in relation to environmental cleanliness		
Ensure that patients/client/family is supported to contribute to the prevention and control of infection		

C3 - Health, Safety and Security
Monitor and maintain health, safety and security of self and others

Health, Safety and Security (C3). Monitor and maintain health, safety and security of self and others.		
Objectives: Applies knowledge and understanding of emergency situations.	Demonstrated Date and Signature Preceptee	Achieved Date and signature Preceptor
The staff nurse is able to:		
Demonstrate knowledge in caring for a patient during: <ul style="list-style-type: none"> • Sudden loss of consciousness • Anaphylactic event • Seizure • Haemorrhage • Choking <p>To include</p> <ul style="list-style-type: none"> • Ability to recognise the signs when someone is choking • Knowledge of safe eating strategies • Knowledge of how to support a person who chooses to eat high risk foods 		
Demonstrate ability to check emergency equipment <ul style="list-style-type: none"> • Resuscitation trolley, defibrillator, drugs box • Hyperkalaemia kit 		
Demonstrate understanding of the Trust Resuscitation policy including DNAR policy		
Be aware of the need for support and reassurance of those who witness a sudden loss of consciousness of other patients		

**C4 - Service Improvement
Contribute to the improvement of services**

Service Improvement (C4) Contribute to the improvement of services.		
Objectives: Demonstrate Person Centred Care	Demonstrated Date and Signature Preceptee	Achieved Date and signature Preceptor
The staff nurse is able to:		
Prioritise care for a group of patients demonstrating time management, planning and organisational skills		
Importance of communicating the patients Estimated Date of Discharge (EDD) and length of stay		
Demonstrate an awareness of person centred practice		
Contribute to the improvement of services for service users		
Demonstrate an understanding of team/service group objectives		
Demonstrate effective communication with patients and relatives/carers		
Discuss the purpose and function of audit processes and regulation processes within the service including the role of RQIA		

C5 – Quality
Maintain quality in own work and encourage others to do so

Quality (C5) Maintain quality in own work and encourage others to do so		
Objectives: Applies knowledge and understanding in provision of quality care.	Demonstrated Date and Signature Preceptee	Achieved Date and signature Preceptor
The staff nurse is able to:		
Maintain quality in own work and encourage others to do so		
Demonstrate an understanding of audits and participate in audits i.e. care bundles, HH/BBE, NIPEC record keeping.		
Act as a role model by providing a person centred service to all patients and visitors to the Trust		
Act responsibly as a team member and seek help as necessary		
Use and maintain resources efficiently and effectively		

**C6 - Equality and Diversity
Support equality and value diversity**

Equality & Diversity (C6) Support equality and diversity.		
Objectives: Applies knowledge and understanding of equality and diversity	Demonstrated Date and Signature Preceptee	Achieved Date and signature Preceptor
The staff nurse is able to:		
Act in a way that supports equality and diversity within the workplace		
Recognise when others are being discriminated against and take action by reporting it to an appropriate person		
Act as patient's advocate e.g. help patients to understand their rights		
Treat everyone with whom you come into contact with, with dignity and respect		
Report behaviour that undermines equality and diversity		
Show consideration for the feelings and rights of others		
Acknowledge others points of view		
Ensure that you do not act in a way that may make individuals feel inferior		
Seek advice when you are having difficulty promoting equality and diversity		

Health and Wellbeing 2
Assess health and wellbeing needs and develop, monitor and review care plans to meet specific needs

Health & Wellbeing 2 (HWB2) Assess health & wellbeing needs and develop, monitor & review care plans to meet specific needs.		
Objectives: Applies knowledge and understanding to admission, discharge and/or safe transfer of patients.	Demonstrated Date and Signature Preceptee	Achieved Date and signature Preceptor
The staff nurse is able to:		
Make the necessary arrangements for the admission of a patient e.g. equipment, documentation		
Carry out a nursing assessment that includes patient and family needs		
Plan and implement a nursing care plan in collaboration with patient, family and MDT		
Inform the patient/relatives of the trust policy on the management of property and valuables		
Discuss with the patient/family/carer the purpose of the admission, using additional resources to provide further information as necessary		
Discuss date of discharge with patient & relatives		
Liaise and communicate with internal and external multidisciplinary team members		
Ensure documentation is completed for patient discharge/transfer in line with trust policy		
Ensure provision of information to patient, relatives or carers appropriate to their needs, e.g. medications, equipment, appointments		
Demonstrate knowledge of relevant safety aspects related to transfer, e.g. transfer to theatres, another hospital		
Ensure documentation accurately reflects the care that has been given		

Health & Wellbeing 2 (HWB2) Assess health & wellbeing needs and develop, monitor & review care plans to meet specific needs.		
Objectives: Apply knowledge and understanding when recording vital signs	Demonstrated Date and Signature Preceptee	Achieved Date and signature Preceptor
The staff nurse is able to:		
Demonstrate the ability to record vital signs using appropriate equipment		
Accurately record patient vital signs /other clinical observations using the appropriate National Early Warning Scoring (NEWS)		
Interpret the trends of patient's vital signs and their significance		
Recognise and report abnormal results to a senior member of staff as per algorithm		
Discuss patient management following recognition of abnormal values		
Observe the mental, physical and behavioural well-being of your patients		
Demonstrate knowledge of Trust policy and procedure and NICE guidelines (2007) in relation to neurological monitoring		
Outline rationale for using the Glasgow Coma Scale (GCS)		
Demonstrate knowledge in documenting neurological assessment and report findings		
Demonstrate awareness of the use of the sepsis tool in practice		
Demonstrate correct blood glucose monitoring procedure and interpretation of same.		

Health & Wellbeing 2 (HWB2) Assess health & wellbeing needs and develop, monitor & review care plans to meet specific needs.

Objectives: The nurse will be able to: <ul style="list-style-type: none"> ▪ Assess, monitor the patients nutritional status ▪ Provide nutritional support. 	Demonstrated Date and Signature Preceptee	Achieved Date and signature Preceptor
---	--	--

The staff nurse is able to:

Assess the patient's nutritional status, e.g. monitor patient's weight, use of the BMI, MUST and other tools		
Describe how to refer a patient to the dietician and the nutrition team		
Demonstrate safe passing and checking of a Naso gastric (NG)/fine bore tube in line with Trust policy		
Complete the Trust NG insertion self assessment		
Demonstrates care of a patient with a NG/fine bore tube in situ		
Demonstrates nutritional support via: - <ul style="list-style-type: none"> • Oral • Nasogastric • PEG (Percutaneous Endoscopic Gastrostomy) • Jejunostomy • TPN (Total Parental Nutrition) 		
Demonstrate correct completion of appropriate documentation e.g. fluid balance charts, food charts		
Demonstrate an understanding of the CREST guidelines for the management of Enteral tube feeding		
Demonstrate safe practice when feeding via a pump system		
Demonstrate awareness of guidelines for patient fasting for surgery/procedures		
Ensure that the nutritional needs of the patient are met		
Provide information to patient and relatives appropriate to their needs during their stay and also in preparation for their discharge		
Ensure that documentation accurately reflects the care that has been given		

Health and Wellbeing 5
Undertake care activities to meet the health and wellbeing
needs of individuals with a greater degree
of dependency

Health & Wellbeing 5 (HWB5) Undertake care activities to meet the health & wellbeing needs of individuals with a greater degree of dependency.		
Objectives: Applies knowledge and understanding of policies for administration and storage of medications and adheres to NMC and Trust policies.	Demonstrated Date and Signature Preceptee	Achieved Date and signature Preceptor
The staff nurse is able to:		
Adhere to the NMC, DHSSPS and BHSC Medicine Code standards for the administration of medicines		
Demonstrate understanding of Trust prescribing documentation e.g. drug kardex, insulin, syringe driver chart		
Outline Trust policies for the ordering (including out of hours), administration, storage and internal transfer of drugs		
Demonstrate the correct procedure for ordering, storage and administration of all drugs		
Discuss the actions that need to be taken if a drug error or near miss occurs		
Demonstrate use of appropriate formulary (BNF, BHSC Intravenous administration book, antimicrobial guidelines)		
Demonstrate the ability to calculate correctly medications and intravenous fluids		
Demonstrate correct procedures in the use of the following drug administration routes: - <ul style="list-style-type: none"> • Oral • Rectal • Subcutaneous • Intra-muscular • Nebulisers/Inhalers • Nasal • Instillation of ear/eye drops 		

Health & Wellbeing 5 (HWB5) Undertake care activities to meet the health & wellbeing needs of individuals with a greater degree of dependency.		
Discuss the procedure for preparation and administration of IV infusions and care of IV sites including ANTT principles		
Be familiar with the GAIN guidelines and Trust policies in relation to hyperkalaemia		
Be familiar with Trust policies in relation to Hyponatraemia 'reducing the risk' and the Recording of Fluid Balance Charts		
Complete the BMJ on-line module – Reducing the risk of hyponatraemia when administering intravenous fluids to children		
Complete the right blood right patient theory and competencies		
Discuss the complications of transfusion of blood and blood components and the management of the patient in the event of a transfusion reaction		
Discuss the storage requirements of blood and blood components		
Demonstrate the procedure for the preparation, compatibility checking, administration and care of the patient receiving a transfusion of blood, fresh frozen plasma, platelets or cryoprecipitate		
Awareness of Oxygen Prescription & ensure that oxygen is prescribed on medicine kardex		
Demonstrate Oxygen support via: Nasal specs Face Mask Double Flow NIV (if applicable)		

Health & Wellbeing 5 (HWB5) Undertake care activities to meet the health & wellbeing needs of individuals with a greater degree of dependency.		
Objectives: Applies knowledge and understanding of policies for administration and storage of Controlled Drugs and adheres to NMC and Trust policies.	Demonstrated Date and Signature Preceptee	Achieved Date and signature Preceptor
The staff nurse is able to:		
Adhere to the NMC, DHSSPS and BHSC T policy for the administration of Controlled Drugs		
Demonstrate the correct procedure for ordering, storage and administration of controlled drugs		
Discuss the actions that need to be taken if a controlled drug goes missing		
Demonstrate correct procedures in the administration of a controlled drug: - <ul style="list-style-type: none"> • Check all details in the Medicine Kardex • Check when last administered • Ensure two nurses check out the prescribed drug and sign the CD book • Both nurses must then go to the patient's bedside to administer • Document in kardex and nursing documentation dose, time, route and effect of medication 		
Undertake a controlled drug audit with ward Pharmacist; discuss the findings of same and actions required.		

Health & Wellbeing 5 (HWB5) Undertake care activities to meet the health & wellbeing needs of individuals with a greater degree of dependency.		
Objectives: Applies knowledge and understanding to be able to assess, plan, implement and evaluate care of the patients skin	Demonstrated Date and Signature Preceptee	Achieved Date and signature Preceptor
The staff nurse is able to:		
Assess the patient's risk of developing pressure damage using an appropriate tool (EG Braden scale) and complete relevant documentation		
Demonstrate completion of plan of care etc (SKIN bundle)		
Describe the resources available for the management of a patient at risk of developing pressure damage		
Assess the category of tissue damage using the trust pressure area assessment tool		
Describe the treatment options for the different categories of tissue damage		
Refer patient to the Tissue Viability Nurses or Podiatrist as appropriate		
Arrange the delivery and return of pressure relieving equipment and complete the appropriate documentation		
Discuss use of wound assessment tools and be aware of dressing types using the Wound Care Guidelines and the DHSSPS Pharmacy website		

Area Specific Objectives

Objectives:	Demonstrated Date and Signature of Preceptee	Achieved Date and signature of Preceptor
The staff nurse is able to:		

Area Specific Objectives

Objectives:	Demonstrated	Achieved
	Date and Signature of Preceptee	Date and signature of Preceptor
The staff nurse is able to:		

Area Specific Objectives

Objectives:	Demonstrated Date and Signature of Preceptee	Achieved Date and signature of Preceptor
The staff nurse is able to:		

Identification of Learning Needs.

Appendix 1

Name of preceptee: _____

Learning objectives	How will I achieve My objectives	How will I demonstrate My learning	Time frame

Signed: _____ Preceptee Date: _____

Signed: _____ Preceptor Date: _____

***Photocopy as required**

Appendix 2

Record of Meeting.	
Date:	
Present	Designation
Name:	
Name:	
Name:	
Purpose of meeting:	
Outcome of meeting:	
Actions agreed: (may require development of an action plan using appendix*)	
If meeting does not take place, state reason:	
Signed:	
Staff member:	Line Manager:
Mentor (if applicable):	Others:

***Photocopy as require**

Appendix 2

Record of Meeting.	
Date:	
Present	Designation
Name:	
Name:	
Name:	
Purpose of meeting:	
Outcome of meeting:	
Actions agreed: (may require development of an action plan using appendix*)	
If meeting does not take place, state reason:	
Signed:	
Staff member:	Line Manager:
Mentor (if applicable):	Others:

***Photocopy as require**

Appendix 2

Record of Meeting.	
Date:	
Present	Designation
Name:	
Name:	
Name:	
Purpose of meeting:	
Outcome of meeting:	
Actions agreed: (may require development of an action plan using appendix*)	
If meeting does not take place, state reason:	
Signed:	
Staff member:	Line Manager:
Mentor (if applicable):	Others:

***Photocopy as require**

Appendix 2

Record of Meeting.	
Date:	
Present	Designation
Name:	
Name:	
Name:	
Purpose of meeting:	
Outcome of meeting:	
Actions agreed: (may require development of an action plan using appendix*)	
If meeting does not take place, state reason:	
Signed:	
Staff member:	Line Manager:
Mentor (if applicable):	Others:

***Photocopy as require**

Appendix 2

Record of Meeting.	
Date:	
Present	Designation
Name:	
Name:	
Name:	
Purpose of meeting:	
Outcome of meeting:	
Actions agreed: (may require development of an action plan using appendix*)	
If meeting does not take place, state reason:	
Signed:	
Staff member:	Line Manager:
Mentor (if applicable):	Others:

***Photocopy as require**

Appendix 2

Record of Meeting.	
Date:	
Present	Designation
Name:	
Name:	
Name:	
Purpose of meeting:	
Outcome of meeting:	
Actions agreed: (may require development of an action plan using appendix*)	
If meeting does not take place, state reason:	
Signed:	
Staff member:	Line Manager:
Mentor (if applicable):	Others:

***Photocopy as require**

Review of Progress

Appendix 3

Week (Progress Report)

Preceptee's comments:

Preceptor's comments

Signature Preceptee: Date:

Signature Preceptor: Date:

***Photocopy as required. Final Review (Month 6)**

Appendix 4

(To be conducted with preceptee, preceptor and line manager).

This Preceptorship programme has been successfully completed	
Signed: _____	Preceptee
Signed: _____	Preceptor
Signed _____	Line manager
Date: _____	
This Preceptorship programme has not been successfully completed	
Signed: _____	Preceptee
Signed: _____	Preceptor
Signed _____	Line manager
Date: _____	
Reasons:	
Action taken: (e.g. probationary period extended)	
Please devise and document an action plan using Review of progress sheet (Appendix 2).	

Note: It is the responsibility of the Preceptee to keep this programme for evidence as part of their portfolio. Copy to be kept by line manager and within personnel file.

REFLECTIVE ACCOUNTS FORM

You must use this form to record five written reflective accounts on your CPD and/or practice-related feedback and/or an event or experience in your practice and how this relates to the Code. Please fill in a page for each of your reflective accounts, making sure you do not include any information that might identify a specific patient, service user or colleague. Please refer to our guidance on preserving anonymity in Guidance sheet 1 in *How to revalidate with the NMC*.

<ul style="list-style-type: none"> ▪ Reflective account:
<ul style="list-style-type: none"> ▪ What was the nature of the CPD activity and/or practice-related feedback and/or event or experience in your practice? ▪ ▪ ▪ ▪
<ul style="list-style-type: none"> ▪ What did you learn from the CPD activity and/or feedback and/or event or experience in your practice? ▪ ▪ ▪ ▪
<ul style="list-style-type: none"> ▪ How did you change or improve your practice as a result? ▪ ▪ ▪ ▪
<ul style="list-style-type: none"> ▪ How is this relevant to the Code? ▪ Select one or more themes: Prioritise people – Practise effectively – Preserve safety – Promote professionalism and trust

REFLECTIVE ACCOUNTS FORM

You must use this form to record five written reflective accounts on your CPD and/or practice-related feedback and/or an event or experience in your practice and how this relates to the Code. Please fill in a page for each of your reflective accounts, making sure you do not include any information that might identify a specific patient, service user or colleague. Please refer to our guidance on preserving anonymity in Guidance sheet 1 in *How to revalidate with the NMC*.

<p>▪ Reflective account:</p>
<p>▪ What was the nature of the CPD activity and/or practice-related feedback and/or event or experience in your practice?</p> <p>▪</p> <p>▪</p> <p>▪</p> <p>▪</p>
<p>▪ What did you learn from the CPD activity and/or feedback and/or event or experience in your practice?</p> <p>▪</p> <p>▪</p> <p>▪</p>
<p>▪ How did you change or improve your practice as a result?</p> <p>▪</p> <p>▪</p> <p>▪</p>
<p>▪ How is this relevant to the Code?</p> <p>▪ Select one or more themes: Prioritise people – Practise effectively – Preserve safety – Promote professionalism and trust</p> <p>▪</p> <p>▪</p> <p>▪</p>

REFLECTIVE ACCOUNTS FORM

You must use this form to record five written reflective accounts on your CPD and/or practice-related feedback and/or an event or experience in your practice and how this relates to the Code. Please fill in a page for each of your reflective accounts, making sure you do not include any information that might identify a specific patient, service user or colleague. Please refer to our guidance on preserving anonymity in Guidance sheet 1 in *How to revalidate with the NMC*.

<ul style="list-style-type: none"> ▪ Reflective account:
<ul style="list-style-type: none"> ▪ What was the nature of the CPD activity and/or practice-related feedback and/or event or experience in your practice? ▪ ▪ ▪ ▪
<ul style="list-style-type: none"> ▪ What did you learn from the CPD activity and/or feedback and/or event or experience in your practice? ▪ ▪ ▪
<ul style="list-style-type: none"> ▪ How did you change or improve your practice as a result? ▪ ▪ ▪
<ul style="list-style-type: none"> ▪ How is this relevant to the Code? ▪ Select one or more themes: Prioritise people – Practise effectively – Preserve safety – Promote professionalism and trust ▪ ▪

MODELS OF REFLECTION**Appendix 6****1 Model of reflection – McCormack (2001)**

Descriptive – What was/is the experience? (Here you should write a summary of the experience you are reflecting upon, capturing all the salient (important) points).

Affective – What did/do I feel about the experience? (Here you should consider your own feelings during the experience and those of others involved).

Discriminant – What options did/do I have? What factors influence my experience? (Here you are reflecting on the various options for action/non-action you had in the situation and exploring the factors that influenced you taking the action you did/did not take).

Conceptual – How do I make sense of the experience? (Here you are identifying the key issues that come out from the discriminant level and looking in more depth at each of these key issues).

Theoretical – What have I learnt about my practice / myself? (Here you are exploring the learning that you have achieved and further learning that you would like to explore in supervision). Learning can be of four types:

- Empirical – factual knowledge derived from research/publications (Does your reflection equate with your knowledge of this issue derived from research/publications or do you need to draw on empirical knowledge to make sense of your reflection?).
- Aesthetics – what have you learnt about the art of your practice? (The art of your practice refers to how you practice every day).
- Ethical – are there ethical issues underpinning your reflection? (Most nursing practice is ethical in nature, so perhaps you have discovered issues of an ethical concern that need to be explored further in supervision).
- Personal – what have you learned about your 'self' through this reflection? (You may have discovered things about your beliefs and values [for example] that have influenced this action and that you need to consider further for future actions).

2 John's Model of Reflection

- Description of the experience.
- Key issues in description.
- What was I trying to achieve?
- What actions did I take?
- How did I feel about my actions at the time?
- How did my actions affect the patient/ other party?
- How did my actions match my beliefs?
- What sources of knowledge influenced me?
- Could I have acted differently?
- If so, what would the consequences have been?
- How has this changed the way I think and or practice?
- How do I now feel about the experience?

3 Gibbs reflection (1998)

Description – What happened?

Feelings – What were you thinking and feeling?

Evaluation – What was good and bad about the experience?

Analysis – what sense can you make of the situation?

Conclusion – What else could you have done?

Action Plan – If it arose again what would you do?

What is the new Code?

- The NMC has updated its Code of professional standards.
- The revised Code became effective on 31 March 2015 and all registered nurses and midwives are required to uphold its standards of practice and behaviours.
- The Code is centred around four themes, with public protection at the core, and builds on the existing foundation of good nursing and midwifery practice.
- The Code should be used as a 'living' guide at the heart of everyday nursing and midwifery practice.



Four themes brought together in one Code

Together they signify good nursing and midwifery practice.



HSC Belfast Health and
Social Care Trust
caring supporting improving together



respect & dignity



openness & trust



leading edge



learning & development



accountability

Trust Values



Belfast Health and
Social Care Trust

PRECEPTORSHIP

PORTFOLIO (LEARNING DISABILITY AND MENTAL HEALTH)



MH&LD/V.7.1/July 2016

Please print the following essential information:

Name of Band 5 Staff Nurse

Start date of employment

Start date of registration

NMC PIN **Expiry Date**.....

Name of Preceptor

Name of Deputy Preceptor

Ward/Team, Site & Service Group

Period of induction **From** **To**

Contents

<i>Page 2</i>	<i>Record of personal details</i>
<i>Page 3</i>	<i>Content</i>
<i>Pages 4-7</i>	<i>Introduction and information</i>
<i>Page 8- 9</i>	<i>Mandatory/other training records</i>
<i>Page 10</i>	<i>Knowledge & Skills Framework (KSF)</i>
<i>Page 11</i>	<i>Corporate Induction</i>
<i>Page 12</i>	<i>Locality Induction</i>
<i>Pages 13-14</i>	<i>Health & Safety Checklist</i>
<i>Pages 15 - 30</i>	<i>Generic Core Objectives</i>
<i>Pages 31 – 33</i>	<i>Area Specific Objectives</i>
<i>Page 34 - 39</i>	<i>Appendix 1 – Record of Meetings</i>
<i>Page 40</i>	<i>Appendix 2 – Identification of Learning Needs</i>
<i>Page 41</i>	<i>Appendix 3 – Review of Progress</i>
<i>Page 42</i>	<i>Appendix 4 – Final Review</i>
<i>Page 43 - 45</i>	<i>Appendix 5 – Reflective Sheet</i>
<i>Pages 46-47</i>	<i>Appendix 6 – Models of Reflection</i>
<i>Page 48</i>	<i>NMC Code</i>
<i>Page 49</i>	<i>Trust Values</i>

Introduction

The Nursing and Midwifery Council (NMC) strongly recommends that all newly qualified nurses undertake a period of preceptorship (NMC, 2006). The Belfast Trust's Corporate Welcome, the Nursing & Midwifery Induction Programme and this portfolio aim to meet the NMC's recommendations by supporting you to make the transition from nursing student to staff nurse and provide the opportunity to deliver safe and effective nursing care in a supportive environment. It is expected that your preceptorship period will take place over the first 6 months of employment; this will only be extended in extenuating circumstances and can only be agreed at the discretion of your preceptor and line manager. If not completed within the six months time the reasons for this will be recorded and if deemed necessary the Trust's capability policy will be commenced.

This programme has been mapped against the relevant dimensions within the Knowledge and Skills Framework (KSF) and can be used as part of your evidence to support learning and development. KSF is a broad generic framework that focuses on the application of knowledge and skills. It is designed to support the development of individuals so that they can be effective in the post in which they are employed. Successful completion of this programme provides you with the evidence required to pass through the foundation gateway for your post.

The Trust is committed to supporting you through this preceptorship programme and will provide you with a preceptor.

- You will be introduced to your preceptor on commencing in your clinical area, who will be a Registered Nurse, Band 5 (or above) with a minimum of 1 years experience.
- You (as the preceptee) and the preceptor will negotiate off-duty to enable successful completion of the preceptorship period. This will be negotiated with the Sister/Charge Nurse. It is important that you and your preceptor meet regularly to discuss and document your progress through the preceptorship period. A formal review of your progress will take place every four weeks (*Appendix 2*).
- On completion of the preceptorship period please ensure your programme is signed by you, your preceptor and your line manager (*Appendix 3*). You are advised to maintain a copy for your own records.

MH&LD/V.7.1/July 2016

Your line manager will retain a copy in your personal file (this may be at ward level or within a central area for your Service Group).

There will be times when you will work with other registered nurses who will enable you to achieve your learning objectives required through the preceptorship period.

***NB** – If a learning objective is not applicable to your locality please record 'Not applicable' and record signature of preceptee/preceptor.

Summary of Roles & Responsibilities

The role of the preceptee is to:

- Review your skills inventory from university with your preceptor. Identify any learning needs you still have that are relevant (in line with your KSF job outline) to your area of practice;
- Take ownership of the programme and be proactive in completion of the objectives;
- Negotiate off-duty to ensure that you and your preceptor hold regular meetings to review your progress and development needs;
- Maintain and update all relevant documentation;
- While your preceptor is responsible for signing off the final review, all registered members of staff can sign objectives.
- Ensure a copy of your final review page is forwarded to your line manager;
- Ensure that you keep the completed programme as a record of completion of your Preceptorship period;
- If you are not achieving the objectives of the programme you have a responsibility to raise this with your preceptor and/or line manager in the first instance.

The role of the preceptor:

- To work a similar shift pattern as you each week, insofar as this is reasonably practicable;
- For the periods you are not working with your preceptor it is desirable that your shift pattern should be similar to that of the deputy preceptor;
- To facilitate you to gain the experience which will enable you to be a

MH&LD/V.7.1/July 2016

safe and competent practitioner;

- To support you and provide constructive feedback;
- To act as a role model;
- To support you if the objectives are not being achieved through the identification of an action plan to facilitate completion;
- To liaise regularly with the line manager regarding progress;

Role of the Line Manager:

- To provide support for both preceptor and preceptee;
- To facilitate and maximise learning opportunities;
- To act as a role model;
- To obtain regular feedback from both the preceptor and preceptee on progress against the identified objectives;
- The line manager will appoint an appropriate preceptor and will appoint a named deputy who will cover periods of absence when necessary;
- To confirm successful completion of the programme by completing the final review (*appendix 3*).

Collecting Evidence

Evidence is generally regarded as a collection of materials that demonstrate achievement and ability. Collecting evidence for the purposes of this portfolio can also be used to provide proof of your continuing professional development to meet NMC Prep requirements as well as demonstrating your development in line with your KSF outline.

Evidence may be collected in a number of ways:

- Observation of workplace activity
- Critical review of written documentation
- Questioning
- Written support of work undertaken with members of the multidisciplinary team.

MH&LD/V.7.1/July 2016

- Simulations/role plays – artificially created activities
- Projects/assignments/case studies – as agreed with your preceptor or undertaken as part of the preceptorship programme
- Reflective records
- Critical feedback from peers and line manager
- Accolades/testimonials.

Review of Progress

Please use the progress sheets (*Appendix 2 & 5*) to reflect on and record progress. It is important that you engage with interprofessional members of the team to reflect on and record critical feedback regarding your progress. You and your preceptor can utilise this feedback to compliment the review of your progress enabling achievement of your learning objectives.

Learning objectives will be agreed during your four weekly reviews. Any challenges or issues that arise will be discussed and a negotiated plan of action, that enables you to resolve and achieve the learning objectives, will be agreed and documented.

If there remain unresolved issues, you and your preceptor will bring this to the attention of your line manager.

Other key staff may be accessed to support your preceptorship experience.

I have read and understand the requirements of this programme.

Staff Nurse Date

Preceptor Date

Mandatory Training Record

This list is to be used as guidance and it is **not** expected that you will be able to complete all these requirements in your first 6 months. This list is not exhaustive and further training will apply depending on the area of work.

Mandatory training	Face to Face (F) E Learning (E)	Frequency	Date attended
Corporate Induction	F	Once	
NIMP	F	Once	
Local Induction	F	Once	
Tissue Viability	F	Once	
Adverse Incident Reporting	F/E	Once	
Complaints Management	F/E	Once	
Medical Gas Safety	F	Once	
Waste Management & Sharps Awareness	E	Once	
Fire	F	Yearly	
In Hospital Life Support	F	2 Yearly	
Infection Prevention and Control	E	2 Yearly	
Introduction to Patient Handling (e-learning module must be completed, certificate printed and produced as evidence prior to attending)	F/E	2 yearly	

MH&LD/V.7.1/July 2016

Basic Personal Safety Training	E	2 yearly	
Safe Transfusion/Competencies	F	3 yearly	
Administration of Medicines Update	F	3 yearly	
Hyponatraemia – BMJ Online Module	E	3 yearly	
Medical Devices	F/E	3 yearly	
COSHH Awareness	E	3 yearly	
Safeguarding Children - level one	F	3 yearly	
Safeguarding Vulnerable Adults	F	3 yearly	
Data Protection	F/E	3 Yearly	
Health & Safety Awareness	F/E	3 yearly	
Equality	E	4 yearly	

Knowledge and Skills Framework

This programme is designed to assist with your transition through the KSF foundation gateway for the Band 5 nurse. The areas for development highlighted in the programme fall within the dimensions of the KSF framework.

Core Dimensions	Level	
C1	2	Communication
C2	2	Personal and people development
C3	1	Health, safety and security
C4	1	Service Improvement
C5	2	Quality
C6	2	Equality and diversity
Specific Dimensions		
HWB2	2	Assessment and care planning to meet health and wellbeing needs
HWB5	3	Provision of care to meet health and wellbeing needs

MH&LD/V.7.1/July 2016

Corporate Welcome & the Nursing & midwifery Induction Programme

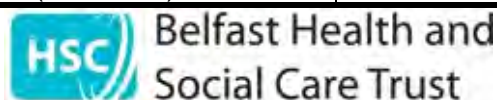
Objectives: The nurse will be able to demonstrate understanding of the structures and function of the Trust.	Demonstrated Date and Signature Preceptee	Achieved Date and signature Preceptor
The nurse is able to locate and access the following in the clinical/locality or via the Belfast Trust Intranet:		
<ul style="list-style-type: none"> • Demonstrate understanding of relevant policies, procedures & guidelines 		
<ul style="list-style-type: none"> • Attend Corporate Welcome 		
<ul style="list-style-type: none"> • Complete the Health and Safety Induction check list 		
<ul style="list-style-type: none"> • Demonstrate understanding of the Nursing and Midwifery structures within the Trust 		
<ul style="list-style-type: none"> • Demonstrate understanding and relevancy of the 5 corporate objectives 		
The nurse will demonstrate an understanding of his/her roles and responsibilities with regard to: NB. This should not be viewed as a definitive list, but as a suggestion.		
<ul style="list-style-type: none"> • Fire policy 		
<ul style="list-style-type: none"> • Resuscitation 		
<ul style="list-style-type: none"> • Moving & handling 		
<ul style="list-style-type: none"> • Clinical Governance 		
<ul style="list-style-type: none"> • Major Incidents plan 		
<ul style="list-style-type: none"> • Infection Prevention & Control 		
<ul style="list-style-type: none"> • Safe transfusion 		
<ul style="list-style-type: none"> • Child Protection/Vulnerable Adult 		
<ul style="list-style-type: none"> • The National Early Warning Scoring (NEWS) 		
<ul style="list-style-type: none"> • The nurse will be able to demonstrate accurate record keeping as outlined by the NMC (2009) 		

Locality Induction

Objectives: The nurse will become familiar with their clinical area.	Demonstrated Date and Signature Preceptee	Achieved Date and signature Preceptor
Provide details of car parking and hospital bus service.		
Introduce to colleagues and multidisciplinary team.		
Outline the patient services provided by the clinical area.		
Discuss with line manager about review/expectations/KSF outline and requirements of the job.		
Describe the management structure		
Familiarise with the local layout		
Obtain an explanation of area specific handover arrangements		
Explain hours of duty, breaks, annual leave requests, pay, extra duty claim, time keeping and study leave		
Provide signatures, personal details and NMC PIN card for records		
Arrange computer access to: <ul style="list-style-type: none"> • HRPTS • Master Lab/ Lab centre • Trust Intranet • PAS • Blood tracking • Radiology/Centricity • Hospital @ Night contact details • Any other area specific system 		
• Use the phone system		
• Use the bleep system		
• Call the arrest team		
• Activate the fire alarm		

MH&LD/V.7.1/July 2016

<ul style="list-style-type: none"> Work within the Code (NMC 2018). 		
--	--	--



HEALTH & SAFETY INDUCTION CHECKLIST

NEW STAFF, AGENCY/BANK WORKERS

The Health and Safety Checklist is a tool Managers can use for induction of staff or as a support to existing induction programmes. Line Managers should ensure that the initial induction should be completed within the first two weeks of starting. Emergency procedures should be covered in the first day. On completion the inductee and person providing the induction should both sign the form

Individuals Name:	Job Title:
Location:	Area:
Start Date:	Induction Date:

1. Health and Safety Policy and Information	Yes	No	N/A	Comments
<ul style="list-style-type: none"> Staffs responsibility as outlined within the Health and Safety Policy explained and directed to where a copy can be viewed Explain local health and safety procedures A copy of the Trust's Health and Safety Induction Information Leaflet and explained how to access Occupational Health Services 				Health and Safety Policy
2. Emergencies/Fire Arrangements and Smoking	Yes	No	N/A	Comments
<ul style="list-style-type: none"> Action to follow in the event of discovering fire or hearing the alarm, escape routes, fire wardens and assembly/muster points. Position of fire extinguishers/blankets and fire alarm call points. Personal Emergency Evacuation Plan (PEEP), for staff with a disability. Trust's policy on smoking. 				
3. Risk Assessment and Training	Yes	No	N/A	Comments
<ul style="list-style-type: none"> Discuss the following issues with new start, where these are appropriate to their work: Risk assessments and safe systems of work specific to their job. i.e. lone working General workplace health and safety (i.e. housekeeping, safe storage, etc) A copy of Zero Tolerance Personal Safety Update leaflet. Apply for Management of Aggression training as appropriate. Work with hazardous substances and the location of Control of Substances Hazardous to Health assessments and Hazard/Safety Data sheets. Safe moving and handling information and the use of mechanical handling devices and manual handling risk assessments. Apply for 'Patient or Load handling' training. If the work undertaken involves a significant amount o Display Screen Equipment (DSE) use, discuss the DSE Self Assessment 				Lone Worker Policy Zero Tolerance to prevent and manage violence and aggression policy. Alcohol and drugs in the workplace policy. COSSH Policy Manual Handling Policy Display Screen Equipment Policy

MH&LD/V.7.1/July 2016

Form and entitlement to eyesight test. Apply for 'Back Care for Office Workers' training.

- Importance of good hygiene, hand washing and use of alcohol gels. Apply for relevant mandatory Infection Prevention and Control training.
- Safe use & maintenance of equipment, including pointing out the safety features?
- If the person is a new or expectant mother carry out specific risk assessment.

Infection Prevention and Control Management Arrangements Policy

New and Expectant Mother Policy

4. Welfare Facilities and First Aid	Yes	No	N/A	Comments
<ul style="list-style-type: none"> • Location of toilets, washing facilities, kitchen & rest areas, lockers, showers, drinking water, etc.... • Location for first aid boxes and how to contact first-aiders. 				
5. Incident and Hazard Reporting	Yes	No	N/A	Comments
<p>When and how to complete the Trust's incident form and that it is everyone's responsibility to report accidents/incidents, including near misses and other concerns with their work activities immediately to their Line Manager</p>				Adverse incident Policy
6. Personal Protective Equipment	Yes	No	N/A	Comments
<ul style="list-style-type: none"> • Activities for which personal protective equipment or other safety equipment is required (and why it must be used) • Personal protective equipment (PPE) issue and explain its proper use, storage and maintainance. • Procedure for reporting defective or damaged PPE and obtaining replacements 				Trust Policies are available on Intranet
7. Health and Safety Training				
<p>Identify health and safety training needs (including timescales for attendance) and detail in Personal Development Plan and document below any additional H&S Information and supervision required e.g. asbestos, electricity, working at height, confined places. Permit to work etc...</p>				

Declaration: I certify that the above health and safety induction subjects have been explained:

Induction conducted by: *(please include job title)*

Date:

MH&LD/V.7.1/July 2016

Inductee signature:

Date

C1 - Communication

Communicate with a range of people on a range of matters

Communication (C1) Communicate with a range of people on a range of matters		
Objectives: Apply knowledge and demonstrate an understanding of communication skills both written & verbal.	Demonstrated Date and Signature Preceptee	Achieved Date and signature Preceptor
The staff nurse is able to:		
Communicate effectively with patients, relatives, colleagues and other members of the multidisciplinary team		
Support people with emotional issues and in difficult situations e.g. distressing diagnosis, end of life issues		
Demonstrate the ability to support patients, relatives and colleagues in dealing with difficult situations according to their needs, e.g. breaking bad news and patient/carer's concerns		
Deal with complaints appropriately		
Illustrate how confidentiality is maintained in adherence to the Code (NMC 2018)		
Deal with sensitive issues appropriately		
Identify and make provisions for patient/relatives with communication and language barriers e.g. hearing difficulties, Mental Health issues or Learning Disabilities		
Recognises and deals appropriately with potential conflict situations		

MH&LD/V.7.1/July 2016

Demonstrate awareness of Trust policies and protocols in relation to organ and tissue donation		
Demonstrate awareness of the role of the Specialist Nurse, e.g. Organ Donor		
Communicate within the nursing team e.g. adequate handover reporting		
Demonstrate knowledge around safety briefings at start of each shift.		
Use active listening skills, encourage/support patients to communicate and take action based on what you have heard		
Maintain a professional and caring attitude in all aspects of communications		
Keep accurate and complete records consistent with legislation, policies and procedures in accordance with the NMC guidelines on record keeping (2009)		
Maintain patient records in accordance with the Data Protection Act (1999) and Trust policies and demonstrate an awareness of the Freedom of Information Act (2004)		
Demonstrate understanding of the principles of informed consent and apply these in practice.		
Enable patient/client/family to be fully involved in decisions regarding their care		

C2 - Personal and People Development.

Develop own knowledge and skills and provide information to others to help their development

Personal and People Development (C2) Develop own knowledge and skills and provide information to others to help their development.		
Objectives: Apply own knowledge and skills to help others.	Demonstrate: Date and Signature Preceptee	Achieved Date and signature Preceptor
The staff nurse is able to:		
Utilise evidence based practice in day to day work		
Support patients/client/family to develop knowledge and skills regarding their care		
Understand the roles and responsibilities of the multi disciplinary team		
Able to assist in development of others e.g. students, unregistered members of the nursing and midwifery family		
Act as a role model		
Support learners to develop knowledge and skills within the area		
Seek opportunities to undertake supervision in line with Chief Nursing Officer standards (2008)		
Access further education relevant to role		

C3 - Health, Safety and Security

Monitor and maintain health, safety and security of self and others

Health, Safety and Security (C3). Monitor and maintain health, safety and security of self and others.		
Objectives: Applies knowledge and demonstrates understanding of relevant equipment.	Demonstrated Date and Signature Preceptee	Achieved Date and signature Preceptor
The staff nurse is able to:		
Identify training needs in relation to medical devices in use in the area and ensure these needs are met by the appropriate person.		
Prepare and order equipment in the appropriate, timely manner, according to the patient's clinical status		
Check equipment and confirm this is safe, ready for use and functioning correctly		
Ensure that where equipment is found to be faulty or unsafe during preparation appropriate action is taken to remedy or report fault		
Follow up when equipment has been reported faulty and check that action has been taken		
Safely, correctly and hygienically handle and move equipment in accordance with Trust policies/manufacture's instructions		
Effectively monitor equipment whilst in use and if necessary promptly identify and take appropriate action to address faults		
Demonstrate knowledge of the Trust decontamination policy		

MH&LD/V.7.1/July 2016

C3 - Health, Safety and Security
Monitor and maintain health, safety and security of self and others

Health, Safety and Security (C3). Monitor and maintain health, safety and security of self and others.		
Objectives: Apply knowledge and understanding of safe infection prevention and control practices.	Demonstrated Date and Signature Preceptee	Achieved Date and signature Preceptor
The staff nurse is able to:		
Demonstrate correct hand washing – 7 step technique		
Apply universal precautions when handling blood products and body fluids		
Demonstrate the correct aseptic non touch technique (ANTT)		
Demonstrate knowledge and understanding of the High Impact Interventions (Care Bundles) used in your area/department		
Demonstrate safe practice when applying category specific isolation precautions		
Demonstrate appropriate use of personal protective equipment and prevention of cross infection		
Describe the appropriate actions to take when dealing with the spillage of body fluids in accordance with Trust policy		
Demonstrate role and responsibilities in relation to environmental cleanliness		
Ensure that patients/client/family is supported to contribute to the prevention and control of infection		
Ensure that documentation accurately reflects the care that has been given		
Attend for FIT testing		
Complete the e-learning pandemic flu programme		

MH&LD/V.7.1/July 2016

C3 - Health, Safety and Security
Monitor and maintain health, safety and security of self and others

Health, Safety and Security (C3) Monitor and maintain health, safety and security of self and others.		
Objectives: Applies knowledge and understanding of emergency situations.	Demonstrated Date and Signature Preceptee	Achieved Date and signature Preceptor
The staff nurse is able to:		
Demonstrate procedures on how to alert other members of the team to an emergency situation		
Demonstrate knowledge of and ability to perform life support relevant to areas of practice		
Demonstrate knowledge in caring for a patient during: <ul style="list-style-type: none"> • Sudden loss of consciousness • Anaphylactic event • Seizure • Haemorrhage 		
Be able to locate, check and maintain emergency equipment, including hyperkalaemia kits		
Demonstrate understanding of the Do Not Resuscitation policy including patient and family in this order		
Be aware of the need for support and reassurance of those who witness a sudden loss of consciousness of other patients		
Ensure that documentation accurately reflects the care that has been given		

C4 - Service Improvement

Contribute to the improvement of services

Service Improvement (C4) Contribute to the improvement of services.		
Objectives: Demonstrate person centred care.	Demonstrated Date and Signature Preceptee	Achieved Date and signature Preceptor
The staff nurse is able to:		
Prioritise care for a group of patients demonstrating time management, planning and organisational skills		
Liaise with other members of the multi-disciplinary team and demonstrate effective communication		
Demonstrate an awareness of person centred practice		
Contribute to the improvement of services for service users		
Demonstrate an understanding of team/service group objectives		
Demonstrates effective communication with patients and relatives/carers		

C5 – Quality

Maintain quality in own work and encourage others to do so

Quality (C5) Maintain quality in own work and encourage others to do so		
Objectives: Applies knowledge and understanding in provision of quality care.	Demonstrated Date and Signature Preceptee	Achieved Date and signature Preceptor
The staff nurse is able to:		
Maintain quality in own work and encourage others to do so		
Act as a role model by providing a person centred service to all patients and visitors to the Trust		
Participate in any audit activity within own environment		
Acts responsibly as a team member and seek help as necessary		
Report and document problems as e.g. cleanliness		
Uses and maintains resources efficiently and effectively		

C6 - Equality and Diversity

Support equality and value diversity

Equality & Diversity (C6) Support equality and diversity.		
Objectives: Applies knowledge and understanding of equality and diversity	Demonstrated Date and Signature Preceptee	Achieved Date and signature Preceptor
The staff nurse is able to:		
Act in a way that supports equality and diversity within the workplace		
Recognise when others are being discriminated against and take action by reporting it to an appropriate person		
Familiarise yourself to the services available to aid communication for those individuals who do not speak English e.g. Language Line		
Act as patient's advocate e.g. help patients to understand their rights		
Treat everyone with whom you come into contact with, with dignity and respect		
Report behaviour that undermines equality and diversity		
Show consideration for the feelings and rights of others		
Acknowledge others points of view		
Ensure that you do not act in a way that may make individuals feel inferior		
Seek advice when you are having difficulty promoting equality and diversity		

MH&LD/V.7.1/July 2016

HWB 2 - Health and Wellbeing 2

Assess health and wellbeing needs and develop, monitor and review care plans to meet specific needs

Health & Wellbeing 2 (HWB2) Assess health & wellbeing needs and develop, monitor & review care plans to meet specific needs.		
Objectives: Applies knowledge and understanding to admission, discharge and/or safe transfer of patients.	Demonstrated Date and Signature Preceptee	Achieved Date and signature Preceptor
The staff nurse is able to:		
Make the necessary arrangements for the admission of a patient e.g. equipment, documentation		
Carry out a nursing assessment that includes patient and family needs		
Plan and implement a nursing care plan in collaboration with patient, family and MDT		
Inform the patient/relatives of the trust policy on the management of property and valuables		
Discuss with the patient/family/carer the purpose of the admission, using additional resources to provide further information as necessary		
Estimate date of discharge following admission		
Liaise and communicate with internal and external multidisciplinary team members		
Ensure documentation is completed for patient discharge/transfer in line with trust policy		

MH&LD/V.7.1/July 2016

Ensure provision of information to patient, relatives or carers appropriate to their needs, e.g. medications, equipment, appointments		
Demonstrate knowledge of relevant safety aspects related to transfer, e.g. transfer to theatres, another hospital		
Ensure documentation accurately reflects the care that has been given		

Health & Wellbeing 2 (HWB2) Assess health & wellbeing needs and develop, monitor & review care plans to meet specific needs.		
Objectives: Apply knowledge and understanding when recording vital signs	Demonstrated Date and Signature Preceptee	Achieved Date and signature Preceptor
The staff nurse is able to:		
Demonstrate the ability to record vital signs using appropriate equipment		
Accurately record patient vital signs /other clinical observations using the appropriate Early Warning Scoring (EWS) charts		
Interpret the trends of patient's vital signs and their significance		
Recognise and report abnormal results to a senior member of staff.		
Discuss patient management following recognition of abnormal values		
Observe the mental, physical and behavioural well being of your patients		
Demonstrate knowledge of Trust policy and procedure and NICE guidelines (2007) in relation to neurological monitoring		
Outline rationale for using the Glasgow Coma Scale (GCS)		
Demonstrate knowledge in documenting neurological assessment and report findings		

Health & Wellbeing 2 (HWB2) Assess health & wellbeing needs and develop, monitor & review care plans to meet specific needs.		
Objectives: The nurse will be able to:	Demonstrated	Achieved
<ul style="list-style-type: none"> ▪ Assess, monitor the patients nutritional status ▪ Provide nutritional support. 	Date and Signature Preceptee	Date and signature Preceptor
The staff nurse is able to:		
Assess the patient's nutritional status, e.g. monitor patient's weight, use of the BMI, MUST and other tools		
Describe how to refer a patient to the dietician and the nutrition team		
Demonstrate safe passing and checking of a Naso gastric (NG)/fine bore tube in line with Trust policy		
Complete the Trust NG insertion self assessment		
Demonstrates care of a patient with a NG/fine bore tube in situ		
Demonstrates nutritional support via: - <ul style="list-style-type: none"> • Oral • Nasogastric • PEG (Percutaneous Endoscopic Gastrostomy) • Jejunostomy • TPN (Total Parental Nutrition) 		
Demonstrate correct completion of appropriate documentation e.g. fluid balance charts, food charts		
Demonstrate an understanding of the CREST guidelines for the management of Enteral tube feeding		
Demonstrate safe practice when feeding via a pump system		
Demonstrate awareness of guidelines for patient fasting for surgery/procedures		
Ensure that the nutritional needs of the patient are met		
Provide information to patient and relatives appropriate to their needs during their stay and also in preparation for their discharge		
Ensure that documentation accurately reflects the care that has been given		

MH&LD/V.7.1/July 2016

HWB 5 - Health and Wellbeing 5

Undertake care activities to meet the health and wellbeing needs of individuals with a greater degree of dependency

Health & Wellbeing 5 (HWB5) Undertake care activities to meet the health & wellbeing needs of individuals with a greater degree of dependency.		
Objectives: Applies knowledge and understanding of policies for administration and storage of medications and adheres to NMC and Trust policies.	Demonstrated Date and Signature Preceptee	Achieved Date and signature Preceptor
The staff nurse is able to:		
Adhere to the NMC, DHSSPS and BHSCT Medicine Code standards for the administration of medicines		
Demonstrate understanding of Trust prescribing documentation e.g. drug kardex, insulin, syringe driver chart		
Outline Trust policies for the ordering (including out of hours), administration, storage and internal transfer of drugs		
Demonstrate the correct procedure for ordering, storage and administration of all drugs		
Discuss the actions that need to be taken if a drug error or near miss occurs		
Demonstrate use of appropriate formulary (BNF, BHSCT Intravenous administration book, antimicrobial guidelines)		
Demonstrate the ability to calculate correctly medications and intravenous fluids		
Demonstrate correct procedures in the use of the following drug administration routes: - <ul style="list-style-type: none"> • Oral • Rectal • Subcutaneous • Intra-muscular • Nebulisers/Inhalers 		

MH&LD/V.7.1/July 2016

<ul style="list-style-type: none"> • Nasal • Instillation of ear/eye drops 		
Discuss the procedure for preparation and administration of IV infusions and care of IV sites including ANTT principles		
Be familiar with the GAIN guidelines and Trust policies in relation to hyperkalaemia		
Be familiar with Trust policies in relation to Hyponatraemia 'reducing the risk' and the Recording of Fluid Balance Charts		
Complete the BMJ on-line module – Reducing the risk of hyponatraemia when administering intravenous fluids to children		
Complete the right blood right patient theory and competencies		
Discuss the complications of transfusion of blood and blood components and the management of the patient in the event of a transfusion reaction		
Discuss the storage requirements of blood and blood components		
Demonstrate the procedure for the preparation, compatibility checking, administration and care of the patient receiving a transfusion of blood, fresh frozen plasma, platelets or cryoprecipitate		
Ensure that the relevant documentation is completed accurately		

Health & Wellbeing 5 (HWB5) Undertake care activities to meet the health & wellbeing needs of individuals with a greater degree of dependency.		
Objectives: Applies knowledge and understanding to be able to assess, plan, implement and evaluate care of the patients skin	Demonstrated Date and Signature Preceptee	Achieved Date and signature Preceptor
The staff nurse is able to:		
Assess the patient's risk of developing pressure damage using an appropriate tool (EG Braden scale) and complete relevant documentation		
Document a plan of care for a patient at risk of developing pressure damage		
Describe the resources available for the management of a patient at risk of developing pressure damage		
Assess the category of tissue damage using the trust pressure area assessment tool		
Describe the treatment options for the different categories of tissue damage		
Refer patient to the Tissue Viability Nurses or Podiatrist as appropriate		
Arrange the delivery and return of pressure relieving equipment and complete the appropriate documentation		
Discuss use of wound assessment tools and be aware of dressing types using the Wound Care Guidelines and the DHSSPS Pharmacy website		
Ensure that documentation accurately reflects the care that has been given		

Area Specific Objectives

Objectives: Applies knowledge and understanding of the Mental Health Order 1986	Demonstrated Date and Signature Preceptee	Achieved Date and signature Preceptor
The staff nurse is able to:		
Have a full understanding of the relevant sections of the Mental Health Order 1986.		
Have a good understanding of the implications of detention under the Mental Health Order 1986		
Be able to give patients full explanations regarding the section they are detained under and their legal rights		
Be aware of their legal and professional responsibilities as outlined by the Mental Health Order 1986		

Area Specific Objectives

Objectives: Applies knowledge and understanding of levels of supervision/observation	Demonstrated Date and Signature Preceptee	Achieved Date and signature Preceptor
The staff nurse is able to:		
Discuss the hospital policy and procedure relating to observations		
Discuss and understand the concept and rationale of the best practice guidelines for observations		
Act in a safe manner during observations		
Have a full understanding of their duties and responsibilities in relation to undertaking observations		

Area Specific Objectives

Objectives: Practice and/or underpinning knowledge in Management of Aggression, Breakaway techniques and de-escalation	Demonstrated Date and Signature Preceptee	Achieved Date and signature Preceptor
The staff nurse is able to:		
Demonstrate knowledge and understanding of techniques de-escalation and breakaway		
Demonstrate their attendance in management of violence and aggression training		
Demonstrate their understanding of policies and procedures in relation to the management of violence and aggression		
Demonstrate the use of proper and agreed restraint techniques in the management of violence and aggression		

Appendix 1

Record of Meeting.	
Date:	
Present	Designation
Name:	
Name:	
Name:	
Purpose of meeting:	
Outcome of meeting:	
Actions agreed: (may require development of an action plan using appendix*)	
If meeting does not take place, state reason:	
Signed:	
Staff member:	Line Manager:
Mentor (if applicable):	Others:

MH&LD/V.7.1/July 2016

***Photocopy as required**

Appendix 1

Record of Meeting.	
Date:	
Present	Designation
Name:	
Name:	
Name:	
Purpose of meeting:	
Outcome of meeting:	
Actions agreed: (may require development of an action plan using appendix*)	
If meeting does not take place, state reason:	
Signed:	
Staff member:	Line Manager:
Mentor (if applicable):	Others:

MH&LD/V.7.1/July 2016

***Photocopy as required**

Appendix 1

Record of Meeting.	
Date:	
Present	Designation
Name:	
Name:	
Name:	
Purpose of meeting:	
Outcome of meeting:	
Actions agreed: (may require development of an action plan using appendix*)	
If meeting does not take place, state reason:	
Signed:	
Staff member:	Line Manager:
Mentor (if applicable):	Others:

MH&LD/V.7.1/July 2016

***Photocopy as required**

Appendix 1

Record of Meeting.	
Date:	
Present	Designation
Name:	
Name:	
Name:	
Purpose of meeting:	
Outcome of meeting:	
Actions agreed: (may require development of an action plan using appendix*)	
If meeting does not take place, state reason:	
Signed:	
Staff member:	Line Manager:
Mentor (if applicable):	Others:

MH&LD/V.7.1/July 2016

--	--

***Photocopy as required**

Appendix 1

Record of Meeting.	
Date:	
Present	Designation
Name:	
Name:	
Name:	
Purpose of meeting:	
Outcome of meeting:	
Actions agreed: (may require development of an action plan using appendix*)	
If meeting does not take place, state reason:	
Signed:	
Staff member:	Line Manager:

MH&LD/V.7.1/July 2016

Mentor (if applicable):	Others:
--------------------------------	----------------

***Photocopy as required**

Appendix 1

Record of Meeting.	
Date:	
Present	Designation
Name:	
Name:	
Name:	
Purpose of meeting:	
Outcome of meeting:	
Actions agreed: (may require development of an action plan using appendix*)	
If meeting does not take place, state reason:	
Signed:	
Staff member:	Line Manager:

MH&LD/V.7.1/July 2016

Mentor (if applicable):	Others:

***Photocopy as required**

Identification of Learning Needs

Appendix 2

Name of preceptee: _____

Learning objectives	How will I achieve My objectives	How will I demonstrate My learning	Time frame

Signed: _____ Preceptee Date: _____

Signed: _____ Preceptor Date: _____

***Photocopy as required**

MH&LD/V.7.1/July 2016

Review of Progress

Appendix 3

Week (Progress Report)

Preceptee's comments:

Preceptor's comments

Signature Preceptee: Date:

Signature Preceptor: Date:

***Photocopy as required.**

MH&LD/V.7.1/July 2016

Final Review (Month 6)
(To be conducted with preceptee, preceptor and line manager).

Appendix 4

This Preceptorship programme has been successfully completed	
Signed: _____	Preceptee
Signed: _____	Preceptor
Signed _____	Line manager
Date: _____	
This Preceptorship programme has not been successfully completed	
Signed: _____	Preceptee
Signed: _____	Preceptor
Signed _____	Line manager
Date: _____	
Reasons:	
Action taken: (e.g. probationary period extended)	
Please devise and document an action plan using Review of progress sheet (Appendix 2).	

Note: It is the responsibility of the Preceptee to keep this programme for evidence as part of their portfolio. Copy to be kept by line manager and within personnel file.

MH&LD/V.7.1/July 2016

REFLECTIVE ACCOUNTS FORM

You must use this form to record five written reflective accounts on your CPD and/or practice-related feedback and/or an event or experience in your practice and how this relates to the Code. Please fill in a page for each of your reflective accounts, making sure you do not include any information that might identify a specific patient, service user or colleague. Please refer to our guidance on preserving anonymity in Guidance sheet 1 in *How to revalidate with the NMC*.

<ul style="list-style-type: none"> ▪ Reflective account:
<ul style="list-style-type: none"> ▪ What was the nature of the CPD activity and/or practice-related feedback and/or event or experience in your practice? ▪ ▪ ▪ ▪
<ul style="list-style-type: none"> ▪ What did you learn from the CPD activity and/or feedback and/or event or experience in your practice? ▪ ▪ ▪ ▪ ▪
<ul style="list-style-type: none"> ▪ How did you change or improve your practice as a result? ▪ ▪ ▪ ▪ ▪
<ul style="list-style-type: none"> ▪ How is this relevant to the Code? ▪ Select one or more themes: Prioritise people – Practise effectively – Preserve safety – Promote professionalism and trust

MH&LD/V.7.1/July 2016



▪

Appendix 5

REFLECTIVE ACCOUNTS FORM

You must use this form to record five written reflective accounts on your CPD and/or practice-related feedback and/or an event or experience in your practice and how this relates to the Code. Please fill in a page for each of your reflective accounts, making sure you do not include any information that might identify a specific patient, service user or colleague. Please refer to our guidance on preserving anonymity in Guidance sheet 1 in *How to revalidate with the NMC*.

<p>▪ Reflective account:</p>
<p>▪ What was the nature of the CPD activity and/or practice-related feedback and/or event or experience in your practice?</p> <p>▪</p> <p>▪</p> <p>▪</p> <p>▪</p>
<p>▪ What did you learn from the CPD activity and/or feedback and/or event or experience in your practice?</p> <p>▪</p> <p>▪</p> <p>▪</p> <p>▪</p> <p>▪</p>
<p>▪ How did you change or improve your practice as a result?</p> <p>▪</p> <p>▪</p> <p>▪</p> <p>▪</p>



-
- **How is this relevant to the Code?**
- Select one or more themes: Prioritise people – Practise effectively – Preserve safety – Promote professionalism and trust
-

Appendix 5

REFLECTIVE ACCOUNTS FORM

You must use this form to record five written reflective accounts on your CPD and/or practice-related feedback and/or an event or experience in your practice and how this relates to the Code. Please fill in a page for each of your reflective accounts, making sure you do not include any information that might identify a specific patient, service user or colleague. Please refer to our guidance on preserving anonymity in Guidance sheet 1 in *How to revalidate with the NMC*.

- **Reflective account:**
- **What was the nature of the CPD activity and/or practice-related feedback and/or event or experience in your practice?**
-
-
-
-
-
- **What did you learn from the CPD activity and/or feedback and/or event or experience in your practice?**

<ul style="list-style-type: none"> ▪ ▪ ▪ ▪ ▪
<ul style="list-style-type: none"> ▪ How did you change or improve your practice as a result? ▪ ▪ ▪ ▪ ▪
<ul style="list-style-type: none"> ▪ How is this relevant to the Code? ▪ Select one or more themes: Prioritise people – Practise effectively – Preserve safety – Promote professionalism and trust ▪

Appendix 6

MODELS OF REFLECTION

1 Model of reflection – McCormack (2001)

Descriptive – What was/is the experience? (Here you should write a summary of the experience you are reflecting upon, capturing all the salient (important) points).

Affective – What did/do I feel about the experience? (Here you should consider your own feelings during the experience and those of others involved).

Discriminant – What options did/do I have? What factors influence my experience? (Here you are reflecting on the various options for action/non-action you had in the situation and exploring the factors that influenced you taking the action you did/did not take).

Conceptual – How do I make sense of the experience? (Here you are identifying the key issues that come out from the discriminant level and looking in more depth at each of these key issues).

Theoretical – What have I learnt about my practice / myself? (Here you are exploring the learning that you have achieved and further learning that you would like to explore in supervision). Learning can be of four types:

- Empirical – factual knowledge derived from research/publications (Does your reflection equate with your knowledge of this issue derived from

research/publications or do you need to draw on empirical knowledge to make sense of your reflection?).

- Aesthetics – what have you learnt about the art of your practice? (The art of your practice refers to how you practice every day).
- Ethical – are there ethical issues underpinning your reflection? (Most nursing practice is ethical in nature, so perhaps you have discovered issues of an ethical concern that need to be explored further in supervision).
- Personal – what have you learned about your 'self' through this reflection? (You may have discovered things about your beliefs and values [for example] that have influenced this action and that you need to consider further for future actions).

2 John's Model of Reflection

- Description of the experience.
- Key issues in description.
- What was I trying to achieve?
- What actions did I take?
- How did I feel about my actions at the time?
- How did my actions affect the patient/ other party?
- How did my actions match my beliefs?
- What sources of knowledge influenced me?
- Could I have acted differently?
- If so, what would the consequences have been?
- How has this changed the way I think and or practice?
- How do I now feel about the experience?

3 Gibbs reflection (1998)

MH&LD/V.7.1/July 2016

Description – What happened?

Feelings – What were you thinking and feeling?

Evaluation – What was good and bad about the experience?

Analysis – what sense can you make of the situation?

Conclusion – What else could you have done?

Action Plan – If it arose again what would you do?



What is the new Code?

- The NMC has updated its Code of professional standards.
- The revised Code became effective on 31 March 2015 and all registered nurses and midwives are required to uphold its standards of practice and behaviours.
- The Code is centred around four themes, with public protection at the core, and builds on the existing foundation of good nursing and midwifery practice.
- The Code should be used as a 'living' guide at the heart of everyday nursing and midwifery practice.



MH&LD/V.7.1/July 2016



Four themes brought together in one Code

Together they signify good nursing and midwifery practice.

prioritise people	practise effectively	preserve safety	promote professionalism and trust
-------------------	----------------------	-----------------	-----------------------------------

public protection

The diagram illustrates the four themes of the NMC Code: 'prioritise people', 'practise effectively', 'preserve safety', and 'promote professionalism and trust'. These four themes are grouped together by a bracket and labeled as 'public protection'.



HSC Belfast Health and Social Care Trust
caring supporting improving together



respect & dignity



openness & trust



leading edge



learning & development



accountability

Trust Values



Belfast Health and
Social Care Trust

Post-Registration Education Commissioning Framework (Nursing and Midwifery)

Final Version March 2012

GLOSSARY OF TERMS

NIPEC	Northern Ireland Practice and Education Council
NMC	The Nursing and Midwifery Council
QUB	Queen's University of Belfast
NDL	Nurse Development Lead
PEF	Practice Education Facilitator
ADN	Associate Director of Nursing
ECG	Education Commissioning Group
LNA	Learning Needs Analysis
UK	United Kingdom
NI	Northern Ireland
OU	Open University
DHSSPS	Department of Health and Social Services and Public Services
BHSCT	Belfast Health and Social Care Trust
DPHP	Developing Practice in Healthcare Pathway
RO	Resuscitation Office

CONTENTS

	Glossary of Terms	2
	Contents	3
1.	Introduction.....	4
2.	Regional Education Commissioning Arrangements	6
3.	BHSCT Commissioning Cycle	7
4.	Responsibilities Within Cycle	8
5.	Non NMC Registered Programmes	12
6.	Commissioning Agreement	12
7.	Invoicing	14
	Appendix 1: Guidance for BHSCT Representatives at External Education Committees	16
	Appendix 2: Commissioning Cycle for DHSSPS Post-Registration Education Commissioning	17
	Appendix 3: NIPEC LNA.....	18
	Appendix 4: Individual Learning Contract	20
	Appendix 5: Replacement Monies Policy.....	21
	Appendix 1 of Policy Process for managing Developing Practice Programmes.....	28
	Appendix 6: BHSCT Process for Managing ECG Developing Practice Programme	31
	Appendix 7: BHSCT Details of Specialist Practice Programme Student and Sign off Mentor Form	33
	Appendix 8: Programmes Requiring Access NI Enhanced Disclosure Certificates (EDC)	35

1. Introduction

1.1. The Belfast Trust is committed to the delivery of safe, high quality health and social care services. This commitment to quality is highlighted within the Belfast Trust purpose, business and corporate objectives:

- **Purpose**
Improve health and wellbeing and reduce health inequalities.
- **Business**
In partnership with others and by engaging with staff, deliver safe, improving, modernising, cost effective health and social care.
- **Objectives**
Safety, modernisation, partnership, staff and resources.

In order to achieve these, the Trust is committed to the continuous professional and personal development of the nursing and midwifery workforce in meeting the challenge of changing service requirements and to achieve sustainable improvements in person-centred care.

- 1.2. The BHSCT offers registered staff the opportunity to obtain academic credit of their work through the DPHC Pathway Work based learning that is clearly linked to personal, professional and organisational needs. It offers an alternative / additional option for staff to obtain an alternative / additional option for staff to obtain an academic award, including BSc Hons Developing Practice in Healthcare or PG Diploma / MSc Developing Practice in Healthcare.
- 1.3 The Trust regards the education commissioning process as an essential part of Trust business, requiring accountability at all levels.

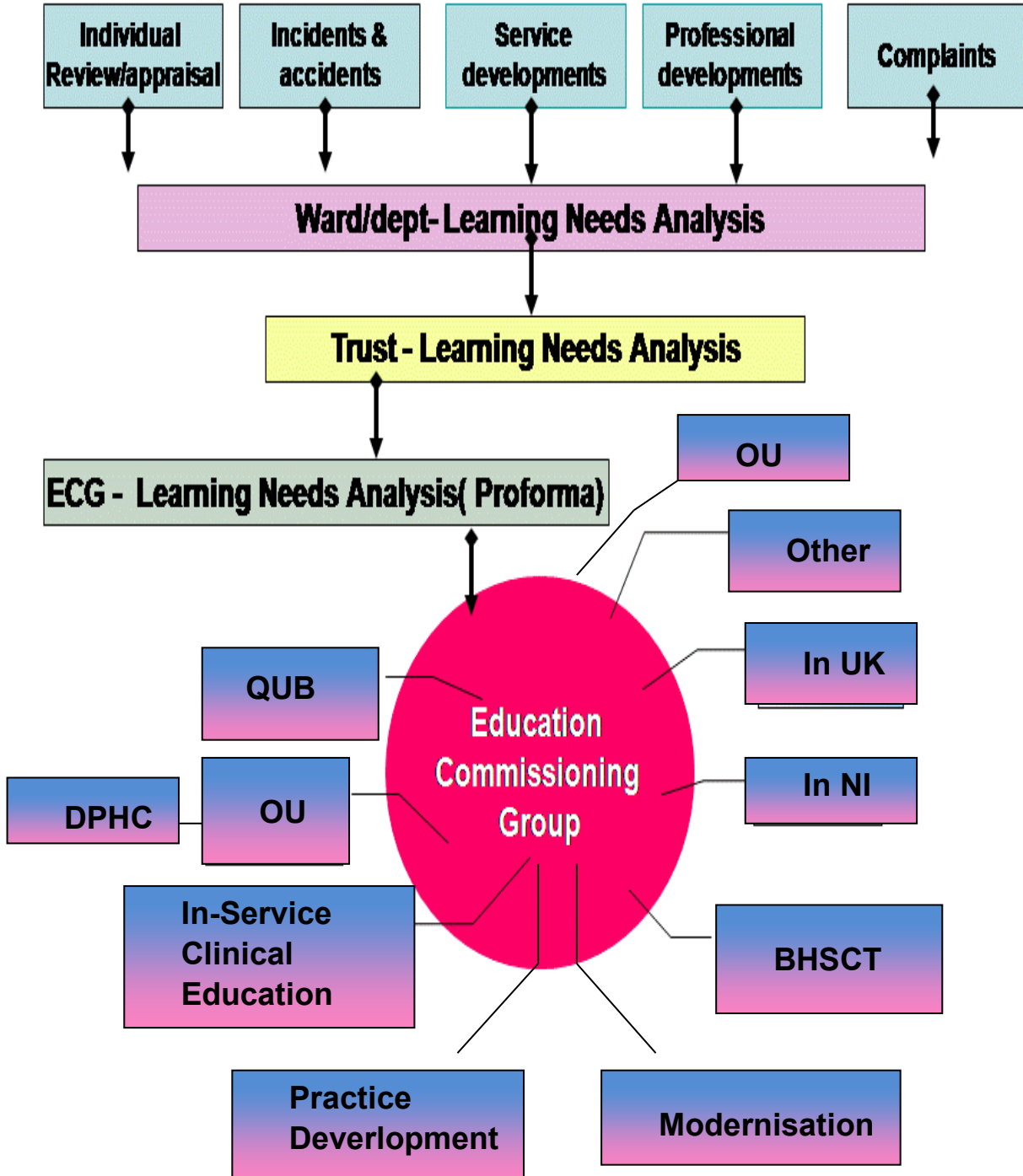
2. Regional Education Commissioning Arrangements

- 2.1. The Co-Director Education and Learning and the Nursing, Learning, Regulation & Education are the Trust's representatives on the regional Education Commissioning Group which is chaired by The Director of Nursing and Allied Health Professions, Public Health Agency.
- 2.2. Nursing and midwifery education within Northern Ireland is delivered in partnership between education providers, the five Health and Social Care Trusts and others. The delivery of high quality nursing and midwifery education is dependent on partnership working between all members involved in the teaching, development and assessment of staff and students. It is therefore crucial that Trust staff form part of the membership of course committees in order to influence and ensure programmes are informed by service and patient need (Appendix 1).
- 2.3. Post-registration education commissioning is based on a 12-month commissioning cycle that drives the commissioning process in 4 key phases (Appendix 2):
- Learning needs analysis phase;
 - Priorities phase;
 - Communication phase;
 - Registration and enrolment phase.

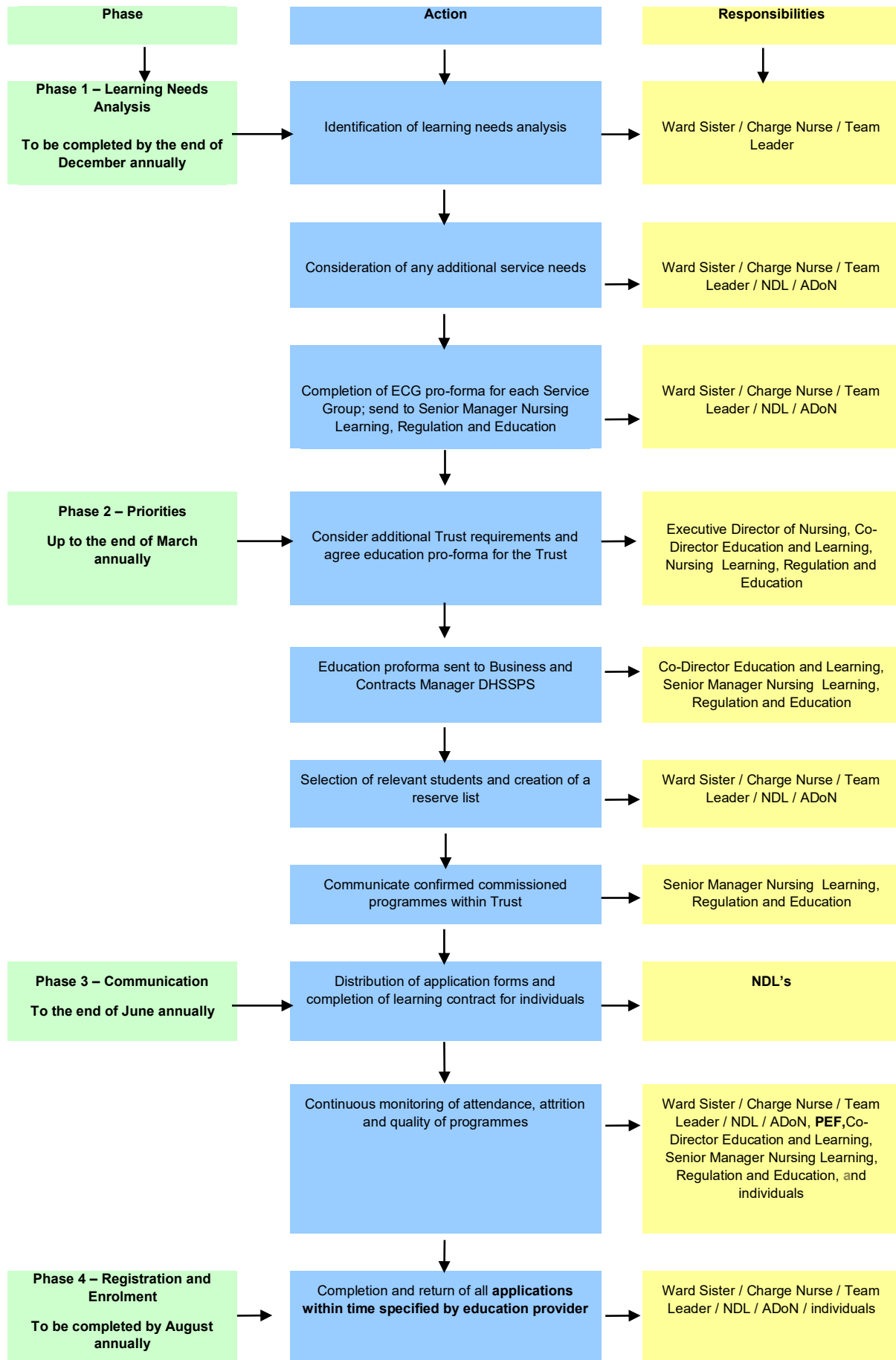
- 2.4. To enable the Belfast Trust to prepare to contribute to the Education Commissioning Cycle, a learning needs analysis needs to be completed within each service area. There are a variety of approaches and tools available regarding learning needs analysis; the Northern Ireland Practice and Education Council Learning Needs Analysis (NIPEC) Learning Needs Analysis guidance has been included to assist with this process (Appendix 3). This learning needs analysis will be informed by needs arising from corporate objectives, service and team objectives and the needs arising from the individual development review process as highlighted in Diagram 1:

Diagram 1

Commissioning Flowchart



3. The Commissioning Cycle (BHSCT)



4. Responsibilities within the Commissioning Cycle

4.1 Individual Responsibilities

- 4.1.1 All individuals undertaking commissioned programmes have a responsibility to read course information and/or contact education providers directly to make themselves aware of the entry criteria, nature, potential content, assessment format and duration of the course in advance of agreeing and/or completing an application to undertake a commissioned course.
- 4.1.2 Information on the DPHC pathway can be obtained from the local Nursing Development Lead or the Learning and Development Team regarding the time commitment, experiential learning approach and relevant criteria.
- 4.1.3 Individuals will meet with their Ward Sister/Charge Nurse/Team Leader in advance of the learning opportunity, setting and agreeing anticipated results in terms of:
- How they will put what they have learned into practice;
 - What specific, measurable results will come from the learning;
 - How this will ensure that they meet personal, service/team and organizational priorities with a timeframe for evidence of impact.
- This must be documented on the individual's Personal Development Plan.
- 4.1.4 Individuals are required to sign the learning contract (Appendix 4).
- 4.1.5 Individuals will complete the required application form by the agreed date and return as directed to the relevant education provider.
- 4.1.6 Applicants for Specialist Practice Programmes are required to complete the form identifying sign of mentor. Any member of staff wishing to undertake a commissioned Specialist Practice Programme must ensure that the following application form is fully completed prior to commencing the course
- 4.1.7 Individuals will ensure that they access all relevant programme provider information relating to the location and dates of the programme, and make the appropriate arrangements with their Ward Sister/Charge Nurse/Team Leader for attendance as required.
- 4.1.8 Individuals are responsible for negotiating time to complete the work based learning programmes. In addition, students undertaking the DHPC pathway are required to meet with their facilitators for a total of 6 hours per module
- 4.1.9 Individuals will discuss the cost of the commissioned place with their Ward Sister/Charge Nurse/Team Leader (including replacement costs if appropriate) and their responsibilities as a Trust employee in attendance and commitment to the course commissioned (refer to BHSCT Study Leave Policy).
- 4.1.10 During the course of the programme individuals have a responsibility to report any concerns on the quality, content, course work, assignments relevance or tutorial support in relation to the programme to their Line Manager, NDL, PEF and education providers as appropriate to the education provider. Individuals have a responsibility to complete all programme evaluation forms in a manner that influences future programme development. Individuals should provide

feedback on issues relating to programmes to the relevant TRUST Representative on the course committees

- 4.1.11 Individuals must ensure that travel claims related to commissioned courses are countersigned by their Ward Sister/Charge Nurse/Team Leader and ADoN prior to being sent to the Senior Manager Nursing Learning Regulation & Education. These claims must be recorded on a separate Trust travel claim form.
- 4.1.12 Individuals will be aware that information regarding an applicant's progress on a programme will be shared between the education provider, Trusts and DHSSPS.
- 4.1.13 Individuals will meet with their Ward Sister/Charge Nurse/Team Leader to evaluate the learning activity and how this will be applied in practice, which will be documented within the annual review documentation.

4.2 Ward Sister/Charge Nurse/Team Leader Responsibilities

- 4.2.1 Ward Sister/Charge Nurse/Team Leader will familiarise themselves with and ensure individuals are aware of the nature of the programmes being commissioned using relevant programme information. They will discuss responsibilities with individuals recorded within the Personal Development Plan (refer to 4.1.1 & 4.1.2).
- 4.2.2 Ward Sister/Charge Nurse/Team Leader will make themselves aware of the cost of the commissioned place, including replacement costs if appropriate. The Procedure for Claiming Replacement Monies Policy (Appendix 5) should be followed.
- 4.2.3 Ward Sister/Charge Nurse/Team Leader will ensure that they access all relevant programme provider information relating to the location and dates of the programme, and make the appropriate arrangements for attendance with the individual.
- 4.2.4 Ward Sisters will facilitate individuals undertaking Specialist Practice Programmes to meet the requirements as outlined by the NMC
- 4.2.5 Ward Sisters will negotiate with the individual undertaking the DPHC pathway time to complete work based activity and allocate time to meet with facilitator.
- 4.2.6 Ward Sister/Charge Nurse/Team Leaders will ensure that an appropriate and timely selection process for individuals to access commissioned places is put in place, and that those selected are eligible (i.e. meet academic and Trust requirements) to undertake the commissioned course. This selection process will also identify a reserve list of candidates for places in the case of non-registration or early attrition.
- 4.2.7 Nursing Development Leads and Ward Sister/Charge Nurse/Team Leader will ensure the appropriate, timely distribution of application forms to individuals.
- 4.2.8 Ward Sister/Charge Nurse/Team Leaders will ensure there are sufficient mentors, sign off mentors and practice teachers in place as required to support student placements for the relevant commissioned courses. Guidance and support should be sought from the Practice Education Team.

- 4.2.9 Ward Sister/Charge Nurse/Team Leader will meet with individuals in advance of the learning opportunity, setting and agreeing clear key results in terms of:
- How they will put what they have learned into practice;
 - What specific, measurable results will come from the learning;
 - How this will ensure that they meet personal, service/team and organisation's key priorities with a timeframe for evidence of impact.
- This must be documented on the individual's Personal Development Plan.
- 4.2.10 The Ward Sister/Charge Nurse/Team Leader is required to sign the learning contract with the individual (Appendix 4) and to hold copy in staff record.
- 4.2.11 Where an individual withdraws from or does not complete a course commissioned by the Trust and does not inform the line manager of same, all circumstances will be discussed between the Ward Sister/Charge Nurse/Team Leader and individual and disciplinary action will be considered where appropriate, as per the Trust's Study Leave Policy.
- 4.2.12 Any intention to withdraw (permanently or temporarily), failure to attend, or inability to complete assessments on any commissioned programme will be communicated by the individual with to Ward Sister/Charge Nurse/Team Leader and NDL. This information will be communicated within the internal education performance management structure which is then shared with ECG.
- 4.2.13 Where an individual withdraws (permanently or temporarily), fails to attend, or is unable to attend or complete assessments on any commissioned programme, this will be communicated by the Ward Sister/Charge Nurse/Team Leader and NDL to the internal education performance management structure which is then shared with ECG.
- 4.2.14 Where an individual withdraws from, or does not complete a course commissioned by the Trust, and does not inform the line manager of same, Disciplinary action may be considered following discussion with the individual's Line Manager. Referral should be made to the potential use of the TRUST disciplinary procedure and also that of the Universities as education providers should students fail to perform to the academic requirements. Also brief outline of process involved.
- 4.2.15 Ward Sister/Charge Nurse/Team Leaders will meet with the individuals to evaluate the learning activity, outline how learning will be applied in practice, and documented within the annual review documentation.
- 4.2.16 The Service Manager and the Assistant Service Manager will familiarise themselves with the requirements for completion of commissioned activity to facilitate attendance as agreed with Ward Sisters/Charge Nurses
- 4.2.17 The Service Manager and the Assistant Service Manager will support individuals to become facilitators for the DPHC Pathway.
- 4.2.18 The Service Manager and Assistant Service Manager will enable facilitators to fulfill the roles and responsibilities as a "recognised teacher" for the DPHC Pathway.

4.2.19 The Service Manager and the Assistant Service Manager will enable facilitators to support students to undertake the DPHC Pathway. This will include meeting with a student 6 hours per module.

4.3 Co-Director Education and Learning and Senior Manager Nursing Learning, Regulation and Education Responsibilities

- 4.3.1 The Co-Director Education and Learning and the Senior Manager Nursing Learning, Regulation and Education will collate and interrogate the education proforma for the Trust and confirm the proforma with the Executive Director of Nursing and the Associate Directors of Nursing within the Service Groups.
- 4.3.2 The Co-Director Education and Learning and the Senior Manager Nursing Learning, Regulation and Education in partnership with the Co-Director Research and Development are responsible for facilitating and verifying Practice Development bids.
- 4.3.3 The Co-Director Education and Learning the Senior Manager Nursing Learning, Regulation and Education negotiate specified Trust need within the financial resources available and regional education commissioning requests.
- 4.3.4 The Co-Director Education and Learning and the Senior Manager Nursing Learning, Regulation and Education are responsible for monitoring the Service Level Agreement (SLA).
- 4.3.5 The office of the Senior Manager Nursing Learning, Regulation and Education is responsible for the distribution of application forms to the Nursing Development Leads.
- 4.3.6 The Co-Director Education and Learning, Nursing Learning, Regulation and Education and the Practice Education Coordinator are the Trust representatives on various partnership fora.
- 4.3.7 The Co-Director Education and Learning and the Senior Manager Nursing Learning, Regulation and Education are responsible for the coordination of performance management of all post registration programmes of study.
- 4.3.8 The Senior Manager Learning, Regulation and Education is the authorized signatory for invoices submitted to the DHSSPS.
- 4.3.9 The Co-Director Education and Learning and the Senior Manager Learning, Regulation and Education are the representatives for the Belfast Trust at the ECG.
- 4.3.10 The Co-Director Education and Learning and the Senior Manager Nursing; Learning, Regulation and Education are responsible for reporting education commissioning activity to the Executive Director of Nursing.
- 4.3.11 The Co-Director Education and Learning and the Senior Manager Nursing Learning, Regulation and Education will identify sampling priorities to audit evaluation data.

5. Non NMC Registered Programmes

- 5.1 NIPEC is responsible for ensuring that non NMC registered programmes adhere to the principles outlined in the NIPEC Quality Assurance Framework.
- 5.2 The Co-Director Education and Learning and the Senior Manager Nursing; Learning, Regulation and Education are responsible, with others, for coordinating monitoring visits.
- 5.3 Each programme or project lead is responsible for ensuring that programmes adhere to the principles outlined in the NIPEC Quality Assurance Framework.

6. Commissioning Agreement

A range of education programmes may be requested through the ECG.

Under the current agreement education programmes are generally commissioned from Queens University Belfast, the University of Ulster and the in-service consortia. The cost of university based programmes for 2011/2012 is outlined in below:

Specialist Practice	11 students (Approximate costs = £60,000)
Short Course	16 students (Approximate costs = £40,000)
Stand Alone	16 students (Approximate costs = £10,000)
Community Programme	Cost Per Place: (Approximate costs = £6,659 per place)

Programmes are not viable if low numbers are requested and such programmes will only be commissioned in exceptional circumstances following ECG agreement and Department of Health, Social Services and Public Safety (DHSSPS) approval.

6.1 Specialist Practice

Specialist Practice programmes, as a recordable qualification, are delivered within a (NMC) framework. Managers requesting commissioned programme places should follow NMC guidance relating to practitioners undertaking specialist practice programmes. These programmes consist of 6 modules delivered over 1 year full-time (community programmes) or 2 years part-time. There are also 75 practice placement days required as part of the programme. On completion of the programme practitioners are eligible to record their qualification with the (NMC). (See Appendix 7 or contact Practice Education Facilitator for further details).

Managers should also consider the implications of the NMC Standards to Learning and Assessment in Practice (2006) and the requirement from September 2007 for students on Specialist Community Public Health Nursing Programmes to be mentored by a Practice Teacher. Students undertaking other specialist practice programmes are required to be mentored by a sign off mentor. Students of Non-Medical Prescribing programmes formally known as Independent Supplementary Prescribing (ISP) will require supervision from a Designated Medical Practitioner (DMP).

The programmes have been designed for the development of specialist practitioners who will be able to exercise higher levels of judgement, discretion and decision-making in their area of practice. Specialist practitioners are in this context viewed as the practitioners in lead roles who will shape and develop nursing care and services.

Entry to the programme requires a sufficient period of experience following registration to enable the practitioner to have gained a deeper understanding of relevant professional practice in the area in which they are seeking to practice. All practitioners applying for a place on the programme must be employed in a position where that will enable them to achieve the required level of competency development at the required level of practice as described above. (Appendix 7)

The standards¹ for programme approval require that the programmes of preparation for this level of practice must be:

- At no less than degree level (this equates with the final year of a degree course);
- No less than an academic year (32 weeks minimum) full time or part time equivalent (including accreditation of prior learning);
- Made up of 50% theory and 50% practice.

6.2 Short Courses

These programmes normally consist of 3 modules delivered over 1 year, with some programmes requiring a clinical placement. Managers and participants should be aware of the “time out” required for these programmes.

6.3 Stand Alone Modules

These modules are normally delivered over a 12-week period with study days that are a half to full day. Managers and individuals should make themselves aware of the commitment required and the assessment methods involved.

6.4 Life Support Programmes

Service groups will identify requirements for life support courses in negotiation with the Trust’s Resuscitation Officers (where appropriate).

6.5 New Programmes

Service modernisation, development or reform, may require the development of a new programme. In this case, the DHSSPS template must be completed and submitted to the Co-Director Education and Learning and Senior Manager Nursing, Learning, Regulation and Education should this be included in appendices for ECG consideration. (See Appendix 8)

6.6 Developing Practice Bids

Individuals and/or managers wishing to submit developing practice bids must follow approved guidance, as well as adhering to the processes within BHSCT (Appendix 6). All Developing Practice submissions will be quality assured by the Co-Director Education and Learning, the Co-Director Research and Development.

7.0 Invoicing

Invoices for any commissioned programme provided by QUB, UU, RCN and the Beeches are reimbursed directly by the DHSSPSNI.

Invoicing works within financial years, but is tied into academic years e.g. Commissioning year September 2010 to August 2011 claims are made within the financial year April 2010 to March 2011. Any claims outside this period, including individual travel claims, will not be met by the DHSSPSNI and each Directorate then becomes responsible for these costs.

The Senior Manager Nursing: Learning, Regulation & Education is the authorized signatory with the DHSSPSNI in respect of post-registration education ECG monies. On the rare occasions that payment is required for a programme in advance, this needs to be agreed with the Senior Manager Nursing: Learning, Regulation & Education prior to any payment being made.

Individuals

It is the responsibility of individual staff to ensure that claims for travel, as approved by ECG, are forwarded to the Senior Manager; Nursing Learning, Regulation & Education. These claims must follow the Trust procedure e.g. be accompanied by receipts, include staff number, and signed by their line manager as well as the ADoN/M for the Directorate. If information is not included or the claim not duly authorized this will result in non-payment. This process is to facilitate invoicing the business and contract manager DHSSPS.

Directorates

It is the responsibility of nominated individuals within each Directorate to ensure that invoices for commissioned programmes are sent to the Senior Manager Nursing: Learning, Regulation & Education.

Any monies spent or charged over and above that which has been approved by ECG will be met by the Directorate.

Directorates can pay for programmes and travel from Directorate budgets. This can then be raised with the Senior Manager Nursing: Learning, Regulation & Education to claim from the DHSSPS.

If any information is not included with the claim this will result non-payment.

Resuscitation Officers

RO's should ensure that claims are raised quarterly, using the agreed proforma & including staff attendance records, with the Senior Manager Nursing: Learning, Regulation & Education. It is the responsibility of RO's to quality assure the information sent and monitor claims against approved commissioned numbers per commissioning cycle.

If any information is not included with the claim this will result non-payment.

Appendix 1

Guidance for BHSCT Representatives At External Education Committees

Purpose of Education Committees

Nursing and midwifery education within Northern Ireland is delivered in partnership between education providers, the five Health and Social Care Trusts and others. The delivery of high quality nursing and midwifery education is dependent on partnership working between all members involved in the teaching, development and assessment of staff and students. When Trust representatives attend course committees they have an opportunity to influence and ensure that programmes are informed by service and patient need.

- To provide a forum for effective communication between the Trust, education providers, staff and students
- To ensure compliance with the NMC Standards for Learning and Assessment in Practice
- To advise on the impact of proposed service changes
- To influence the development and validation of curricula.

The provision of high quality nursing and midwifery education is enhanced by Trust representation at these meetings.

Role of BHSCT Representatives

- To liaise with internal stakeholders to inform and provide a Trust perspective
- To identify any issues from service that may impact on the education of nursing and midwifery staff and students e.g. available resources and/or service reconfiguration
- To raise these matters for discussion at the relevant committee
- To inform the education provider of any significant changes in clinical practice including changes to policies, procedures and guidelines that may need to be considered in the education of staff and students
- Communicate and inform the Associate Director of Nursing/Midwifery within the Service Group and the Co-Director: Education and Learning on pertinent issues
- If the nominated service representative cannot attend they must nominate someone to attend on their behalf.

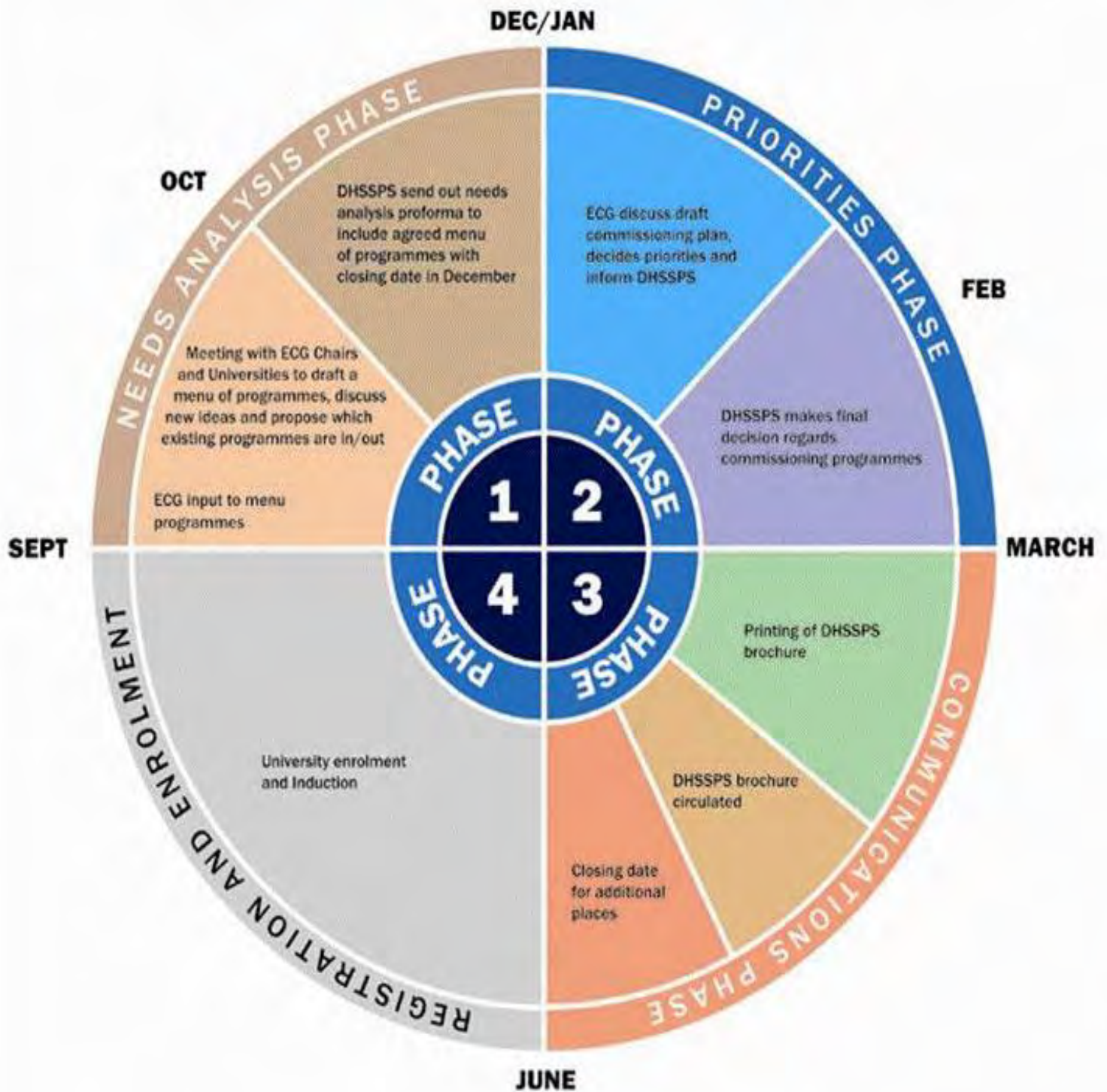
It is of vital importance that nominated representatives attend committees as scheduled in order to provide continuity from a Trust and education provider perspective.

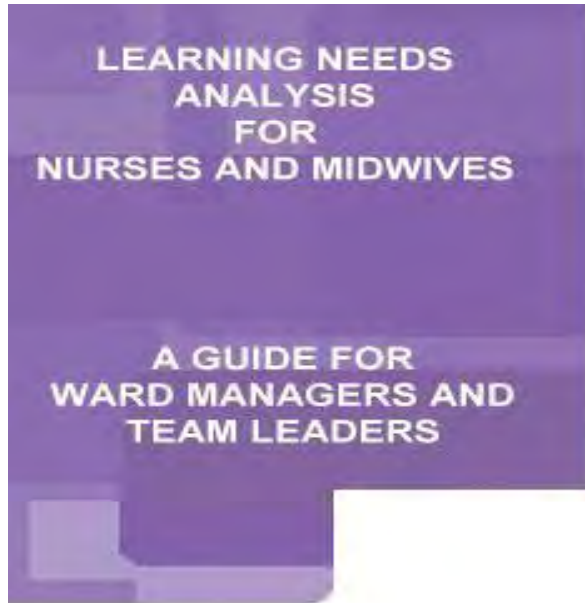
Membership of committees shall be reviewed alternate years.

The first review is therefore due for the academic year 2012/2013.

Appendix 2

Commissioning Cycle for DHSSPS Post-Registration Education Commissioning





TRUSTS IN NORTHERN IRELAND

The NMC Code of Conduct (NMC 2008) indicates that all nurse and midwife registrants have a responsibility to take part in appropriate learning and practice activities to maintain and develop their competence. All Health and Social Care (HSC) Trusts in Northern Ireland have developed systems to support work place learning, which will include carrying out learning needs analysis (LNA).

This booklet has been developed to help you as a ward manager or team leader to use a structured LNA approach to inform the development of personal development plans with your staff.

WHAT IS LEARNING NEEDS ANALYSIS?

Learning Needs Analysis (LNA) is a process of gathering and interpreting information regarding the learning and development needs of your staff. This is important to ensure the identification of appropriate and effective learning and development activities for your staff in order to contribute to improving the delivery of patient and client care.

WHY DO I NEED TO DO IT?

Using a structured approach to LNA will help you identify the development needs of your staff in line with the Trust's service objectives. This will also help you deliver your current services and make plans for new services.

LEARNING NEEDS ANALYSIS?

To begin the process of LNA, as ward managers and team leaders, you need to have a clear vision of your current services and potential developments and must consider:

- The overall service objectives of your organisation and your service group/directorate/division and how your team contributes to this.
- The knowledge, competencies and skills required to meet existing service or new service expectations
- Development of new roles

DRIVERS THAT IMPACT ON SERVICE DELIVERY IN HEALTH AND SOCIAL CARE TRUSTS

External and internal drivers will influence the shape and nature of service developments and may include:

- Government drivers and policies
- Changes within Trusts to meet the Modernisation Agenda
- Reports on the Health and Social Care Services and local inquiries
- Implementation of best evidence
- Implementing National and Regional Guidance
- Regional Supervision Standards
- RQIA reports
- New developments in the field of practice
- Practice audits
- Critical incidents
- Patient/client surveys and complaints
- Risk analysis and governance reviews

LEARNING NEEDS ANALYSIS PROCESS

A structured approach to LNA helps to identify the development needs of the nursing and midwifery workforce. A simple and recognisable way to consider this is as a process that involves:

- Step 1:** **Assessment** of the knowledge skills and competence of individuals in the team
- Step 2:** **Planning** the learning opportunities with each team member
- Step 3:** **Implementing** the agreed development activity
- Step 4:** **Evaluating** the outcome and improvements in patient or client care and personal development

As ward managers and team leaders you need to take the above drivers into account as you think about your current nursing and midwifery care delivery and take forward or input into changes in your area to improve patient and client experiences. This may result in service development and innovations and new role developments or role expansion. This will influence the professional development of your team members.

STEP 1: ASSESSMENT OF LEARNING NEEDS

Firstly you need to identify the knowledge and skills required by the nursing or midwifery team in your area to deliver safe and effective care.

Secondly you need to assess the knowledge and skill set of each team member you currently have.

Thirdly you need to compare these two sets of information in order to identify deficits and the learning and development needs of individual team members. In relation to the above find out about any tools or information that will help you in your analysis. As a manager or team leader, as part of your daily work, you informally assess the competence of your staff using observation and assessment skills. This is a very important part of your role and can be used as the starting point for identifying the current skill set of your team. You will also be required to use the Knowledge and Skills Framework to carry out annual reviews of each member of your team in relation to their job profile and agree a Personal Development Plan (PDP). The NIPEC Development Framework Competency Profile may help with this and can be viewed at www.nipecdf.org/compro/

STEP 2: PLANNING LEARNING OPPORTUNITIES

A flexible and innovative approach to planning learning is required to make best use of the wide range of learning opportunities available. The NIPEC Development Framework Learning Activities Section may also help with this see www.nipecdf.org In designing the Personal Development Plans (PDP) for your staff you need to:

- Consider the learning and development expected from the planned learning activity
- Consider the types of training/learning activities that could help your staff member to achieve the expected learning and development

STEP 2 (CONTINUED):

PLANNING LEARNING OPPORTUNITIES

Belfast Trust Procedure for the Management of Nursing and Midwifery Post-Registration Education Commissioning/Final Version March 2012

MAHI - STM - 102 - 6241

- The agreed training or learning activity should take account of factors such as: the staff member's learning preferences; resource implications; overall fit with other team members; availability; achievability; and, service need
- How the staff member will demonstrate achievement on completion of the development activity

STEP 3: DELIVERING LEARNING AND DEVELOPMENT ACTIVITIES

This involves making arrangements for your staff member to undertake the training or learning activities agreed in their PDP and agreeing a framework for ongoing monitoring. This will involve both yourself and your staff member agreeing responsibilities for aspects such as: time to undertake the activity; organising the activity; securing funding, if required; and, feedback processes.

STEP 4: EVALUATE EFFECTIVENESS OF THE LEARNING AND DEVELOPING ACTIVITY

Staff training and professional development is costly. It is therefore important to find out if the activity has been effective in terms of personal and professional development and the impact learning has had on improvements in patient/client care.

This could be done by:

- Student and manager evaluation (post development activity)
- Noting improvements in performance and level of competence (formally or informally).
- Trust evaluations of service delivery.
- Practice audit reports.
- Critical incident reports.
- Patient surveys/complaints
- Improvements in best practice through sharing Learning

A LEARNING AND DEVELOPMENT STRATEGY TO MAXIMISE THE BEST USE OF RESOURCES

The learning needs analysis process is a very important part of your learning and development strategy. You will continue to change and refine it

to better meet the training and performance needs of your area though a range of formal and informal learning activities.

FOR FURTHER INFORMATION

For further information contact the NIPEC enquiry e-mail address at enquiries@nipec.n-i.nhs.uk

NIPEC
Centre House
79 Chichester Street
Belfast BT1 4JE

Tele No: (028) 9023 8152
Fax No: (028) 9033 3298

Websites: www.nipec.n-i.nhs.uk
www.nipecdf.org

December 2008

Appendix 4

Individual Learning Contract

I hereby agree to all the individual responsibilities as outlined within the Belfast Trust Education Framework.

I am aware that information regarding my progress and attendance on the commissioned course will be shared between the education provider, Belfast Trust and DHSSPS.

Course Title: Individual's Name:

Individual's Signature: Date:
--

Ward Sister/Charge Nurse/Team Leader signature: Date:
--

A copy is to be retained by the individual and Ward Sister/Charge Nurse/Team Leader for monitoring purposes.

A copy of the completed form to be held in staff records

Appendix 5

Trust Policy for approval by Trust Policy Committee

Title: Policy for claiming replacement monies in relation to commissioned programmes for nursing & midwifery from DHSSPSNI.	
Summary <i>Insert a <u>brief</u> summary of policy.</i> <i>This is limited to the provided fixed space.</i>	To provide a clear and unified process for claiming replacement monies in relation to nursing & midwifery commissioned programmes from the DHSSPSNI.
Operational date	March 2011
Review date	March 2014
Version Number	V1
Director Responsible	Brenda Creaney
Lead Author	Lynn Fee
Lead Author, Position	Senior Manager Nursing: Learning, Regulation & Education
Department / Service Group	Central Nursing & Midwifery Team
Contact details	Lynn Fee [REDACTED] [REDACTED]
Additional Author(s)	Elish MacDougall [REDACTED] [REDACTED]

Replacement Monies Policy

Reference Number	To be assigned by policy committee
Supersedes	A variety of previous arrangements within legacy Trusts regarding the process for claiming these monies.

Version Record

Date	Version	Author	Comments
14/09/09	0.1	Lynn Fee Elish MacDougall	Initial Draft
12.01.10	0.2	Lynn Fee Elish MacDougall	Following consultation with Central Nursing and Midwifery Team, Associate Directors of Nursing/Midwifery, Deputy Associate Directors of Nursing/Midwifery and Nursing Development Leads.
June 2010			Attended Standards and Guidelines Committee – advised needed to go through Policy Committee

Approval Process – Trust Policies

Policy Committee	Approval		
Executive Team	Authorise		
Chief Executive	Sign Off		

Approval Process – Clinical Standards and Guidelines

Standards and Guidelines Committee	Approval		
Policy Committee	Ratify		
Executive Team	Authorise		
Appropriate Director	Sign Off		

Local Approval Process

	Approval		
--	----------	--	--

Dissemination

Areas :	

Title:

Belfast Trust Procedure for the Management of Nursing and Midwifery Post-Registration Education Commissioning/Final Version March 2012

Process for claiming replacement monies in relation to commissioned programmes for nursing & midwifery from DHSSPSNI.

Purpose:

To provide a clear and unified process for claiming replacement monies in relation to commissioned programmes from the DHSSPSNI.

Objectives:

To ensure claims for replacements monies are made on a timely basis.

To ensure clinical areas receive replacement monies due.

Chief Executive / Director

Printed name

Date:

Author

Printed Name

Date:

Chief Executive

(For Trust Policies Only)

Date:

Full Description

Title: Process for claiming replacement monies in relation to commissioned programmes for nursing and midwifery from DHSSPSNI.

1.	Introduction		
	Pre-registration and post-registration nursing and midwifery education in Northern Ireland is commissioned by the DHSSPSNI.		
	Some pre-registration and post-registration programmes attract replacement costs if commissioned by the Trust.		
	Provider	Programme	Remuneration (approx; annual variation)
	Open University	Part-time pre-registration diploma	£4500pa
	QUB	Part-time pre-registration diploma	£4500pa
		Advanced Standing Programmes*	Mid-point Band 5 pa
	UU	Specialist Community Public Health Programmes*	Mid-point Band 5 pa
		Advanced Standing Programmes*	Mid-point Band 5 pa
		Part-time pre-registration degree	£4500pa
*If these programmes are undertaken on a part-time basis then replacement monies are not provided by the DHSSPSNI.			
2.	Purpose:		
	To provide a clear and unified process for claiming replacement monies in relation to commissioned programmes from the DHSSPSNI.		
3.	The Scope:		
	This policy applies to nursing and midwifery staff employed by the Trust who are participating in these identified commissioned programmes or who are facilitating staff to undertake these commissioned programmes.		
4.	Objectives:		
	To ensure claims for replacements monies are made on a timely basis.		
	To ensure clinical areas receive replacement monies due.		
	To ensure consistency regarding process		
5.	Roles and Responsibilities:		

	It is the responsibility of the budget holder to make themselves or a designated deputy in their absence, aware of the requirements of this process and adhere to same. It is the responsibility of individuals who are commencing the above courses to familiarise themselves with this process and adhere to same.
6.	The definition and background of the policy: This policy has been developed to reduce the risk of monies not being claimed from the HSSPSNI by the Trust.
7.	Policy / Guideline description: To provide a clear and unified process for claiming replacement monies in relation to commissioned programmes from the DHSSPSNI.

8.	Policy statements:
8.1	<p>The flow chart below identifies actions required by individuals involved in this process:</p> <pre> graph TD subgraph Responsibilities R1[Individual] --> R2[Line Manager] R2 --> R3[Practice Education Facilitator] R3 --> R4[Practice Education Coordinator] R4 --> R5[Senior Manager Nursing: Learning Regulation & Education] end subgraph Actions A1[Individual to notify line manager once place on course is confirmed] --> A2[Line manager to complete attached proforma (appendix 1) and forward to the Practice Education Facilitator (PEF) for their area] A2 --> A3[Data forwarded to Practice Education Coordinator] A3 --> A4[Data forwarded to Senior Manager Nursing: Learning, Regulation & Education] A4 --> A5[Claim authorised and forwarded to BHSCT Finance, who claim from DHSSPSNI & pay into identified cost codes] end R1 --> A1 R2 --> A2 R3 --> A3 R4 --> A4 R5 --> A5 </pre>
8.2	<p>In the event of any changes to the original information submitted eg. Individuals on long term sick leave, individuals temporarily withdrawing from the programme due to personal circumstances etc., the Line Manager or designated deputy are responsible for updating the proforma (Appendix 1) and forwarding to the Practice Education Facilitator for their area.</p>
8.3	<p>For courses commencing in September of each year the completed proforma must be returned to the PEF by the end of October of the same year.</p>
8.4	<p>For courses commencing in February of each year the completed proforma must be returned to the PEF by the end of March of the same year.</p>
8.5	<p>It is the responsibility of the budget holder to ensure the information is delivered to the PEF within the specified time frames. Failure to do so will result in the loss of monies for that area.</p>

9.	Implementation / Resource requirements: None identified-part of role responsibilities	
10.	Consultation Process: <i>(Insert a summary of consultation process e.g. external / internal groupings, staff side etc)</i> As per 'version record' above.	
11.	Equality and Human Rights screening carried out: In line with duties under the equality legislation (Section 75 of the Northern Ireland Act 1998), Targeting Social Need Initiative, Disability discrimination and the Human Rights Act 1998, the Belfast Trust has carried out an initial screening exercise to ascertain if this policy should be subject to a full impact assessment	
11.1	<input checked="" type="checkbox"/> Screening completed No action required.	<input type="checkbox"/> Full impact assessment to be carried out.
12.	Procedures: <i>(List appendices here in order)</i> Appendix 1: Process for claiming replacement monies	

Chief Executive / Director

Printed Name

Date:

Chief Executive

Date:

Author

Printed Name

Date:

Appendix 1 of Policy

Proforma For Claiming Replacement Monies: Nursing & Midwifery (BHSCT)

Individual's Name:

Staff Number:

Work Base and Service Group:

PIN Number:

Work Contact Number:

Personal Contact Number:

Budget Holders Name and Contact Number:

Cost Centre Code:

Course Start Date

Expected Completion Date:

HEI

QUB

OU

UU

Course

Advanced Standing

Children's

Mental Health

Learning Disability

Community Specialist Practice Programmes

Community

Community

Community

Mental Health
Health

Paediatric
Nurse

Learning
Disability

Health Visitor

District Nurse

Occupational Health

School Nurse

Pat-time Pre-Registration Programmes

Adult

Paediatrics

Mental Health

Learning
Disability

Line Manager: _____

Print Name: _____

Signature: _____

Date: _____

:

Appendix 6

BHSCT Process for Managing ECG Developing Practice Programmes

Who	What	When
<i>Senior Manager Nursing: Learning Regulation & Education</i>	<ul style="list-style-type: none"> Notifies Project Lead and R&D Team when confirmation received from ECG that funding for project secured 	Expected each April
<i>Project Lead</i>	<ul style="list-style-type: none"> Confirm cost centre for activity with Directorate finance staff though established Directorate procedures Inform Senior Manager Nursing: Learning Regulation & Education and Senior Manager Nursing: Person-Centred Care re cost code 	When confirmation of funding received from <i>Senior Manager Nursing: Learning Regulation & Education</i>
<i>Project Lead</i>	<ul style="list-style-type: none"> Commences programme 	When confirmation of funding received from Education Team
<i>Project Lead</i>	<ul style="list-style-type: none"> Forwards progress reports against submitted action plan every 3/12 months (dates for submission will be specified by DHSSPS & communicated) which will include the request for payment against activity for submission to the ECG to Senior Manager Nursing: Person-Centred Care Highlight in each progress report <ul style="list-style-type: none"> Funding requested Funding spent Projected funding spend Potential funding which will not be used and will not be drawn down from the ECG Ensure that invoices relating to this project are signed of and authorised by the Project Lead for payment from this cost centre as per BHSCT Finance arrangements Forward copies of signed and authorised invoices to Senior Manager: Person-Centred Care along with the quarterly reports 	<ul style="list-style-type: none"> June September December March
<i>Senior Manager Nursing: Person-Centred Care</i>	<ul style="list-style-type: none"> Forwards progress reports and copies of authorised invoices received from the Project Leads to the Senior Manager Nursing: Learning Regulation & Education 	<ul style="list-style-type: none"> June September December March

MAHI - STM - 102 - 6254

<i>Senior Manager Nursing: Learning Regulation & Education</i>	<ul style="list-style-type: none"> • Forwards progress reports and copies of authorised invoices received from Senior Manager Nursing: Person-Centred Care to Finance for processing i.e. invoices and quarterly reports • Forwards progress reports and copies of authorised invoices to ECG and request funding to be released to identified project cost code 	<ul style="list-style-type: none"> • June • September • December • March
<i>Project Lead</i>	<ul style="list-style-type: none"> • As early as possible, highlight if any funding for the programme is being requested to be transferred into the next years funding outlining the reason for this request (e.g. late notice of receiving funding) 	As early as possible
<i>Project Lead</i>	<ul style="list-style-type: none"> • Submit final report to Senior Manager Nursing: Person-Centred Care within 1 month of completion of project date 	At the end of the programme
<i>Senior Manager Nursing: Person-Centred Care</i>	<ul style="list-style-type: none"> • Meets with Project Leads to offer support and guidance re project/s • Review quarterly reports 	At start of project and 2/12 thereafter When received
<i>MT R&D Team</i>	<ul style="list-style-type: none"> • Provide support and guidance throughout life of the programme 	As and when required

Appendix 7



**Details of Specialist Practice Programme
Student and Sign Off Mentor form**

Year of commencement of academic study:

Any member of staff wishing to undertake a commissioned Specialist Practice Programme must ensure that the following application form is fully completed prior to commencing the course.

From September 2007 students undertaking Specialist Practice Programmes leading to a recordable qualification on the nurse's part of the NMC register must be supported and assessed by sign-off mentors (NMC Standards to Support Learning and Assessment in Practice, 2006).

These sign-off mentors must:

- be active as a sign-off mentor on the Trust's mentorship database with a specialist practice qualification.
- be from the same part of the NMC register as the student.
- supervise and monitor progress throughout this programme
- assess component skills related to the programme outcomes.
- have the specialist skills required to support the placement learning outcomes*

* If the sign off mentor does not have the specialist practice skills then due regard may be applied. Consideration must be given to identifying an additional person with the requisite specialist practice skills to support the student and provide feedback to the sign off mentor.

See paragraph 2.1.3 of the NMC Standards 2006 for further clarification of sign-off mentor status or speak to a Practice Education Facilitator).

It is expected that all students will record their specialist practice qualification with the NMC on completion of the programme.

<u>Student Biographical Details</u>	All fields are required	Is NI Access required?	<input type="checkbox"/>
-------------------------------------	-------------------------	------------------------	--------------------------

Forename	<input type="text"/>	Pin Number	<input type="text"/>
Surname	<input type="text"/>	Pin Enquiry	<input type="text"/>

Work Address		Telephone	
		Specialist Practice Programme to be undertaken	

Student's Signature	
---------------------	--

Potential sign-off Mentor		Sign of Mentor PIN Number	
---------------------------	--	---------------------------	--

It is the student's responsibility to arrange dates for practice placements in a timely fashion and to negotiate this with the manager.

Manager Information

Specialist Practice programmes, as a recordable qualification, are delivered within a Nursing and Midwifery Council (NMC) framework. These programmes consist of 6 modules delivered over 1 year full-time (community programmes) or 2 years part-time. There are also 75 practice placement days required as part of the programme. The manager and student should negotiate how this will be achieved in advance of the programme commencing.

Mentor's Details

Print Name:	
-------------	--

Manager's Signature:	
----------------------	--

Service Group:	
----------------	--

NDL Name:	
-----------	--

Date:	
-------	--

This section is to be completed by the individual with Line Manager responsibility for the applicant

Please return this completed form to the Practice Education Facilitator for your clinical area care of:-

Catherine Toner
 1st Floor, King Edward Building
 Royal Victoria Hospital
 BT12 6B1
 Telephone: [REDACTED]

Practice Education Team
 Office Use Only

MAHI - STM - 102 - 6257

Date received : _____ / _____ / _____		PEF _____
Sign-off Mentor confirmed on database	Y <input type="checkbox"/>	N <input type="checkbox"/>
Due regard confirmed	Y <input type="checkbox"/>	N <input type="checkbox"/>

Final record: Sign of mentor name:	_____
Contact details:	_____
Due regard co-mentor name (if appropriate):	_____
Co-mentor contact details:	_____
NI Access confirmed	Y <input type="checkbox"/> N <input type="checkbox"/>

Appendix 8

Programmes Requiring Access NI Enhanced Disclosure Certificates (EDC)					
Provider	Title of Programme	Responsibility for Obtaining EDC	Responsibility for Payment of New EDC	Timescale/Action Required	Comments
Ulster/QUB	Independent and Supplementary Prescribing(V3 00) (NMC Validated/Recordable)	HSC Trust on behalf of Potential Student	HSC Trust/Potential Student	Certificate to be submitted to Ulster/QUB by Trust/Potential Student along with Commissioned Application Form (Ulster noted that a Copy of the Certificate should be submitted by Trust/Potential Student along with Commissioned Application Form and then original Certificate to be provided at Registration.	Education Provider will Normally accept EDCs undertaken in previous 6 months
Ulster	Community Practitioner Nurse Prescribing Course (V100)	HSC Trust on behalf of Potential Student	HSC Trust/Potential Student	Copy of Certificate to be submitted to Ulster by Trust/Potential Student along with Commissioned Application Form and then original Certificate to be provided at Registration.	Education Provider will Normally accept EDCs undertaken in previous 6 months
Ulster	Health Visiting – SCPHN	BSO	BSO	BSO undertakes Access NI check on behalf of successful applicants and forwards certificates to Ulster	Regional Recruitment Process
Ulster	School Nursing – SCPHN	HSC Trust on behalf of Potential Student	HSC Trust/Potential Student	Copy of Certificate to be submitted to Ulster by Trust/Potential Student along with Commissioned Application Form and then original Certificate to be provided at Registration.	Education Provider will Normally accept EDCs undertaken in previous 6 months
Ulster	Occupational Health Nursing – SCPHN	HSC Trust on behalf of Potential Student	HSC Trust/Potential Student	Copy of Certificate to be submitted to Ulster by Trust/Potential Student along with Commissioned Application Form and then original Certificate to be provided at Registration.	Education Provider will Normally accept EDCs undertaken in previous 6 months
Ulster	Specialist Practitioner: District Nursing (SPDN)	HSC Trust on behalf of Potential Student	HSC Trust/Potential Student	Copy of Certificate to be submitted to Ulster by Trust/Potential Student along with Commissioned Application Form and then original Certificate to be provided at Registration.	Education Provider will Normally accept EDCs undertaken in previous 6 months

MAHI - STM - 102 - 6259

Ulster	Specialist Practitioner: Community Children's Nursing (SPCC)	HSC Trust on behalf of Potential Student	HSC Trust/Potential Student	Access NI Certificate only required if the commissioned student is involved in a placement outside of their own Trust then the student has a responsibility to obtain a valid Access NI prior to registration.	Education Provider will Normally accept EDCs undertaken in previous 6 months
Ulster	Specialist Practitioner: Community Learning Disability Nursing (SCLD)	HSC Trust on behalf of Potential Student	HSC Trust/Potential Student	Access NI Certificate only required if the commissioned student is involved in a placement outside of their own Trust then the student has a responsibility to obtain a valid Access NI prior to registration.	Education Provider will Normally accept EDCs undertaken in previous 6 months
Ulster	Specialist Practitioner: Community Mental Health Nursing (SCMH)	HSC Trust on behalf of Potential Student	HSC Trust/Potential Student	Access NI Certificate only required if the commissioned student is involved in a placement outside of their own Trust then the student has a responsibility to obtain a valid Access NI prior to registration.	Education Provider will Normally accept EDCs undertaken in previous 6 months
Ulster	Other Specialist Practitioner Programmes	HSC Trust on behalf of Potential Student	HSC Trust/Potential Student	Access NI Certificate only required if the commissioned student is involved in a placement outside of their own Trust then the student has a responsibility to obtain a valid Access NI prior to registration.	Education Provider will Normally accept EDCs undertaken in previous 6 months
QUB	Advanced Standing Children's (CPP)	School of Nursing and Midwifery, QUB	Potential Student	Before commencing programme	Letter sent to Potential Student offering Conditional Place on the programme, subject to payment for Access NI Check
QUB	Advanced Standing Mental Health (CPP)	School of Nursing and Midwifery, QUB	Potential Student	Before commencing programme	Letter sent to Potential Student offering Conditional Place on the programme, subject to payment for Access NI Check
QUB	Advanced Standing Learning Disability (CPP)	School of Nursing and Midwifery, QUB	Potential Student	Before commencing programme	Letter sent to Potential Student offering Conditional Place on the programme, subject to payment for Access NI Check
Ulster	Advanced Standing Mental Health (CPP)	School of Nursing, University of Ulster (Faculty Office, Magee)	Potential Student	Before commencing programme	Letter sent to Potential Student offering Conditional Place on the programme, subject to payment for Access NI Check



Belfast Health and
Social Care Trust

**Post-Registration Education Commissioning
Framework
(Nursing and Midwifery)**

Final Version January 2023

GLOSSARY OF TERMS

AEI	Approved Education Institution
CEC	Clinical Education Centre
DDoN	Deputy Director of Nursing
DoH	Department of Health
DMP	Designated Medical Practitioner
DN	Divisional Nurse
ECG	Education Commissioning Group
LNA	Learning Needs Analysis
NDL	Nursing Development Lead
NI	Northern Ireland
NIPEC	Northern Ireland Practice and Education Council
NMC	The Nursing and Midwifery Council
OU	Open University
PEC	Practice Education Coordinator
PEF	Practice Education Facilitator
PET	Practice Education Team
QUB	Queen's University of Belfast
RCN	Royal College of Nursing
UK	United Kingdom
UU	Ulster University

CONTENTS

	Glossary of Terms	2
	Contents	4
1.	Introduction.....	5
2.	Regional Education Commissioning Arrangements	6
3.	BHSCT Commissioning Cycle	7
4.	Responsibilities Within Cycle	8
5.	Non NMC Registered Programmes	12
6.	Commissioning Agreement	12
7.	Invoicing	14
		16
		17
		18
		20
		21
		28
		31
		33
		35

1. Introduction

1.1. The Belfast Trust is committed to the delivery of safe, high quality health and social care services. This commitment to quality is highlighted within the Belfast Trust purpose, business HSC Values and positive outcomes:

- **Purpose**
 - Improve health and social well-being outcomes, through a reduction in preventable disease and ill-health, by providing effective, high quality, equitable and efficient health and social care
- **Business**
 - In partnership with others and by engaging with staff, deliver safe, improving, modernising, cost effective health and social care
- **The HSC Values are:**
 - Working together
 - Excellence
 - Openness and Honesty
 - Compassion
- **Positive Outcomes**
 - Safety and Quality^[cv1]
 - Modernisation,
 - Partnerships
 - Our People
 - Resources.

In order to achieve these, the Trust is committed to the continuous professional and personal development of the nursing and midwifery workforce in meeting the challenge of changing service requirements and to achieve sustainable improvements in person-centred care.

1.2 The Trust regards the education commissioning process as an essential part of Trust business, requiring accountability at all levels.

2. Regional Education Commissioning Arrangements

The Deputy Director of Nursing, Workforce, Education, Regulation and Informatics, Senior Manager for Education, Regulation and Informatics and Lead Nurse Practice Education Co-Ordinator are the Trust's representatives on the regional Education Commissioning Group, which is chaired by an external chair.

Nursing and midwifery education within Northern Ireland is delivered in partnership between education providers, the five Health and Social Care Trusts and others. The delivery of high quality nursing and midwifery education is dependent on partnership working between all members involved in the teaching, development and assessment

of staff and students. It is therefore crucial that Trust staff are members of course committees in order to influence and ensure that programmes are informed by service and patient need. Guidance for BHSCT representatives at External Education Committees is found in **Appendix 1**.

Appendix 2 presents how post-registration education commissioning is based on a 12-month commissioning cycle that drives the commissioning process in 4 key phases

- Learning needs analysis phase;
- Priorities phase;
- Communication phase;
- Registration and enrolment phase.

To enable the Belfast Trust to prepare to contribute to the Education Commissioning Cycle, a learning needs analysis must be completed within each service area. There are a variety of approaches and tools available regarding learning needs analysis; the Northern Ireland Practice and Education Council's (NIPEC) Learning Needs Analysis guidance has been included to assist with this process (**Appendix 3**). This learning needs analysis will be informed by demands arising from corporate objectives, service and team developments and the needs of individual's following development review processes.

3. Responsibilities within the Commissioning Cycle

3.1 Individual Responsibilities

- 3.1.1 All individuals undertaking commissioned programmes have a responsibility to read course information and/or contact education providers directly to make themselves aware of the entry criteria, nature, potential content, assessment format and duration of the course in advance of agreeing and/or completing an application to undertake a commissioned course.
- 3.1.2 Individuals will meet with their Line Manager in advance of the learning opportunity, setting and agreeing anticipated outcomes:
- How they will put what they have learned into practice;
 - What specific, measurable results will come from the learning;
 - How this will ensure that, they meet personal, service/team and organizational priorities with a timeframe for evidence of impact.
- This must be documented on the individual's Personal Development Plan.
- 3.1.3 Individuals are required to sign the learning contract (this is held by the NDLS) (Appendix 4).
- 3.1.4 Individuals will complete the required application form by the agreed date and returned as directed by each relevant education provider.
- 3.1.5 Applicants for Specialist Practice Programmes are required to have a Practice Assessor and Practice Supervision as per NMC Standards for Education and Training Parts 1, 2 and 3, and Standards of Proficiency for Registered Nurses (NMC 2018) and Midwives (NMC 2019). The Practice Education Facilitator (PEF) facilitates this process
- 3.1.6 Individuals will ensure that they access all relevant programme provider information relating to the location and dates of the programme, and make the appropriate arrangements with their Line Manager for attendance as required.
- 3.1.7 Individuals are responsible for negotiating time to complete any practice hours required.
- 3.1.8 Individuals will discuss the cost of the commissioned place with their Line Manager (including replacement costs if appropriate) and their responsibilities as a Trust employee in attendance and commitment to the course commissioned (refer to BHSCT Study Leave Policy).
- 3.1.9 During the course of the programme individuals have a responsibility to report any concerns on the quality, content, course work or tutorial support in relation to the programme to their Line Manager, Nursing Development Lead (NDL), PEF and education providers as appropriate. Individuals have a responsibility to complete all programme evaluation forms in a manner that influences future programme development. Individuals should provide feedback on issues relating to programmes to the relevant Trust Representative on the course committees.

- 3.1.10 Individuals must ensure that their Line Manager and DN countersign and approve travel claims related to commissioned courses.
- 3.1.11 Individuals will be aware that information regarding an applicant's progress on a programme will be shared between the education provider, Trusts and DOH.
- 3.1.12 Individuals will meet with their Line Manager to evaluate the learning activity and how this will be applied in practice, which will be documented within the annual review documentation.

3.2 Line Manager Responsibilities

- 3.2.1 Line Manager will familiarize themselves with and ensure individuals are aware of the nature of the programmes being commissioned using relevant programme information. They will discuss responsibilities with individuals recorded within the Personal Development Plan (refer to 4.1.1 and 4.1.2).
- 3.2.2 Line Manager will make themselves aware of the cost of the commissioned place, including replacement costs if appropriate. **The Procedure for Claiming Replacement Monies Policy (Appendix 5) should be followed.**
- 3.2.3 Line Manager will ensure they access all relevant programme provider information relating to the location and dates of the programme, and make the appropriate arrangements for attendance with the individual.
- 3.2.4 Ward Sisters will facilitate individuals undertaking Specialist Practice Programmes to meet the requirements as outlined by the NMC.
- 3.2.5 Line Managers will ensure that an appropriate and timely selection process for individuals to access commissioned places is put in place, and that those selected are eligible (i.e. meet academic and Trust requirements) to undertake the commissioned course. This selection process will also identify a reserve list of candidates for places in the case of non-registration or early attrition.
- 3.2.6 Nursing Development Leads and Line Manager will follow the process outlined in appendix 5 4.2.8 Line Managers will ensure there are sufficient practice assessors and practice supervisors in place as required supporting student placements for the relevant commissioned courses. Guidance and support should be sought from the Practice Education Team.
- 3.2.7 Line Manager will meet with individuals in advance of the learning opportunity, setting and agreeing clear key results.
- 3.2.8 The Line Manager is required to sign the learning contract with the individual (Appendix 4) and to hold copy in staff record.
- 3.2.9 Where an individual withdraws from or does not complete a course commissioned by the Trust, all circumstances will be discussed between the Line Manager and individual and disciplinary action will be considered where appropriate, as per the Trust's Assistance to Study Policy.
- 3.2.10 Any intention to withdraw (permanently or temporarily), failure to attend, or inability to complete assessments on any commissioned programme will be communicated by the individual to Line Manager and ND. This information will be communicated to the PEC, which is then shared with ECG.

3.3 Deputy Director of Nursing, Workforce, Education, Regulation and Informatics and Senior Manager Nursing, Education, Regulation and Informatics Responsibilities

- 3.3.1 Deputy Director of Nursing, Workforce, Education, Regulation and Informatics and the Senior Manager Nursing Education, Regulation and Informatics will collate and interrogate the education proforma for the Trust and confirm the proforma with the Executive Director of Nursing.
- 3.3.2 The Deputy Director of Nursing, Workforce, Education, Regulation and Informatics and the Senior Manager Nursing Education, Regulation and Informatics negotiate specified Trust need within the financial resources available and regional education commissioning requests.
- 3.3.3 The Deputy Director of Nursing, Workforce, Education, Regulation and Informatics and the Senior Manager Nursing Education, Regulation and Informatics are responsible for monitoring the Clinical Education Centre Service Level Agreement (SLA).
- 3.3.4 The office of the Senior Manager Nursing Education, Regulation and Informatics is responsible for the dissemination of information relating to post registration education to the Nursing Development Leads (NDL).
- 3.3.5 The Deputy Director of Nursing, Workforce, Education, Regulation and Informatics, Senior Manager Nursing Education, Regulation and Informatics and the Practice Education Coordinator are the Trust representatives on various education partnership forums.
- 3.3.6 The Deputy Director of Nursing, Workforce, Education, Regulation and Informatics and the Senior Manager Nursing Education, Regulation and Informatics are responsible for the coordination of performance management of all post registration programmes of study.
- 3.3.7 The Deputy Director of Nursing, Workforce, Education, Regulation and Informatics, Senior Manager Nursing Education, Regulation and Informatics and Lead Nurse Practice Education Coordinator are the representatives for the Belfast Trust at ECG.
- 3.3.8 The Deputy Director of Nursing, Workforce, Education, Regulation and Informatics and the Senior Manager Nursing Education, Regulation and Informatics are responsible for reporting education-commissioning activity to the Executive Director of Nursing.
- 3.3.9 The Deputy Director of Nursing, Workforce, Education, Regulation and Informatics and Senior Manager Nursing Education, Regulation and Informatics will identify sampling priorities to audit evaluation data.

4. Non NMC Registered Programmes

- 4.1 NIPEC is responsible for ensuring that non-NMC registered programmes adhere to the principles outlined in the NIPEC Quality Assurance Framework.

- 4.2 The Deputy Director of Nursing, Workforce, Education, Regulation and Informatics and the Senior Manager Nursing Education, Regulation and Informatics is responsible, with others, for coordinating monitoring visits.
- 4.3 Each programme or project lead is responsible for ensuring that programmes adhere to the criteria outlined in the NIPEC Quality Assurance Framework.

5. Commissioning Agreement

A range of education programmes may be requested through the ECG.

Under the current agreement, education programmes are generally commissioned from Queens University Belfast, Ulster University, Royal College of Nursing, Northern Ireland Hospice and the in-service consortia. The cost of university-based programmes for 2023/2024 is outlined below:

Type of Programme	Minimum number for cohort	Cost per place
Specialist Practice	11 students	£ 6708
Short Course	16 students	£ 2235
Stand Alone	16 students	£ 745
Specialist Practice Community Programme	11 students	£ 6708 plus mid-point band 5 back fill monies

Programmes are not viable if low numbers are requested and such programmes will only be commissioned in exceptional circumstances following ECG agreement and Department of Health, (DOH) approval.

5.1 Specialist Practice Community Programmes

Specialist Practice Community programmes, as a recordable qualification, are delivered within an NMC framework. Managers requesting commissioned programme places should follow NMC guidance relating to practitioners undertaking specialist practice programmes. These programmes consist of 6 modules delivered over 1 year full-time. There are also 75 practice placement days required as part of the programme. On completion of the programme, practitioners are eligible to record their qualification with the NMC

Managers should also consider the implications of the NMC Standards for Student Supervision and Assessment (2018) and the requirement for students on Specialist Community Public Health Nursing Programmes and specialist practice community

programmes to be supported and assessed by a Practice Assessor and Practice Supervisor.

Students of Nursing and Midwifery Prescribing programmes formally known as Non-Medical Prescribing or Independent Supplementary Prescribing will require supervision from a Designated Medical Practitioner (DMP) or Practice Assessor with appropriate relevant experience.

The programmes have been designed for the development of specialist practitioners who will be able to exercise higher levels of judgement, discretion and decision-making in their area of practice. Specialist practitioners are in this context viewed as the practitioners in lead roles who will shape and develop nursing care and services.

Entry to the programme requires a sufficient period of experience following registration to enable the practitioner to have gained a deeper understanding of relevant professional practice in the area in which they are seeking to practice. All practitioners applying for a place on the programme must be employed in a position where that will enable them to achieve the required level of competency development at the required level of practice as described above.

The standards¹ for programme approval require that the programmes of preparation for this level of practice must be:

- At no less than degree level (this equates with the final year of a degree course);
- No less than an academic year (45 weeks minimum) full time or part time equivalent (including accreditation of prior learning);
- Made up of 50% theory and 50% practice.

5.2 Short Courses

These programmes normally consist of 3 modules delivered over 1 year, with some programmes requiring a clinical placement. Line managers and participants should be aware of the protected time [CC4] required for these programmes.

5.3 Stand Alone Modules

These modules are normally delivered over a 12-week period with study days that are a half to full day. Line managers and individuals should make themselves aware of the commitment required and the assessment methods involved

5.4 New Programmes

Service modernisation, development or reform, may require the development of a new programme. In this case, the DOH template must be completed and submitted to the Deputy Director of Nursing, Workforce, Education, Regulation and Informatics and Senior Manager Nursing Education, Regulation and Informatics should this be included in appendices for ECG consideration.

7. Invoicing

- Invoices for any commissioned programme provided by QUB, UU, RCN, CEC and Leadership Centre reimbursed directly by the DOH.
- Invoicing works within financial years, but is tied into academic years e.g. Commissioning year September 2023 to August 2024 claims are made within the financial year April 2023 to March 2024. Any claims outside this period, including individual travel claims, will not be met by the DOH and each Division then becomes responsible for these costs.
- The Senior Manager Nursing Education, Regulation and Informatics is the authorized signatory with the DOH in respect of post-registration education ECG monies. On the rare occasions that payment is required for a programme in advance, this needs to be agreed with the Senior Manager Nursing Education, Regulation and Informatics prior to any payment being made.

Individuals

It is the responsibility of individual staff to ensure that claims for travel, **as approved by ECG**, are forwarded to their Line Manager, These claims must follow the Trust procedure e.g. be accompanied by receipts, include staff number, and signed by their line manager as well as the Divisional nurse for the Directorate. If information is not included or the claim not duly authorized this will result in non-payment. This process is to facilitate invoicing the business and contract manager DOH.

Guidance for BHSCT Representatives At External Education Committees

Purpose of Education Committees

Nursing and midwifery education within Northern Ireland is delivered in partnership between education providers, the five Health and Social Care Trusts and others. The delivery of high quality nursing and midwifery education is dependent on partnership working between all members involved in the teaching, development and assessment of staff and students. When Trust representatives attend course committees they have an opportunity to influence and ensure that programmes are informed by service and patient need.

- To provide a forum for effective communication between the Trust, education providers, staff and students
- To ensure compliance with the NMC Standards for Education and Training Parts 1, 2 and 3, and Standards of Proficiency for Registered Nurses (NMC 2018) and Midwives (NMC 2019).
- To advise on the impact of proposed service needs
- To influence the development and validation of curricula.

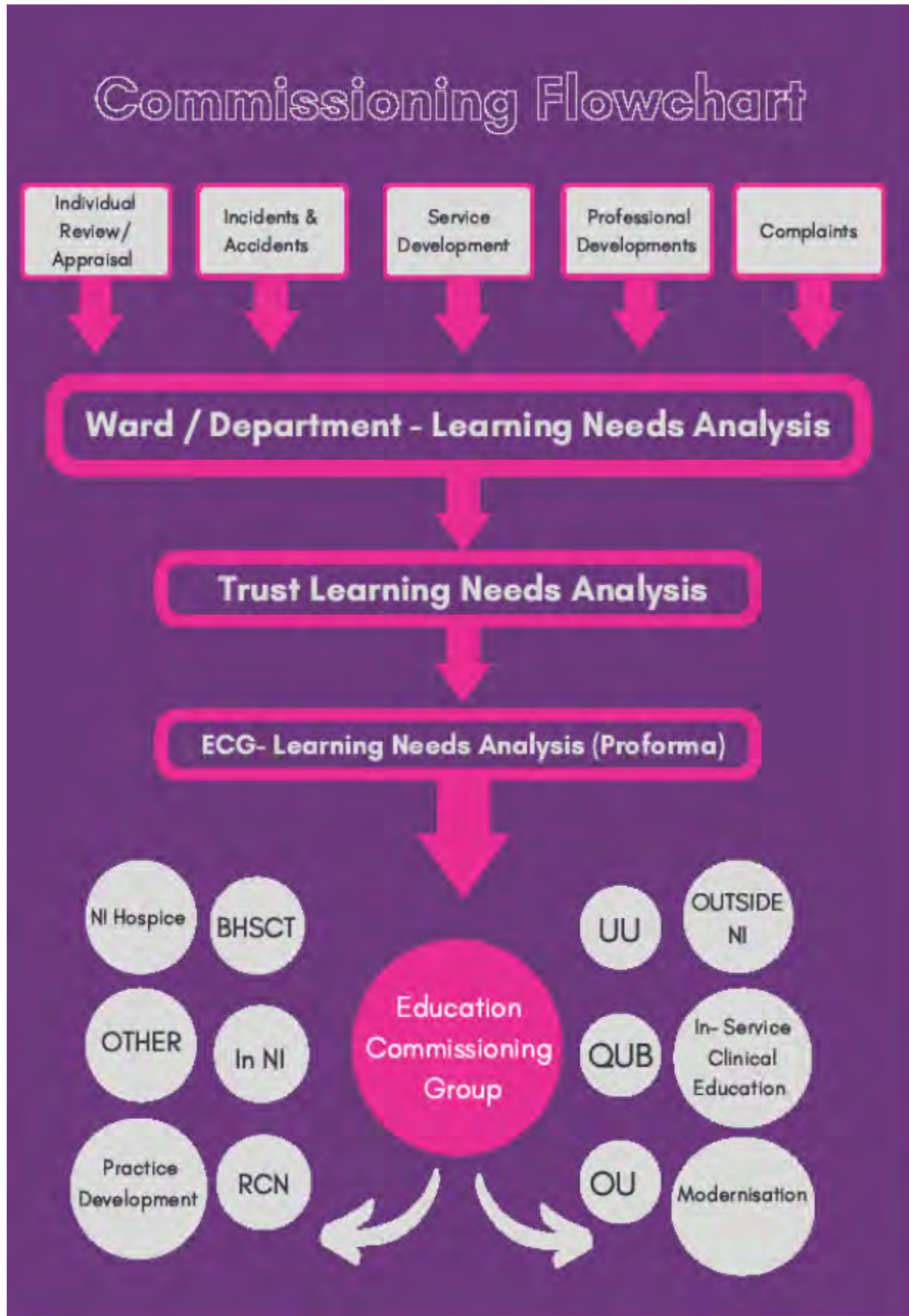
The provision of high quality nursing and midwifery education is enhanced by Trust representation at these meetings.

Role of BHSCT Representatives

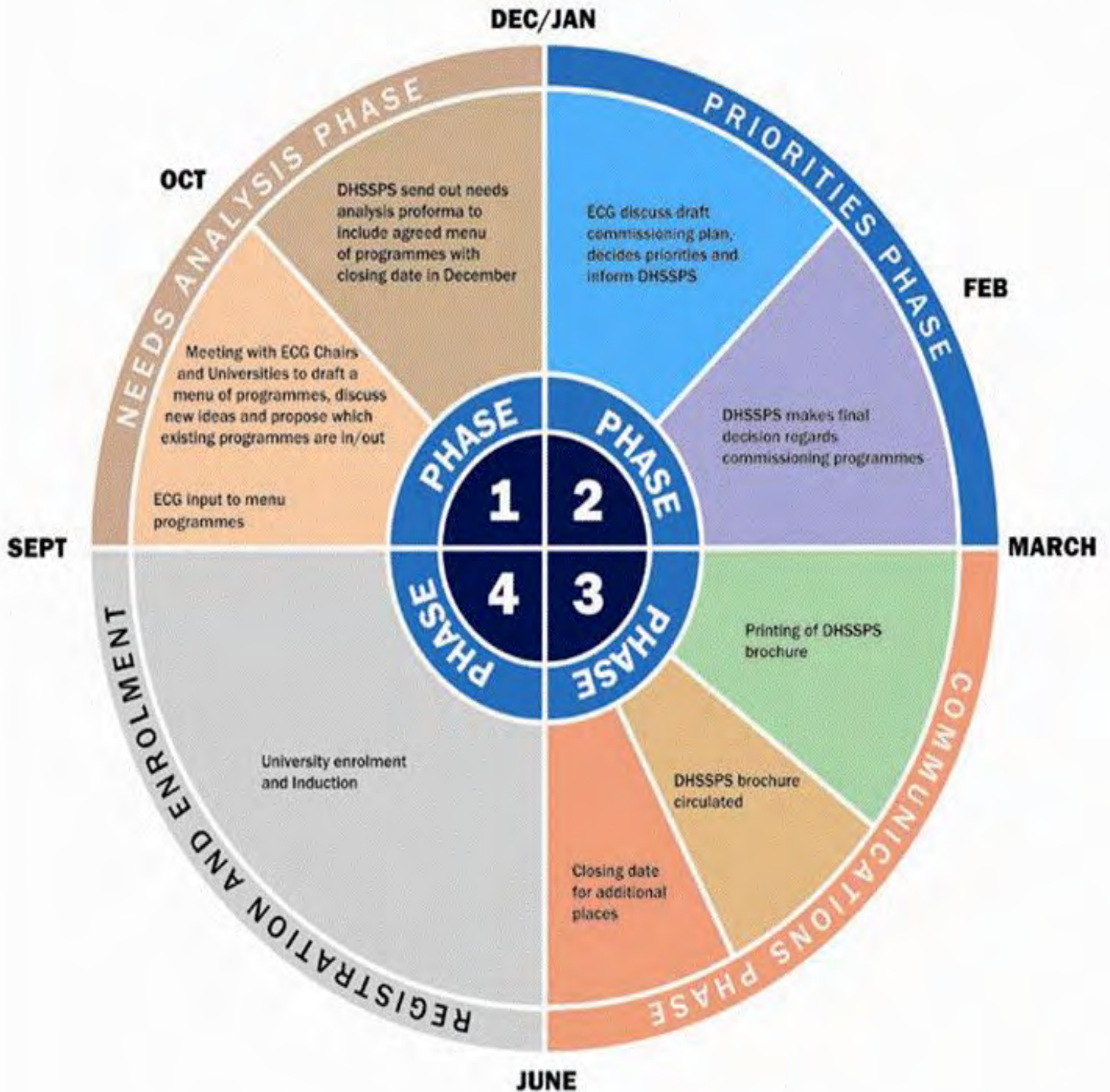
- To liaise with internal stakeholders to inform and provide a Trust perspective
- To identify any issues from service that may impact on the education of nursing and midwifery staff and students e.g. available resources and/or service reconfiguration
- To raise these matters for discussion at the relevant committee
- To inform the education provider of any significant changes in clinical practice including changes to policies, procedures and guidelines that may need to be considered in the education of staff and students
- Communicate and inform the Deputy Director of Nursing, Workforce, Education, Regulation and Informatics and the Senior Manager Nursing Education, Regulation and Informatics on any issues raised
- If the nominated service representative cannot attend they must nominate someone to attend on their behalf.

It is of vital importance that nominated representatives attend committees as scheduled in order to provide continuity from a Trust and education provider perspective.

Membership of committees shall be reviewed alternate years.



Commissioning Cycle for DHSSPS Post-Registration Education Commissioning





Appendix 3: *NIPEC Learning Agreement*

**NORTHERN IRELAND PRACTICE AND
EDUCATION COUNCIL FOR NURSING AND
MIDWIFERY**

**Nursing and Midwifery
Department of Health
Commissioned Education
Programmes**

Learning Agreement

&

**Evaluation of Learning on Practice
Framework**



1. Introduction

Nurses and Midwives¹ are accountable and responsible for practicing in line with the best available evidence and keeping their knowledge and skills up to date, throughout their working lives (NMC 2018)².

Appraisal, personal development planning and supervision are processes available to support Nurses and Midwives to enhance their practice, education and professional development. These processes also provide an opportunity for the Nursing and Midwifery workforce with their Line Manager to identify and prioritise individual learning needs to meet the demands of service and revalidation requirements.

Each year, the Department of Health (DoH) through the Education Commissioning Group (ECG) commission education programmes for the Nursing and Midwifery workforce on behalf of the HSC Trusts. The aim of these education programmes are to enhance the delivery of person centred, safe effective care, support the reform and modernisation of service and ensure the Nursing and Midwifery workforce are equipped with knowledge, skills and competencies to meet the needs of patient and clients.

HSC Trusts are accountable for the efficient and effective use of this investment including, maintaining and developing the knowledge, skills and professional attributes of the Nursing and Midwifery workforce. Evaluating the extent to which these aims are achieved is a necessity for the HSC Trusts and is important to:

- *evidence the delivery of person centred safe effective care*
- *support Line Managers/Professional Leads to capture how commissioned learning and development activities has supported the re-design of service and service delivery*

¹ For the purposes of this document the term Nurse and Midwives and participants are used interchangeably

² Nursing and Midwifery Council (2018) The Code: Professional Standards of Practice and Behaviour for Nurses, Midwives and Nursing Associates. London: NMC

- *demonstrate the impact of regionally commissioned programmes*
- *evidence the efficient and effective use of investment in education and informing future education commissioning*

1. Learning Agreement and Evaluation of Learning on Practice Framework

This Learning Agreement and Evaluation of Learning on Practice Framework - hereafter referred to as *The Framework* - has been developed to support Nurses and Midwives and their Line Managers within the HSC Trusts to capture the impact and outcomes on practice of undertaking commissioned education programmes. This Framework can be used for short programmes and standalone modules including NMC accredited programmes.

The Framework is set out in two parts:

- 1) A Learning Agreement (Appendix 1) to be completed prior to undertaking a commissioned education programme
- 2) An Impact on Practice Outcomes Evaluation (Appendix 2) to be completed within 6 months after completion of the education programme or within a timeframe agreed with the Line Manager.

This *Framework* should be read in conjunction with the Evaluation Process for Post-Registration Education Programmes Commissioned by the Department of Health and Public Safety (2011)³. Figure 1 (Appendix 3) presents the process for Evaluation of the Impact on Practice of DoH Commissioned Education.

2. Purpose of a Learning Agreement

The purpose of a Learning Agreement is to ensure that both the participant and their Line Manager agree that the learning activity will meet the needs of the individual and service, and enable evaluation against agreed expected outcomes.

³ Evaluation Process for Post-Registration Education Programmes Commissioned by the Department of Health and Public Safety (2011) NIPEC available at <https://nipec.hscni.net/service/process-eval-dhssps-comm-post-reg-educ/>

Before submitting an application for a commissioned programme, it is important that the participant and their Line Manager are clear about the relevance of the programme to their role. Careful consideration should be given as to how the participant will apply the knowledge and skills to their practice and wider service delivery.

The Learning Agreement (Appendix 1) should confirm that the participant and the Line Manager have a clear understanding of the programme content and the commitment involved in undertaking the programme. It also ensures that the participants and the Line Manager consider the anticipated outcomes of learning on practice and /or service delivery as a result of the undertaking the education programme.

Guidance for completion of the Learning Agreement

- The participant must review the information available about the programme, including the entry criteria, aim and learning outcomes, the content and assessment processes where relevant (this information should be available on the education providers website)
- The participant and their Line Manager must be satisfied that the selected programme meets identified learning needs and benefits the service and needs of the wider organisation
- The participants and Line Manager should review each area identified in the preparatory information section and consider if there are any particular arrangements necessary e.g. practice placement requirements, including supervision/assessment requirements, the duration of the programme, the commitment required, travel requirements, etc.
- Both parties should have considered issues that might impact on the timely completion of the programme including any costs, the commitment and support required.

Appendix 1 provides a template to record the results of negotiations and discussions between the participant and their Line Manager. Both parties should carefully consider and document the anticipated outcomes of learning for the participant, the service and the service users.

The participant should complete and sign the personal statement agreeing to fully attend and complete all aspects of the commissioned education programme. The Line Manager should also sign the statement agreeing to support the participant undertaking the programme.

Any barriers to meeting the entry criteria or achieving the learning outcomes should be escalated where necessary to the education provider via the appropriate HSC Trust Assistant Director of Nursing with a remit for Learning and Development.

3. Evaluation of Learning on Practice

Evaluating the outcomes and impact on practice of undertaking a commissioned education programme demonstrates the extent to which the programme has met the participant and service needs, It identifies the knowledge and skills gained, changes and benefits to the participant's practice, the service and the service user experience. Development of the Impact on Practice Outcomes Evaluation (Appendix 2) has been informed by the four levels within the Kirkpatrick Model (1959)⁴.

In the Impact on Practice Outcomes Evaluation (Appendix 2) the participant and Line Manager, should provide details of what has been achieved and the impact of learning on practice, including any challenges or reasons why anticipated outcomes were not achieved. This information should be linked to the themes within the NMC Code (2018)² to evidence how undertaking the education programme supports registrants to meet the professional standards of practice as set out within the Code.

Guidance for completion of the Impact on Practice Outcomes Evaluation

- The Impact on Practice Outcomes Evaluation (Appendix 2) should be completed within six months of finishing the programme or within a timeframe

⁴ Kirkpatrick (1959) cited in Donald, L Kirkpatrick. (1994) Evaluating Training Programmes: The Four Levels (1st Edition) Berrett-Koehler Publishers.

agreed with the Line Manager

- The participant should reflect on the learning they have gained from the programme of study – personal achievements, professional and career development, benefits to the service and organisation as well as the service user experience
- This process should be completed in preparation for the participant's appraisal/ personal development planning /supervision meeting with their Line Manager
- In collaboration with the participant, the Line Manager should discuss and complete the Impact on Practice Outcomes Evaluation (Appendix 2)
- The participant can use this reflection to assist them in meeting their requirements for NMC revalidation
- A copy of the completed documentation should be kept in the participant's personal file.
- A copy of the completed documentation maybe requested for evaluation purposes by the HSC Trust Assistant Director of Nursing with a remit for Learning and Development

Learning Agreement

Name of Participant: _____ Band: _____ Location/Base: _____

Title of Programme: _____ Date of meeting: _____ Line Manager: _____

Must be completed by participant *and* Line Manager (the participant should begin completion in preparation for the meeting with their Line Manager)

	Completed by participant	Line Manager comments
<p>Programme Content:</p> <p>What are the aim/s and learning outcomes of the programme?</p> <p>What do the participant/ Line Manager expect this programme to deliver?</p> <p>How does this programme meet the needs of the service and the wider organisation?</p>		
<p>Programme Criteria:</p> <p>What are the pre-requisites/entry level requirements of the programme? Does the</p>		

<p>participant meet the criteria?</p>		
<p>Design, Duration and Assessment of Learning:</p> <p>What is the length of the programme? Is it full-time/part-time? Where and how will the programme be delivered including supervision/assessment requirements?</p> <p>What are the assessment methods e.g. assignments, examinations, practical assessments, practice placements, development of a portfolio? (<i>Refer to programme prospectus</i>)</p>		
<p>Implications for participant:</p> <p>What are the personal and financial implications including personal study time, travel, impact on family?</p>		
<p>Implications for service:</p> <p>What are the service implications for service</p>		

MAHI - STM - 102 - 6282

delivery including additional costs?		
<p>Impact on practice and person: What are the anticipated outcomes of learning for:-</p> <ul style="list-style-type: none">• Self• Service• Service User <p>Explicitly link to NMC Code (2018)²</p>		
<p>Personal statement of commitment to achieve learning outcomes from the participant:</p> <p>I, the participant, agree to fully commit to completing all aspects of the programme as outlined above.*</p> <p>Participant Signature: _____ Date _____</p> <p>I, the Line Manager, agree to fully support the participant to undertake the programme, as outlined above*</p>		

Line Manager Signature: _____ Date _____

**All of the above is dependent on a place being secured on a commissioned programme.*

Impact on Practice Outcomes Evaluation

Name of Participant: _____ Band: _____ Location/Base: _____

Title of Programme: _____ Date of meeting: _____ Line Manager: _____

To be completed by the participant 6 months after completion of the programme or within a timeframe agreed with the Line Manager

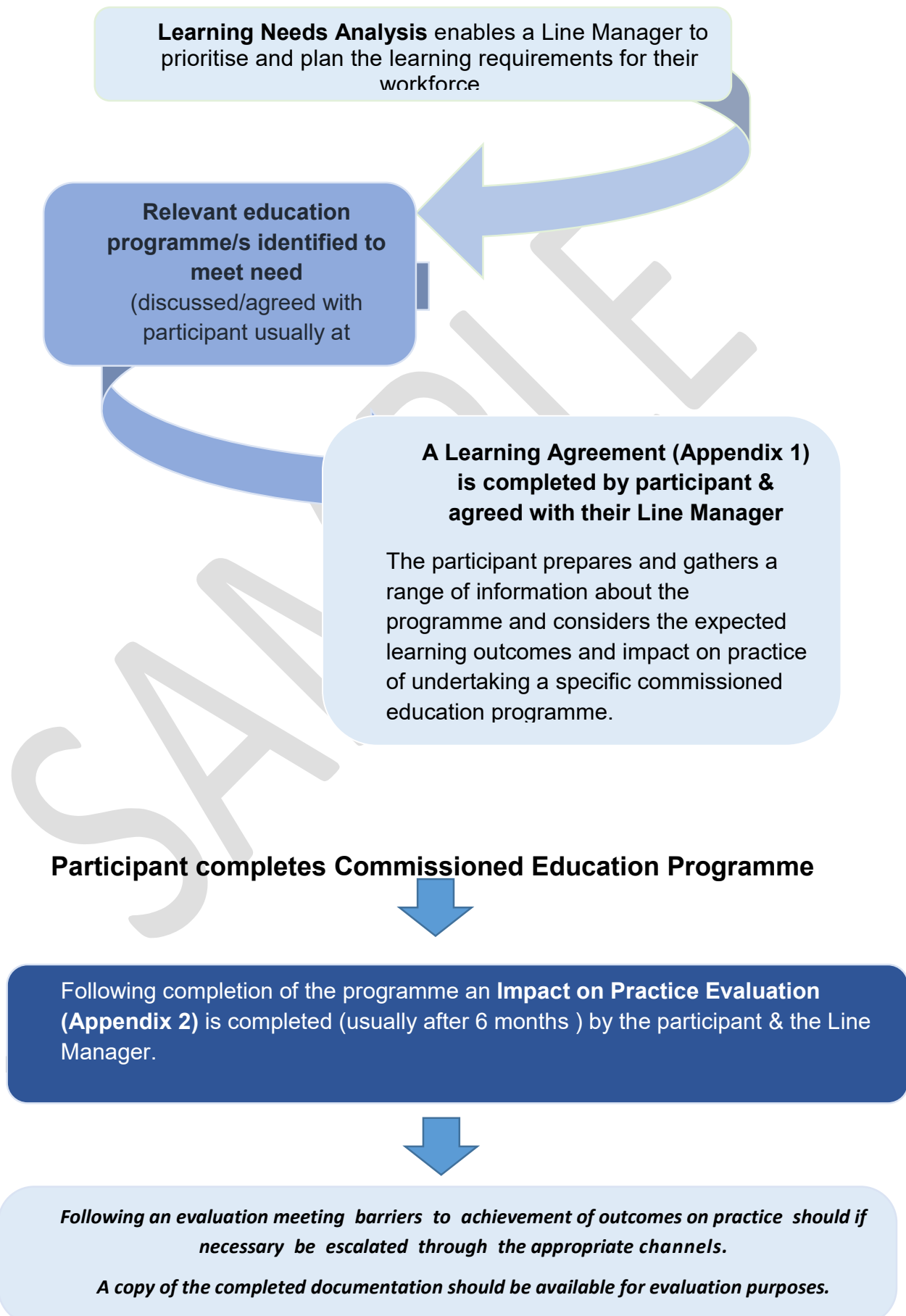
Criteria	Participant: Evaluation. Link each section to NMC Code (2018)	Line Manager: Evaluation
<p>What has been the impact of undertaking this programme on:</p> <p>Self :</p> <p>(Personal, Professional and Career Development)</p>		
<p>What has been the impact of undertaking this programme on Service:</p> <p>(Quality, Safety and Improved access to</p>		

Services)		
What has been the impact of undertaking this programme on the Service User: (Experience, Safety and Quality/Outcomes)		

Copy to be retained in participant's personal file.

A copy of the completed documentation maybe requested for evaluation purposes by the HSC Trust Assistant Director of Nursing with a remit for Learning and Development.

Figure 1: Process for Evaluation of the Impact on Practice of DoH Commissioned Education





For further Information,
please contact

NIPEC

Centre House

79 Chichester Street
BELFAST, BT1 4JE

Tel: 0300 300 0066T

his document can be
downloaded from the
NIPEC website

<https://nipec.hscni.net/>

Revised: April 2021

LEARNING NEEDS ANALYSIS FOR NURSES AND MIDWIVES

A GUIDE FOR WARD SISTERS/CHARGE NURSES AND TEAM LEADERS



HSC TRUSTS IN NORTHERN IRELAND

The NMC Code (NMC 2015) indicates that all nurse and midwife registrants have a responsibility to take part in appropriate learning and practice activities to maintain and develop their competence. All Health and Social Care (HSC) Trusts in Northern Ireland have developed systems to support work place learning, which will include carrying out learning needs analysis (LNA).

This booklet has been developed to help you as a ward sister/charge nurse or team leader to use a structured LNA approach to inform the development of personal development plans with your staff.

WHAT IS LEARNING NEEDS ANALYSIS?

Learning Needs Analysis (LNA) is a process of gathering and interpreting information regarding the learning and development needs of your staff. This is important to ensure the identification of appropriate and effective learning and development activities for your staff in order to contribute to improving the delivery of patient and client care.

WHY DO I NEED TO DO IT?

Using a structured approach to LNA will help you identify the development needs of your staff in line with the Trust's service objectives. This will also help you deliver your current services and make plans for new services.

THE LEARNING NEEDS ANALYSIS PROCESS

To begin the process of LNA, as ward sisters/charge nurses and team leaders, you need to have a clear vision of your current services and potential developments and must consider:

- The overall service objectives of your organisation and your service group/directorate/division and how your team contributes to this
- The knowledge, competencies and skills required to meet existing service or new service expectations
- Development of new roles

DRIVERS THAT IMPACT ON SERVICE DELIVERY IN HEALTH AND SOCIAL CARE TRUSTS

External and internal drivers will influence the shape and nature of service developments and may include:

- Government drivers and policies
- Changes within Trusts to meet the Modernisation Agenda
- Reports on the Health and Social Care Services and local inquiries
- Implementation of best evidence
- Implementing National and Regional Guidance
- Regional Supervision Standards
- Regulation and Quality Improvement Authority reports
- New developments in the field of practice
- Practice audits
- Critical Incidents
- Patient/client surveys and complaints
- Risk analysis and governance reviews
- NMC and Professional Bodies

LEARNING NEEDS ANALYSIS PROCESS

A structured approach to LNA helps to identify the development needs of the nursing and midwifery workforce. A simple and recognisable way to consider this is as a process that involves

- Step 1:** Assessment of the knowledge, skills and competence of individuals in the team
- Step 2:** Planning the learning opportunities with each team member
- Step 3:** Implementing the agreed development activity
- Step 4:** Evaluating the outcome and improvements in patient or client care and personal development

As ward sisters/charge nurses and team leaders you need to take the above drivers into account as you think about your current nursing and midwifery care delivery and take forward or input into changes in your area to improve patient and client experiences. This may result in service development and innovations and new role developments or role expansion. This will influence the professional development of your team members.

STEP 1: ASSESSMENT OF LEARNING NEEDS

Firstly you need to identify the knowledge and skills required by the nursing or midwifery team in your area to deliver safe and effective care.

Secondly you need to assess the knowledge and skill set of each team member you currently have.

Thirdly you need to compare these two sets of information in order to identify deficits and the learning and development needs of individual team members. In relation to the above find out about any tools or information that will help you in your analysis.

As a ward sister/charge nurse or team leader, as part of your daily work, you informally assess the competence of your staff using observation and assessment skills. This is a very important part of your role and can be used as the starting point for identifying the current skill set of your team. You will also be required to use the Knowledge and Skills Framework to carry out annual reviews of each member of your team in relation to their job profile and agree a Personal Development Plan (PDP).

The NIPEC Portfolio Competence Assessment may help with this and can be viewed at tools section <https://nipecportfolio.hscni.net/compro/>

STEP 2: PLANNING LEARNING OPPORTUNITIES

A flexible and innovative approach to planning learning is required to make best use of the wide range of learning opportunities available. The NIPEC Portfolio Learning Activities Section may also help with this, see <https://nipecportfolio.hscni.net/learn/>

In designing the Personal Development Plans (PDP) for your staff you need to:

- Consider the learning and development expected from the planned learning activity
- Consider the types of training/learning activities that could help your staff member to achieve the expected learning and development

STEP 2:

PLANNING LEARNING OPPORTUNITIES:

- The agreed training or learning activity should take account of factors such as: the staff member's learning preferences; resource implications; overall fit with other team members; availability; achievability; and, service need
- How the staff member will demonstrate achievement on completion of the development activity

STEP 3: DELIVERING LEARNING AND DEVELOPMENT ACTIVITIES

This involves making arrangements for your staff member to undertake the training or learning activities agreed in their PDP and agreeing a framework for on-going monitoring. This will involve both yourself and your staff member agreeing responsibilities for aspects such as: time to undertake the activity; organising the activity; securing funding, if required; and, feedback processes.

STEP 4: EVALUATE EFFECTIVENESS OF THE LEARNING AND DEVELOPING ACTIVITY

Staff training and professional development is costly. It is therefore important to find out if the activity has been effective in terms of personal and professional development and the impact learning has had on improvements in patient/client care.

This could be done by:

- Reflections as part of NMC revalidation requirements
- Student and manager evaluation (post development activity)
- Noting improvements in performance and level of competence (formally or informally).
- Trust evaluations of service delivery.
- Practice audit reports.
- Critical Incident reports.
- Patient surveys/complaints
- Improvements in best practice through sharing learning

A LEARNING AND DEVELOPMENT STRATEGY TO MAXIMISE THE BEST USE OF RESOURCES?

The learning needs analysis process is a very important part of your learning and development strategy. You will continue to change and refine it to better meet the training and performance needs of your area through a range of formal and informal learning activities.

FOR FURTHER INFORMATION

For further information contact the NIPEC enquiry e-mail address at enquiries@nipec.hscni.net

NIPEC
Centre House
79 Chichester Street
Belfast BT1 4JE

Tele No: 0300 300 0066

Websites: www.nipec.hscni.net/
<https://nipecportfolio.hscni.net/>

Learning and Training Needs Analysis Template

(Requests for commissioning xxxxxxxx)

What are your learning and development needs?

The following information is for general guidance only. Please refer to QUB/UUJ prospectus or contact relevant registry office for further details.

Stand alone modules.

Equivalent to 20 CATS at Level 3. Usually 3 hours/week for 12 weeks

Entry requirements:

Professional qualification plus

120 CATS at Level 1 and 120 CATS at Level 2 for entry to Level 3 programme.

Module must be completed over 1 semester.

Short Courses

Equivalent to 60 CATS at Level 3. Usually 3 modules to be completed over 2 semesters.

Entry requirements:

Professional qualification plus

120 CATS at Level 1 and 120 CATS at Level 2 for entry to Level 3 programme.

Nurse Independent and Supplementary Prescribing

3 modules over 1 academic year. Available at 2 levels:

1. Advanced diploma entry requirements-

Entry requirements: Diploma in nursing, 120 CATS at Level 1 and 120 CATS at Level 2

2. PG Certificate

Entry requirements: Degree in nursing at no less than 2:2

Before requesting a commissioned place for members of staff please ensure that they are aware of the following points in the Trust Study Policy:

-The learning need has been identified in the individual's Personal Development Plan

-The individual has completed all required mandatory training.

-The individual understands that they will be required to reimburse the Trust if they do not complete the course (either by withdrawing or failing an examination).

For staff transferring to another NHS, Health and Social Care, or other public or voluntary body or agency, the Trust will not seek reimbursement.

Please ensure that courses/programmes requested must be relevant to your area of work. If unsure, please discuss this with your NDL.

Name:

Ward/Area

Learning and development needs (identified following staff Appraisals and IR1's incidents)?

- _____
- _____
- _____
- _____

What courses /places would you like to commission for the year 2022 - 2023? Names and reserved names for requested places will be required.

- _____
- _____
- _____
- _____

RCN Programmes

- _____
- _____
- _____
- _____

Other (E.g. NI Hospice programmes)

- _____
- _____
- _____

Appendix 4

NIPEC Learning Agreement

Appendix 6

Process for University Application forms

Process for University Application forms

Record **ALL** Student names and email addresses on Microsoft Teams Nominated Names Document.

Carol Chambers and Doris Stenhouse will transfer this information on to the Ulster Template.

Ulster will contact the students directly with details of how to apply online

All students **must** complete and sign NIPEC Learning Agreement with their Line Manager
NDL to retain a copy of all learning agreements.

Carol Chambers and Doris Stenhouse will receive a tracking update weekly from Ulster.
This will be uploaded onto Microsoft Teams

Appendix 6 Procedure for claiming replacement monies in relation to commissioned programmes for nursing and midwifery from DOH.

1.	<p>Introduction</p> <p>Pre-registration and post-registration nursing and midwifery education in Northern Ireland is commissioned by the DOH.</p> <p>Some pre-registration and post-registration programmes attract replacement costs if commissioned by the Trust.</p>		
	Provider	Programme	Remuneration (approx. annual variation)
	Open University	Part-time pre-registration diploma	£4800pa[G05]
	UU	Specialist Community Public Health Programmes*	Mid-point Band 5 pa
		Specialist Community Programmes*	Mid-point Band 5 pa
<p>*If these programmes are undertaken on a part-time basis then replacement monies are not provided by the DOH.</p>			
2.	<p>Purpose:</p> <p>To provide a clear and unified process for claiming replacement monies in relation to commissioned programmes from the DOH.</p>		
3.	<p>The Scope:</p> <p>This policy applies to nursing and midwifery staff employed by the Trust who are participating in these identified commissioned programmes or who are facilitating staff to undertake these commissioned programmes.</p>		
4.	<p>Objectives:</p> <p>To ensure claims for replacements monies are made on a timely basis. To ensure clinical areas receive replacement monies due. To ensure consistency regarding process</p>		
5.	<p>Roles and Responsibilities:</p> <p>It is the responsibility of the budget holder to make themselves or a designated deputy in their absence, aware of the requirements of this process and adhere to same. It is the responsibility of individuals who are commencing the above courses to familiarise themselves with this process and adhere to same.</p>		

6.	The definition and background of the policy: This policy has been developed to reduce the risk of monies not being claimed from the HSSPSNI by the Trust.
7.	Policy / Guideline description: To provide a clear and unified process for claiming replacement monies in relation to commissioned programmes from the DOH.

<p>8.</p>	<p>Policy statements:</p>
<p>8.1</p>	<p>The flow chart below identifies actions required by individuals involved in this process:</p> <pre> graph TD subgraph Responsibilities R1[Individual] --> R2[Line Manager] R2 --> R3[Practice Education Facilitator] R3 --> R4[Practice Education Coordinator] R4 --> R5[Senior Manager Nursing: Learning Education, Regulation, and Informatics] end subgraph Actions A1[Individual to notify line manager once place on course is confirmed] --> A2[Line manager to complete attached proforma (appendix 1)] A2 --> A3[Data forwarded to Practice Education Coordinator] A3 --> A4[Data forwarded to Senior Manager Nursing Education, Regulation and Informatics] A4 --> A5[Claim authorised and forwarded to BHSCT Finance, who claim from DOH and pay into identified cost codes] end R1 --> A1 R2 --> A2 R3 --> A3 R4 --> A4 R5 --> A5 </pre>
<p>8.2</p>	<p>In the event of any changes to the original information submitted eg. Individuals on long-term sick leave, individuals temporarily withdrawing from the programme due to personal circumstances etc., the Line Manager or designated deputy are responsible for updating the proforma (Appendix 1) and forwarding to the Practice Education Facilitator for their area.</p>
<p>8.3</p>	<p>For courses commencing in September of each year the completed proforma must be returned to the PEF by the end of October of the same year.</p>
<p>8.4</p>	<p>For courses commencing in February of each year the completed proforma must be returned to the PEF by the end of March of the same year.</p>
<p>8.5</p>	<p>It is the responsibility of the budget holder to ensure the information is delivered to the PEF within the specified time frames. Failure to do so will result in the loss of monies for that area.</p>

9.	Implementation / Resource requirements: None identified-part of role responsibilities	
10.	Consultation Process: <i>(Insert a summary of consultation process e.g. external / internal groupings, staff side etc)</i> As per 'version record' above.	
11.	Equality and Human Rights screening carried out: In line with duties under the equality legislation (Section 75 of the Northern Ireland Act 1998), Targeting Social Need Initiative, Disability discrimination and the Human Rights Act 1998, the Belfast Trust has carried out an initial screening exercise to ascertain if this policy should be subject to a full impact assessment	
11.1	<input checked="" type="checkbox"/> Screening completed No action required.	<input type="checkbox"/> Full impact assessment to be carried out.
12.	Procedures: <i>(List appendices here in order)</i> Appendix 1: Process for claiming replacement monies	

Appendix 1 of Policy

Proforma For Claiming Replacement Monies: Nursing and Midwifery (BHSCT)

Individual's Name:

Staff Number:

Work Base and Service Group:

PIN Number:

Work Contact Number:

Personal Contact Number:

Budget Holders Name and Contact Number:

Cost Centre Code:

Course Start Date

Expected Completion Date:

HEI

QUB

OU

UU

Course

Community Specialist Practice Programmes

Community

Community

Community

Mental Health
Health

Paediatric
Nurse

Learning
Disability

Health Visitor

District Nurse

Occupational Health

School Nurse

Open University Part-time Pre-Registration Programmes

Adult

Paediatrics

Mental Health

Learning
Disability

Line Manager: _____

Signature: _____

Date: _____

:

Appendix 7

Programmes Requiring Access NI Enhanced Disclosure Certificates (EDC)

Provider	Title of Programme	Responsibility for Obtaining EDC	Responsibility for Payment of New EDC	Timescale/Action Required	Comments
Ulster/QUB	Independent and Supplementary Prescribing(V3 00) (NMC Validated/Reco rdable)	HSC Trust on behalf of Potential Student	HSC Trust/Potential Student	Certificate to be submitted to Ulster/QUB by Trust/Potential Student along with Commissioned Application Form (Ulster noted that a Copy of the Certificate should be submitted by Trust/Potential Student along with Commissioned Application Form and then original Certificate to be provided at Registration.	Education Provider will Normally accept EDCs undertaken in previous 6 months
Ulster	Community Practitioner Nurse Prescribing Course (V150)	HSC Trust on behalf of Potential Student	HSC Trust/Potential Student	Copy of Certificate to be submitted to Ulster by Trust/Potential Student along with Commissioned Application Form and then original Certificate to be provided at Registration.	Education Provider will Normally accept EDCs undertaken in previous 6 months
Ulster	Health Visiting – SCPHN	BSO	BSO	BSO undertakes Access NI check on behalf of successful applicants and forwards certificates to Ulster	Regional Recruitment Process
Ulster	School Nursing – SCPHN	HSC Trust on behalf of Potential Student	HSC Trust/Potential Student	Copy of Certificate to be submitted to Ulster by Trust/Potential Student along with Commissioned Application Form and then original Certificate to be provided at Registration.	Education Provider will Normally accept EDCs undertaken in previous 6 months
Ulster	Occupational Health Nursing – SCPHN	HSC Trust on behalf of Potential Student	HSC Trust/Potential Student	Copy of Certificate to be submitted to Ulster by Trust/Potential Student along with Commissioned Application Form and then original Certificate to be provided at Registration.	Education Provider will Normally accept EDCs undertaken in previous 6 months
Ulster	Specialist Practitioner: District Nursing (SPDN)	HSC Trust on behalf of Potential Student	HSC Trust/Potential Student	Copy of Certificate to be submitted to Ulster by Trust/Potential Student along with Commissioned Application Form and then original Certificate to be provided at Registration.	Education Provider will Normally accept EDCs undertaken in previous 6 months

MAHI - STM - 102 - 6300

Ulster	Specialist Practitioner: Community Children's Nursing (SPCC)	HSC Trust on behalf of Potential Student	HSC Trust/Potential Student	Access NI Certificate only required if the commissioned student is involved in a placement outside of their own Trust then the student has a responsibility to obtain a valid Access NI prior to registration.	Education Provider will Normally accept EDCs undertaken in previous 6 months
Ulster	Specialist Practitioner: Community Learning Disability Nursing (SCLD)	HSC Trust on behalf of Potential Student	HSC Trust/Potential Student	Access NI Certificate only required if the commissioned student is involved in a placement outside of their own Trust then the student has a responsibility to obtain a valid Access NI prior to registration.	Education Provider will Normally accept EDCs undertaken in previous 6 months
Ulster	Specialist Practitioner: Community Mental Health Nursing (SCMH)	HSC Trust on behalf of Potential Student	HSC Trust/Potential Student	Access NI Certificate only required if the commissioned student is involved in a placement outside of their own Trust then the student has a responsibility to obtain a valid Access NI prior to registration.	Education Provider will Normally accept EDCs undertaken in previous 6 months
Ulster	Other Specialist Practitioner Programmes	HSC Trust on behalf of Potential Student	HSC Trust/Potential Student	Access NI Certificate only required if the commissioned student is involved in a placement outside of their own Trust then the student has a responsibility to obtain a valid Access NI prior to registration.	Education Provider will Normally accept EDCs undertaken in previous 6 months



**Northern Ireland Practice and Education
Council for Nursing and Midwifery**

**Evaluation Process for Post-Registration
Education Programmes Commissioned by the
Department of Health and Public Safety**

Final Report



Published by the Northern Ireland Practice and Education
Council for Nursing and Midwifery (NIPEC)

*'All rights reserved. This document may not be reproduced, stored in a retrieval system,
transmitted or utilised in any form either in whole or part without prior written permission
from NIPEC.'*

Copyright © Northern Ireland Practice and Education
Council for Nursing and Midwifery (NIPEC)

Index

Section	Page number
1.0 Introduction and background	1
2.0 Initiative plan and progress	1
3.0 Outcomes	3
4.0 Implementation	4
5.0 Initiative evaluation	4
6.0 Conclusion	4

1.0 Introduction and background

- 1.1 The Department of Health, Social Services and Public Safety (DHSSPS) commissions Post-Registration Education for Nurses and Midwives from a range of providers across Northern Ireland, which includes universities, in-service education consortia, and independent providers. Programmes are also funded for provision by training units at Health and Social Care (HSC) Trust level, in relation to delivery of local in-service education. The commissioning process is managed through the DHSSPS Education Commissioning Group (ECG). Commissioned programmes include:
- Study days
 - Individual modules
 - Courses of two or three modules
 - Programmes of six modules leading to an NMC regulated programme such as Specialist Practice Qualifications.
- 1.2 It is important that it can be clearly demonstrated that the education and development activities commissioned by the DHSSPS provide value for money. In particular, it is essential that the knowledge and competence gained by individuals completing the programmes can be seen to have a potentially positive impact on improvements in professional practice and service development.
- 1.3 The ECG held a workshop on 23rd October 2009 to consider commissioned activity for the 2010 – 2011 Commissioning Cycle. It was agreed at this meeting that it would be useful to develop an evaluation process that could assist the ECG in determining that the commissioned education activities are providing value for money and fitness for purpose. The Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC) was requested by the DHSSPS to take forward an initiative to develop a process for evaluation of DHSSPS commissioned post-registration nursing and midwifery education programmes.

2.0 Initiative plan and progress

- 2.1 The initiative was established as a short, time-limited activity and it was agreed that a Working Group, facilitated by NIPEC and comprising nominated HSC Trusts and Education Provider representatives would take forward the work. The membership of the Working Group is attached at Appendix One.
- 2.2 At an initial scoping meeting with Working Group members, held in June 2010, it was decided that it was not feasible to develop a full evaluation framework with tools and resources due to the current economic constraints in the Trusts and their capacity to collect and analyse data. It was agreed that the evaluation process would be based on activities already established by education and service providers, with a focus on enhancing the processes to evidence the impact that the learning activities make on

improving practice. The aim of the initiative was agreed as that of developing an evaluation process to determine the impact that individual nurses' or midwives' learning interventions have on practice and service delivery in their area.

2.3 The objectives of the initiative were to:

- I Document the evaluation processes which are currently used by education providers.
- II. Develop a process that builds on those currently in use to evaluate the impact of the learning activity on practice.
- III. Explore the use of learning agreements for use by line manager and learner.
- IV. Consider the feasibility of a framework to support this.

2.4 It was agreed at the Scoping Meeting that information would be collected over the summer months in relation to the evaluation processes used by the education providers. The initial meeting of the Working Group was held in October 2010 and the group met on three other occasions, with the final meeting being held in February 2011, with electronic communications between meetings to provide feedback and comment. The final draft evaluation process has been submitted to the DHSSPS Education Strategy Group for final agreement. This will take place through Chair's action to facilitate implementation as identified at para 4.0 of this report.

2.5 The methodology for the work included:

- Reviewing and writing up of processes established by the education providers
- Identifying an evaluation process, involving education and service providers, that could be implemented within resource constraints
- Developing guidance regarding implementation of individualised Learning Agreements within HSC Trusts
- Developing a paper that would describe the evaluation process
- Receiving feedback and comment from Working Group members and key staff within education and service provider organisations
- Considering implementation of the evaluation process

2.6 Achievement of objectives

- I. Document the evaluation processes which are currently used by Education Providers

This objective was fully achieved.

Information was received from all education providers and one face to face meeting was held with nominated representatives. The evaluation processes were written up and presented at the first meeting of the Working Group in October 2010. The processes were also incorporated into the final paper describing the evaluation process.

- II. Develop a process that builds on those currently in use to evaluate the impact of the learning activity on practice.

This objective was fully achieved.

An evaluation process was developed and published. The process addressed the areas of: curriculum development; selection of learning and development activities; evaluation by education providers; and evaluation by HSC Trusts.

- III. Explore the use of learning agreements for use by line manager and learner.

This objective was fully achieved.

The published paper includes guidance on implementing individualized learning agreements. This aspect is seen as an essential component to facilitate evaluation by programme participants and line managers regarding the output from each learning activity and impact on practice.

- IV. Consider the feasibility of a framework to support this.

This objective was fully achieved.

It was agreed at this time that the development of an evaluation framework would not take place due to the resource constraints in Trusts in relation to their ability to collect and analyse data. It was agreed that the process would include an exception reporting requirement to ensure that issues re quality and relevance of programme provision were addressed by Trusts and education providers.

3.0 Outcomes

3.1 An evaluation process was developed and addressed the following areas:

- Curriculum development, to ensure the programme met identified service needs in the first instance and was developed using expertise from education and service providers
- Selection of learning and development, to establish clearly that the programme participants and their line managers have selected the relevant activity that will meet identified learning needs
- Programme evaluation by education providers, to describe the various evaluation activities already established by education and service providers

- Programme evaluation by HSC Trusts, to ensure ongoing evaluation during programme delivery and evaluation following programme completion.

3.2 The evaluation process will be published on the NIPEC website once it is approved by DHSSPS Education Strategy Group. The draft process, dated March 2011, can be viewed at www.nipec.hscni.net/pw_dhsspspostregeducation.htm

4.0 Implementation

It is recognised that much of the process developed as a result of the initiative is already in place, with the exception of the Learning Agreement. It is envisaged that the Learning Agreement process is implemented, in the first instance, in a format to test utility. It is recommended that the ECG selects a sample of commissioned activity across all the HSC Trusts to pilot the process in Semester One of Academic Year 2011-2012. This pilot will address the implementation of the Learning Agreement, as outlined in Section 5, of the Evaluation Process document (see para 3.2 above) and will not address the follow-up evaluation, as outlined in para 5.7. The review of the outcome of the pilot should be completed at the end of March 2012. The working group will reconvene to review the implementation of Learning Agreement and determine any changes required. It is recommended at that point that the Education Strategy Group should develop a strategy for full implementation, which may take up to five years.

5.0 Initiative evaluation

It is important for NIPEC to consider the quality of the implementation of its initiatives. A questionnaire, copy attached at Appendix Two, was issued to members of the Working Group. Ten questionnaires were issued and seven were returned, representing a 70% return. All respondents indicated that they were satisfied with the overall organisation of the meetings. For all other elements of the questionnaire, all respondents indicated that they strongly agreed or agreed with the management of the initiative. No additional comments were provided with suggestions for improving the overall management of the initiative.

6.0 Conclusion

Measurement of the impact of learning on improvements in patient and client care and the patient experience, together with enhanced service delivery, is critical to the ability to demonstrate that value for money is being achieved within the DHSSPS nursing and midwifery post-registration education funding processes. The above process has been articulated to assist education providers and their service partners in making this transparent. It is recognised that this is a very complex process and particularly challenging at a time when economic constraints are being met within the health and education sectors.

Appendix One

Membership of the Working Group

Teresa Barr	Assistant Director of Nursing and Midwifery Education	Beeches Management Centre
Lesley Barrowman	Senior Professional Officer	NIPEC (Chair)
Bob Brown	Assistant Director of Nursing, Learning and Development	South Eastern Health and Social Care Trust
Paula Fearon	Professional Officer	NIPEC (until 30 November 2010)
Donna Fitzsimons	Senior Manager of Nursing, Research	Belfast Health and Social Care Trust
Patricia Gillen	Co-ordinator of Post Registration Education (Commissioned and Non Commissioned Business)	University of Ulster
Kevin Gormley	Assistant Director of Education, Post-Registration and Postgraduate Taught	Queen's University, Belfast
Elizabeth Graham	Assistant Director of Nursing, Education and Development	Northern Health and Social Care Trust
Loretta Gribben	Nurse Education Consultant	Beeches Management Centre (from 1 November 2010)
Glynis Henry	Assistant Director of Nursing, Workforce Development and Training	Southern Health and Social Care Trust
Pauline McMullan	Business and Contracts Manager, Post Registration Education Commissioning	DHSSPS
Annetta Quigley	Nurse Manager, Workforce, Planning & Development	Western Health and Social Care Trust
Hilary Todd	Education Manager	Nursing Education and Development Consortium, North and West
Marie Nesbitt	Director of In Service Education	Nursing Education and Development Consortium, North and West

Appendix Two

EVALUATION PROCESS FOR DHSSPS COMMISSIONED POST-REGISTRATION EDUCATION

INITIATIVE EVALUATION QUESTIONNAIRE

WORKING GROUP MEMBERS

As part of the evaluation of this initiative NIPEC is seeking feedback from Working Group members on the effectiveness of the management of the initiative.

In order for your answers to be saved on the attached form, it will be necessary for you to save the form to your desktop, and once completed re-attached it to the return email to us.

I would be grateful if you would complete this questionnaire by please clicking on the tick box to indicate your answer. You will notice that there is a shaded box at the “Other Comments” section; this is a text form field which will allow you to input unlimited text, please remember to use carriage return. As this form is a protected document it will only allow you to input at the grey shaded boxes.

The abbreviations represent the following comments:

SA = Strong agree; A = Agree; D = Disagree; SD = Strongly disagree; N/A = Not applicable

Additional comments are welcome if you feel that the tick box does not adequately reflect your views.

1. Organisation of the meetings.	Yes	No
I always received an agenda and relevant notes at least 7 days before the date of the meetings.	<input type="checkbox"/>	<input type="checkbox"/>
The circulated and tabled papers were relevant for my needs.	<input type="checkbox"/>	<input type="checkbox"/>
The information presented in the papers was easy to understand.	<input type="checkbox"/>	<input type="checkbox"/>
The briefings on agenda items were adequate for my needs.	<input type="checkbox"/>	<input type="checkbox"/>
The frequency of meetings was appropriate.	<input type="checkbox"/>	<input type="checkbox"/>
The schedule of dates for Working Group meetings was helpful in planning my attendance.	<input type="checkbox"/>	<input type="checkbox"/>

2. Discussion/debate at the meetings.	SA	A	D	SD	N/A
The duration of the meetings was adequate for the business.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There was sufficient time for discussion of items at meetings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In general a consensus of views was arrived at during discussions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My attendance at meetings enabled me to adequately represent my stakeholder group.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Members input to discussion at meetings was encouraged and valued.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The structure of the meetings enabled members to make a positive contribution to the development of the initiative outputs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Overall management of the Initiative	SA	A	D	SD	N/A
The overall management of the initiative facilitated a regional approach to the development of the outputs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Structure of the Initiative					
The initiative plan and work programme ensured the initiative objectives were achieved.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Communication and Consultation during the Initiative					
Communication from NIPEC ensured that I kept up to date with the progress of the initiative.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please include any other comments which would have improved the management of the project:

Thank you for taking the time to complete this feedback sheet. Please return this form via e-mail [REDACTED] by 9TH March 2011

For further Information, please contact

NIPEC

Centre House
79 Chichester Street
BELFAST, BT1 4JE

Tel: 028 9023 8152

Fax: 028 9033 3298

This document can be downloaded from the NIPEC website
www.nipec.hscni.net

April 2011



**NORTHERN IRELAND PRACTICE AND EDUCATION
COUNCIL FOR NURSING AND MIDWIFERY**

**Nursing and Midwifery
Department of Health
Commissioned Education
Programmes**

**Learning Agreement
&
Evaluation of Learning on Practice Framework**



1. Introduction

Nurses and Midwives¹ are accountable and responsible for practicing in line with the best available evidence and keeping their knowledge and skills up to date, throughout their working lives (NMC 2018)².

Appraisal, personal development planning and supervision are processes available to support Nurses and Midwives to enhance their practice, education and professional development. These processes also provide an opportunity for the Nursing and Midwifery workforce with their Line Manager to identify and prioritise individual learning needs to meet the demands of service and revalidation requirements.

Each year, the Department of Health (DoH) through the Education Commissioning Group (ECG) commission education programmes for the Nursing and Midwifery workforce on behalf of the HSC Trusts. The aim of these education programmes are to enhance the delivery of person centred, safe effective care, support the reform and modernisation of service and ensure the Nursing and Midwifery workforce are equipped with knowledge, skills and competencies to meet the needs of patient and clients.

HSC Trusts are accountable for the efficient and effective use of this investment including, maintaining and developing the knowledge, skills and professional attributes of the Nursing and Midwifery workforce. Evaluating the extent to which these aims are achieved is a necessity for the HSC Trusts and is important to:

- *evidence the delivery of person centred safe effective care*
- *support Line Managers/Professional Leads to capture how commissioned learning and development activities has supported the re-design of service and service delivery*
- *demonstrate the impact of regionally commissioned programmes*
- *evidence the efficient and effective use of investment in education and informing future education commissioning*

¹ For the purposes of this document the term Nurse and Midwives and participants are used interchangeably

² Nursing and Midwifery Council (2018) The Code: Professional Standards of Practice and Behaviour for Nurses, Midwives and Nursing Associates. London: NMC

2. Learning Agreement and Evaluation of Learning on Practice Framework

This Learning Agreement and Evaluation of Learning on Practice Framework - hereafter referred to as *The Framework* - has been developed to support Nurses and Midwives and their Line Managers within the HSC Trusts to capture the impact and outcomes on practice of undertaking commissioned education programmes. This Framework can be used for short programmes and standalone modules including NMC accredited programmes.

The Framework is set out in two parts:

- 1) A Learning Agreement (Appendix 1) to be completed prior to undertaking a commissioned education programme
- 2) An Impact on Practice Outcomes Evaluation (Appendix 2) to be completed within 6 months after completion of the education programme or within a timeframe agreed with the Line Manager.

This *Framework* should be read in conjunction with the Evaluation Process for Post-Registration Education Programmes Commissioned by the Department of Health and Public Safety (2011)³. Figure 1 (Appendix 3) presents the process for Evaluation of the Impact on Practice of DoH Commissioned Education.

3. Purpose of a Learning Agreement

The purpose of a Learning Agreement is to ensure that both the participant and their Line Manager agree that the learning activity will meet the needs of the individual and service, and enable evaluation against agreed expected outcomes. Before submitting an application for a commissioned programme, it is important that the participant and their Line Manager are clear about the relevance of the programme to their role. Careful consideration should be given as to how the participant will apply the knowledge and skills to their practice and wider service delivery.

The Learning Agreement (Appendix 1) should confirm that the participant and the Line

³ Evaluation Process for Post-Registration Education Programmes Commissioned by the Department of Health and Public Safety (2011) NIPEC available at <https://nipec.hscni.net/service/process-eval-dhssps-comm-post-reg-educ/>

Manager have a clear understanding of the programme content and the commitment involved in undertaking the programme. It also ensures that the participants and the Line Manager consider the anticipated outcomes of learning on practice and /or service delivery as a result of the undertaking the education programme.

Guidance for completion of the Learning Agreement

- The participant must review the information available about the programme, including the entry criteria, aim and learning outcomes, the content and assessment processes where relevant (this information should be available on the education providers website)
- The participant and their Line Manager must be satisfied that the selected programme meets identified learning needs and benefits the service and needs of the wider organisation
- The participants and Line Manager should review each area identified in the preparatory information section and consider if there are any particular arrangements necessary e.g. practice placement requirements, including supervision/assessment requirements, the duration of the programme, the commitment required, travel requirements, etc.
- Both parties should have considered issues that might impact on the timely completion of the programme including any costs, the commitment and support required.

Appendix 1 provides a template to record the results of negotiations and discussions between the participant and their Line Manager. Both parties should carefully consider and document the anticipated outcomes of learning for the participant, the service and the service users.

The participant should complete and sign the personal statement agreeing to fully attend and complete all aspects of the commissioned education programme. The Line Manager should also sign the statement agreeing to support the participant undertaking the programme.

Any barriers to meeting the entry criteria or achieving the learning outcomes should be escalated where necessary to the education provider via the appropriate HSC

Trust Assistant Director of Nursing with a remit for Learning and Development.

4. Evaluation of Learning on Practice

Evaluating the outcomes and impact on practice of undertaking a commissioned education programme demonstrates the extent to which the programme has met the participant and service needs. It identifies the knowledge and skills gained, changes and benefits to the participant's practice, the service and the service user experience. Development of the Impact on Practice Outcomes Evaluation (Appendix 2) has been informed by the four levels within the Kirkpatrick Model (1959)⁴.

In the Impact on Practice Outcomes Evaluation (Appendix 2) the participant and Line Manager, should provide details of what has been achieved and the impact of learning on practice, including any challenges or reasons why anticipated outcomes were not achieved. This information should be linked to the themes within the NMC Code (2018)² to evidence how undertaking the education programme supports registrants to meet the professional standards of practice as set out within the Code.

Guidance for completion of the Impact on Practice Outcomes Evaluation

- The Impact on Practice Outcomes Evaluation (Appendix 2) should be completed within six months of finishing the programme or within a timeframe agreed with the Line Manager
- The participant should reflect on the learning they have gained from the programme of study – personal achievements, professional and career development, benefits to the service and organisation as well as the service user experience
- This process should be completed in preparation for the participant's appraisal/ personal development planning /supervision meeting with their Line Manager
- In collaboration with the participant, the Line Manager should discuss and complete the Impact on Practice Outcomes Evaluation (Appendix 2)
- The participant can use this reflection to assist them in meeting their

⁴ Kirkpatrick (1959) cited in Donald, L Kirkpatrick. (1994) Evaluating Training Programmes: The Four Levels (1st Edition) Berrett-Koehler Publishers.

requirements for NMC revalidation

- A copy of the completed documentation should be kept in the participant's personal file.
- A copy of the completed documentation maybe requested for evaluation purposes by the HSC Trust Assistant Director of Nursing with a remit for Learning and Development.

Learning Agreement

Appendix 1

Name of Participant: _____ Band: _____ Location/Base: _____

Title of Programme: _____ Date of meeting: _____ Line Manager: _____

Must be completed by participant *and* Line Manager (the participant should begin completion in preparation for the meeting with their Line Manager)

	Completed by participant	Line Manager comments
<p>Programme Content:</p> <p>What are the aim/s and learning outcomes of the programme?</p> <p>What do the participant/ Line Manager expect this programme to deliver?</p> <p>How does this programme meet the needs of the service and the wider organisation?</p>		
<p>Programme Criteria:</p> <p>What are the pre-requisites/entry level requirements of the programme? Does the participant meet the criteria?</p>		
<p>Design, Duration and Assessment of Learning:</p> <p>What is the length of the programme? Is it full-time/part-time? Where and how will the programme be delivered including supervision/assessment requirements?</p> <p>What are the assessment methods e.g. assignments, examinations, practical assessments, practice placements, development of a portfolio? (<i>Refer to programme prospectus</i>)</p>		

MAHI - STM - 102 - 6320

<p>Implications for participant: What are the personal and financial implications including personal study time, travel, impact on family?</p>		
<p>Implications for service: What are the service implications for service delivery including additional costs?</p>		
<p>Impact on practice and person: What are the anticipated outcomes of learning for:-</p> <ul style="list-style-type: none"> • Self • Service • Service User <p>Explicitly link to NMC Code (2018)²</p>		
<p>Personal statement of commitment to achieve learning outcomes from the participant:</p> <p>I, the participant, agree to fully commit to completing all aspects of the programme as outlined above.*</p> <p>Participant Signature: _____ Date _____</p> <p>I, the Line Manager, agree to fully support the participant to undertake the programme, as outlined above*</p> <p>Line Manager Signature: _____ Date _____</p> <p><i>*All of the above is dependent on a place being secured on a commissioned programme.</i></p>		

Impact on Practice Outcomes Evaluation

Appendix 2

Name of Participant: _____ Band: _____ Location/Base: _____

Title of Programme: _____ Date of meeting: _____ Line Manager: _____

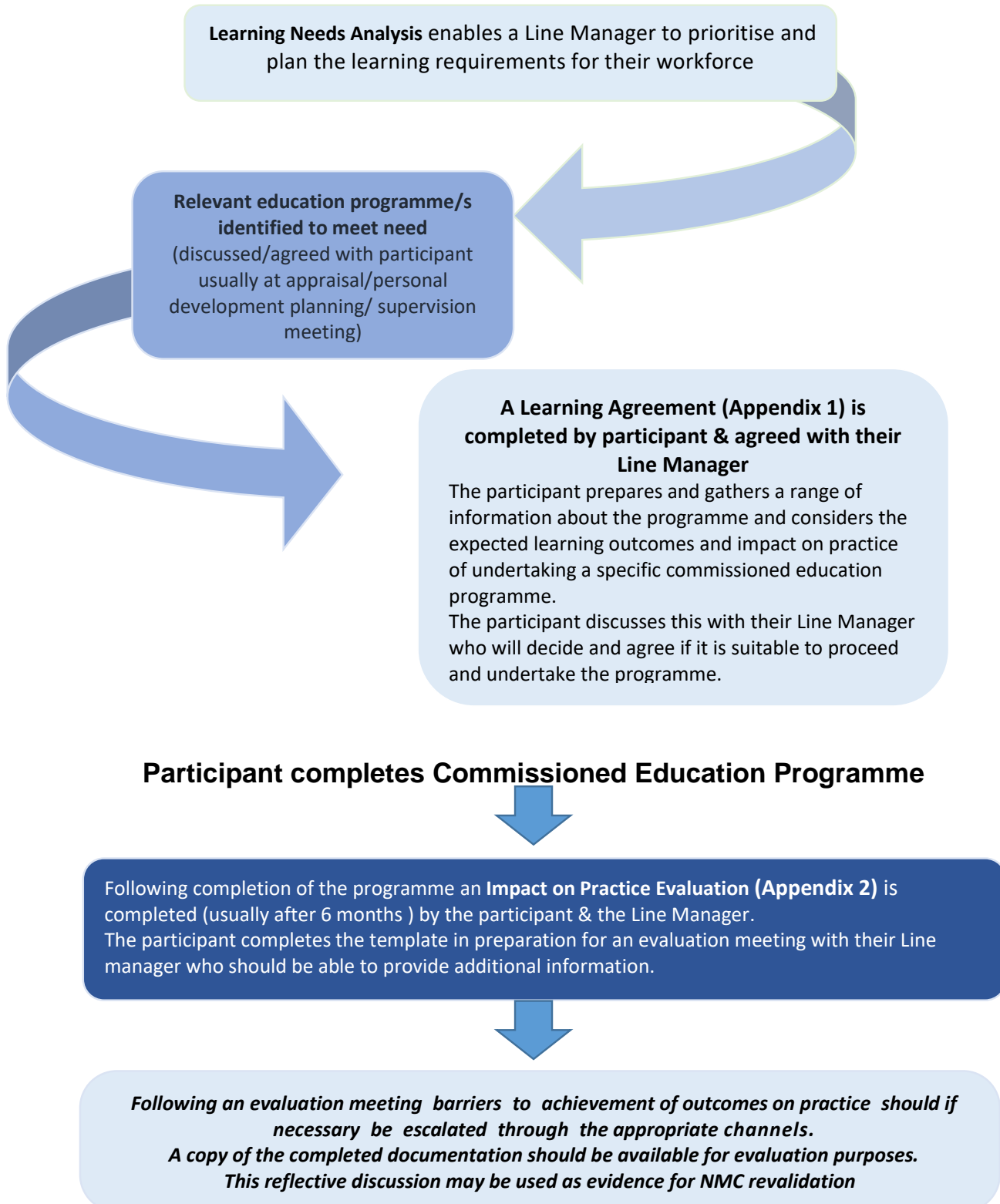
To be completed by the participant 6 months after completion of the programme or within a timeframe agreed with the Line Manager

Criteria	Participant: Evaluation. Link each section to NMC Code (2018)	Line Manager: Evaluation
What has been the impact of undertaking this programme on: Self : (Personal, Professional and Career Development)		
What has been the impact of undertaking this programme on Service: (Quality, Safety and Improved access to Services)		
What has been the impact of undertaking this programme on the Service User: (Experience, Safety and Quality/Outcomes)		

Copy to be retained in participant's personal file.

A copy of the completed documentation maybe requested for evaluation purposes by the HSC Trust Assistant Director of Nursing with a remit for Learning and Development.

Figure 1: Process for Evaluation of the Impact on Practice of DoH Commissioned Education





For further Information, please contact

NIPEC
Centre House
79 Chichester Street BELFAST, BT1 4JE
Tel: 0300 300 0066

This document can be downloaded from
the NIPEC website

<https://nipec.hscni.net/>

Revised: April 2021

REVALIDATION

NMC Nursing &
Midwifery
Council



Employers' guide to revalidation

CONTENTS

WHAT DOES THIS DOCUMENT DO?	3
WHAT IS REVALIDATION?	5
THE REVALIDATION REQUIREMENTS AND PROCESS.....	8
THE ROLE OF EMPLOYERS IN REVALIDATION	11
PROVIDING SUPPORT TO NURSES, MIDWIVES AND NURSING ASSOCIATES.....	13
REVALIDATION REQUIREMENTS AND EMPLOYERS.....	17

This updated document was published in March 2019

WHAT DOES THIS DOCUMENT DO?

This document is designed to inform those who employ nurses, midwives and nursing associates about what revalidation means for them. It shows how they can support the nurses, midwives and nursing associates they employ as they go through the revalidation process and how revalidation can interact with their organisational processes.



Full details of the revalidation requirements, evidence, process and timelines for revalidation are in the guidance for nurses, midwives and nursing associates. Please see *How to revalidate with the NMC*, which is available at www.nmc.org.uk/revalidation

About the NMC

We're the independent regulator for nurses and midwives in the UK and nursing associates in England.

Better and safer care for people is at the heart of what we do, supporting the healthcare professionals on our register to deliver the highest standards of care.

We make sure nurses, midwives and nursing associate have the skills they need to care for people safely, with integrity, expertise, respect and compassion, from the moment they step into their first job.



How the NMC will use your information

Information supplied by you for the purpose of revalidation will be handled by the NMC at all times in accordance with the Data Protection Act 2018.

The NMC will process any data you provide for the purposes of administering and assessing the revalidation application of nurses, midwives and nursing associates whom you employ and any subsequent verification of their application. The NMC may also use information obtained via the revalidation process for research purposes and for the purpose of maintaining and improving its internal systems and processes.



Details of our data protection policy are included in our privacy notice at www.nmc.org.uk/contact-us/data-protection/privacy-notice

How to contact the NMC

For more information on revalidation please see our website at www.nmc.org.uk/revalidation which contains information on all aspects of revalidation.

If you wish to make a complaint or provide feedback about the standard of our service, please visit the 'Contact us' pages of our website at www.nmc.org.uk/contact-us/complaints-about-us.

Understand key terms

1. **The registration process:** Every three years from when a nurse, midwife and nursing associate joins (or re-joins) the register they will need to renew their registration by revalidating. Every year they will also need to retain their registration by paying an annual registration fee. If they don't complete these processes on time their registration will expire.
2. **Fee expiry date:** The deadline for nurses, midwives and nursing associates paying their annual registration fee in order to retain their registration.
3. **Revalidation application date:** The deadline for nurses, midwives and nursing associates submitting their revalidation application. It is the first day of the month in which their registration expires, so if their renewal date is 30 April, their revalidation application date will be 1 April.
4. **Renewal date:** The date on which a nurse, midwife or nursing associate's registration will be renewed if they have successfully completed their revalidation application. It is the last day of the month in which their registration expires.
5. **Verification:** The process of checking revalidation applications of nurses, midwives and nursing associates. Each year we select a sample of revalidation applications and request further information for verification from the individual. We will check to make sure they have met the revalidation requirements. Further information on verification can be found on our guidance sheet at www.revalidation.nmc.org.uk/verification.

WHAT IS REVALIDATION?

Revalidation is the process that allows nurses, midwives and nursing associates to maintain their registration with the NMC.

As part of this process, all people on our register need to meet a range of requirements designed to show that they are keeping up to date and actively maintaining their ability to practise safely and effectively. Nurses, midwives and nursing associates need to collect evidence and maintain records to demonstrate to a confirmer that they have met the revalidation requirements.

Every three years, people on our register will be asked to apply for revalidation using the NMC Online system as a means of renewing their registration with us.

Completing the revalidation process is the responsibility of nurses, midwives and nursing associates themselves. They are the owners of their own revalidation process.

Revalidation is not a new way for employers to raise fitness to practise concerns. Revalidation is not about employers judging whether a nurse, midwife or nursing associate is fit to practise, or an assessment against the requirements of their current or former employment. Raising a concern about a nurse, midwife or nursing associate's fitness to practise should be raised promptly through our fitness to practise procedures. Please see the 'Fitness to practise concerns' section of this guidance document.

The purpose of revalidation

The purpose of revalidation is to improve public protection by making sure that nurses, midwives and nursing associates demonstrate their continued ability to practise safely and effectively throughout their career.

One of the main strengths of revalidation is that it encourages nurses, midwives and nursing associates to use the Code in their day-to-day practice and personal development. It is important for employers to be aware of the Code and the standards expected of registered nurses, midwives and nursing associates in their professional practice.

Revalidation includes requirements which encourage nurses, midwives and nursing associates to seek feedback from patients, service users and colleagues. It requires them to consider the role of the Code in their practice by having a reflective discussion with another nurse, midwife or nursing associate and seeking confirmation that they have met those requirements from an appropriate person.

It will encourage engagement in professional networks and discussions and reduce professional isolation.

Revalidation fosters a culture of sharing, reflection and improvement. Through continual professional development nurses, midwives and nursing associates develop new skills to respond to advances in nursing and midwifery.

Revalidation will enhance employer engagement with the nurses, midwives and nursing associates they employ and increase their awareness of how, as regulated professionals, they meet our regulatory standards. It will encourage early discussions about practice concerns before they escalate or require referral to us and increase access to and participation in appraisal and professional development.

Through revalidation we want to create an interactive, career-long relationship with our nurses, midwives and nursing associates, and increase our understanding of their practice and of the nursing, midwifery and nursing associate population more broadly.



The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates presents the professional standards that nurses, midwives and nursing associates must uphold in order to be registered to practise in the UK. Please see www.nmc.org.uk/code for further information.



THE REVALIDATION

REQUIREMENTS AND PROCESS

Revalidation is the responsibility of individual nurses, midwives and nursing associates and they own the revalidation process. The revalidation process begins at the start of the three year renewal period and we expect everyone on our register to be working towards meeting the requirements throughout this period to ensure they are prepared for when their application is due. If a nurse, midwife or nursing associate meets all of our requirements, they can complete their revalidation and renew their registration with the NMC.

Below is a list of all of the revalidation requirements that nurses, midwives and nursing associates need to meet. Further details of these requirements and the evidence that people on our register need to keep are set out in *How to revalidate with the NMC*.

- A minimum of 450 practice hours for each part of the register (nurse, midwife or nursing associate)
- 900 hours for those revalidating as a dual registrant, for example a nurse (includes nurse/SCPHN) and midwife (includes midwife/SCPHN).¹
- 35 hours of Continuing Professional Development (CPD), of which at least 20 hours must be participatory learning
- Five pieces of practice-related feedback
- Five written reflective accounts on their CPD and/or practice-related feedback and/or an event or experience in their practice, and how this relates to the Code
- Reflective discussion with a nurse, midwife or nursing associate
- Health and character declaration, and
- Professional indemnity arrangement.

The individual who is revalidating needs to have met these requirements during the three years since their registration was last renewed or they joined the register.

Once they have collected evidence that they have met these requirements, they need to have a confirmation discussion in which they demonstrate to an appropriate confirmer that they have met the requirements. We expect the individual who is revalidating to obtain confirmation during the final 12 months of their three year renewal period.

Employers should use the information provided in this document, and elsewhere by the NMC, to familiarise themselves with these requirements. On pages 17-22 we provide further information about what the requirements mean for you and how you can support nurses, midwives and nursing associates to meet them.

The revalidation process

Nurses, midwives and nursing associates will need to renew their registration with the NMC every three years by submitting a revalidation application online.

We will make adjustments for people on our register who cannot access NMC Online, for example due to a disability. We will also provide support to individuals who need additional help to meet the revalidation requirements. Further information is available in [Guidance sheet – Support to help you revalidate](#).

The online application opens 60 days before their revalidation application date, which is the first day of the month in which their registration expires. **They must submit their revalidation application by this date.**

The last day of the month in which their registration expires is their renewal date. Nurses, midwives and nursing associates can check their renewal date via NMC Online. Organisations and employers can check the renewal date for the people they employ via the [NMC Employer Confirmation Service](#).

Once the nurse, midwife or nursing associate has submitted their revalidation application, the NMC will make a decision on their application. They also need to pay their annual registration fee as part of their revalidation application. Their registration will not be renewed until we have received their payment.



Please note that the only way for nurses, midwives and nursing associates who lapse from the register to return to the register is by making an application for readmission. This process can take two to six weeks, and they would be unable to practise during that period.

Each year we will select a sample of revalidation applications and request nurses, midwives and nursing associates to provide us with further information to verify the declarations that they made as part of their revalidation application. This does not mean that we have any concerns about their application. Please note that any nurses, midwives and nursing associates who are selected for verification will remain on the register while we undertake the verification process and they can continue to practise even if the process extends past their renewal date, while we review the information that they provide.

Keeping evidence

We strongly recommend that nurses, midwives and nursing associates keep evidence that they have met the revalidation requirements in a portfolio. If they already keep a professional portfolio, revalidation evidence can form part of that portfolio. They do not need to maintain a separate portfolio for revalidation or necessarily use an e-portfolio.

This will be helpful for the discussion they have with their confirmer. They will also need to have this information available in case we request to see it to verify the declarations they made as part of their application.

Portfolios must not record any information that might identify an individual, whether that individual is alive or deceased. This means that all information must be recorded in a way that no patient, service user, colleague or other individual can be identified.



The section on non-identifiable information in *How to revalidate with the NMC* provides guidance on how nurses, midwives and nursing associates can make sure their portfolios do not contain any information that might identify an individual, as well as how to store data.



We expect any evidence to be kept in English and nurses, midwives and nursing associates must submit their revalidation application and any subsequent verification information in English. Our **Welsh language scheme** sets out how we will implement the principle of equal treatment for the Welsh language in aspects of our business including service planning and delivery, and communications.



THE ROLE OF EMPLOYERS IN REVALIDATION

Many nurses, midwives and nursing associates have an employer. It is important for you as an employer to be aware of the Code and the standards expected of registered nurses, midwives and nursing associates in their professional practice.

It is also important for you to be aware that revalidation is not an assessment against the requirements of a current or former employer.

Only the NMC as the regulator, can decide who remains on our register. If, however, an individual no longer wishes to be on the register they can decide to lapse their registration

We do not intend to take action against employers who inadvertently provide information that proves to be incorrect. However, in whatever capacity they are involved in revalidation, employers are expected to act honestly and in good faith.

If there are grounds for believing that the nurse, midwife or nursing associate about whom you provided information knowingly made a false declaration in their revalidation application, information supplied by you honestly and in good faith as an employer may be used to investigate any alleged breach of the Code and for the purpose of any subsequent fitness to practise proceedings against the nurse, midwife or nursing associate.

Appraisals

Appraisals are a way for employers to assess the performance of their employees against the requirements of their role and identify areas for improvement and development. The revalidation process is designed so that it can be undertaken as part of a regular appraisal, although it is important to note the distinction between the two processes.

We strongly recommend that, where possible, the confirmation discussion forms part of the nurse, midwife or nursing associate's annual appraisal. It might be helpful to include a revalidation discussion at each annual appraisal so that the nurse, midwife or nursing associate can keep their confirmer updated on their revalidation progress, although this is not essential.

Individuals on our register might like to have both their reflective discussion and their confirmation discussion as part of an annual appraisal if their line manager is an NMC-registered nurse, midwife or nursing associate.

If you, as an employer, do not currently provide regular appraisals you could consider arranging an appraisal for nurses, midwives and nursing associates in advance of their revalidation application date.

However, nurses, midwives and nursing associates who do not have regular appraisals, or who choose not to have their confirmation discussion as part of an appraisal, will still be able to renew their registration by meeting the revalidation requirements. They are not required to arrange for another person or organisation to conduct an appraisal for the purposes of revalidation.

Employers and confirmation

As well as providing support to the nurses, midwives and nursing associates that they employ as they go through the revalidation process, employers could also be asked to act as a confirmer and decide whether an individual on our register has met the revalidation requirements. If you are asked to take on this role make sure you read our [information for confirmers](#). You could also be asked to act as a reflective discussion partner. We have provided further information about this role in our guidance sheet at [guidance and information](#).

Fitness to practise concerns

If an employer, a nurse, midwife or nursing associate, or any other individual becomes aware of a serious concern about the fitness to practise of another nurse, midwife or nursing associate they should raise it promptly through our fitness to practise procedures. All people on our register have a professional duty to raise a concern about the practice of another nurse, midwife or nursing associate either through their employer or directly with us. They should not wait until a nurse, midwife or nursing associate is due to renew their registration through revalidation to raise a fitness to practise concern. The NMC liaises with employers through the Employer Link Service to ensure referrals of nurses, midwives and nursing associates are appropriate and include all relevant information. We can help you with:

- making referrals
- progressing fitness to practise cases
- providing learning and induction for fitness to practise
- listening to employers and sharing information

Further details of the service are available on our [website](#), where you can contact the team.

Revalidation does not create a new way of raising a fitness to practise concern about a nurse, a midwife or a nursing associate, and the confirmation stage of revalidation is not for the confirmer to make a judgment as to whether a nurse, midwife or nursing associate is fit to practise but rather to confirm that the individual has met the revalidation requirements.

If a nurse, midwife or nursing associate is subject to an NMC investigation, condition(s) of practice order or a caution, they can still apply to renew their registration as long as they fulfil all the revalidation requirements. However, they will remain subject to NMC fitness to practise processes and the outcome of those processes.

If a person on our register is subject to an internal disciplinary procedure, they will be able to apply to renew their registration as long as they fulfil all the revalidation requirements. However, if this internal disciplinary procedure includes concerns about their fitness to practise, these should be raised in the appropriate way at that time. This would fall outside of the revalidation process.



For more information about our fitness to practise processes please see www.nmc.org.uk/concerns-nurses-midwives/what-we-do/what-is-fitness-to-practise. You can find out how to make a referral at www.nmc.org.uk/report-nurse-midwife.

PROVIDING SUPPORT TO NURSES, MIDWIVES AND NURSING ASSOCIATES

Our model for revalidation in nursing and midwifery has been developed with the intention that it can be applied to all kinds of practice settings, including those where nurses, midwives and nursing associates practise independently with little or no support.

You are not obliged to provide specific support, however, we know that good employers will want to have support in place to ensure that nurses, midwives and nursing associates are competent to provide safe and effective care. It will also be of benefit to employers to encourage reflection in everyday practice (not just for the purpose of revalidation) and foster a culture of sharing, learning and improvement.

Nurses, midwives and nursing associates who do not revalidate will cease to be on our register and therefore can no longer work in the capacity of a registered nurse, midwife or nursing associate.

We believe that employers will benefit from positive engagement with the revalidation process and that those who prepare for, invest in and support the process will get the most benefit from it. It also provides an opportunity for employers and organisations to undertake a wider assessment of the quality and assurance systems that they have in place.

There is a range of support that you could provide to your nurses, midwives and nursing associates to help them to revalidate. Below we set out both the minimum support we feel employers should provide, and what nurses, midwives and nursing associates can reasonably expect from their employer, in four key areas: awareness and culture; capacity and capability of resources; systems and processes; and guidance, tools and support. There are additional support materials on the NMC website at

revalidation.nmc.org.uk/download-resources/guidance-and-information.

Awareness and culture

Minimum support

- Raise awareness of revalidation among your nurses, midwives and nursing associates.

Reasonably expected

- Support nurses, midwives and nursing associates throughout the entire revalidation period.
- Be aware of the new standards of proficiency and encourage nurses, midwives and nursing associates to reflect on how their scope of practice relates to the standards and supporting CPD activities that would help them enhance their skills, particularly if they supervise and/or assess students as part of their role.
- Support nurses, midwives and nursing associates through situations which may affect their ability to meet all the revalidation requirements, such as if an employee goes on an extensive leave period. Examples of the support you could offer is advising them to make the most of requirements they have already met such as writing a reflective account based on CPD they have already completed or advising on alternative ways to collect practice related feedback.
- Discuss revalidation with the nurse, midwife or nursing associate in advance of a planned period of absence to work out an action plan that ensures they can meet the revalidation requirements on time, whether before the leave of absence, after or during.
- Put in place basic plans to support revalidation and present these to your organisation's senior leadership.
- Inform the individual who is due to revalidate about any employment policies requiring them to maintain their registration throughout their maternity leave, sick leave or annual leave in order to receive pay during this period.
- Foster a culture of sharing, reflection and improvement.



Capacity and capability of resources

Minimum support

- Ensure nurses, midwives and nursing associates are able to revalidate, and that there is no significant obstacle to this from the organisation's perspective. This includes supporting nurses, midwives and nursing associates to meet the requirements for continuous professional development.

Reasonably expected

- Assess what is needed to support revalidation in your organisation, including the level of support staff may require, along with plans to address this
- Where appropriate ensure line managers (or other individuals) are available to act as confirmers and reflective discussion partners.
- Provide space and time for your nurses, midwives and nursing associates to hold their reflective discussions and confirmation discussions (if separate from an appraisal process).

Systems and processes

Minimum support

- Ensure any nurses, midwives and nursing associates that you employ have current NMC registration.
- Identify revalidation application and renewal dates for all of your nurses, midwives and nursing associates in order to support nurses, midwives and nursing associates to meet the revalidation requirements and submit their application on time.
- Encourage nurses, midwives and nursing associates to register for NMC Online.
- Where appropriate, put plans in place for nurses, midwives and nursing associates to receive confirmation as part of their appraisal process, or an alternative process.
- Allow access to feedback where it already exists (including audits, satisfaction surveys, complaints and the nurse, midwife or nursing associate's individual appraisal).
- Ensure all staff have access to the necessary IT equipment.

Guidance, tools and support

Minimum support

- Signpost nurses, midwives and nursing associates to the NMC's website, where they will find all of the guidance, information and materials they need about revalidation.

Reasonably expected

- Provide further information about who in your organisation can act as a confirmer and/or reflective discussion partner as detailed in the NMC's requirements.
- Review whether informal organisational systems could be implemented to allow for participatory CPD learning.
- Incorporate communication about the requirements for the online revalidation process and timings into your local communication systems.
- Remind nurses, midwives and nursing associates of their obligations of confidentiality under the Code and Data Protection legislation.

Other supportive measures

We recognise that some employers and organisations will want to encourage a culture of learning and use revalidation as an opportunity to strengthen their own processes. They may choose to put other additional supportive measures in place but these are not essential for nurses, midwives and nursing associates to revalidate.

Such measures might include:

- training staff to support revalidation
- the development of e-portfolios
- additional local supportive material to sit alongside the NMC guidance
- seminars, study sessions and 'revalidation champions' to cascade information to nurses, midwives and nursing associates at the front line.

Employers need to take care that any processes they put in place are helpful, facilitative and consistent with the emphasis that revalidation places on nurses, midwives and nursing associates taking responsibility for meeting the NMC's requirements.

E-portfolios

One way that employers and organisations might consider supporting their nurses, midwives and nursing associates is by providing an e-portfolio system for them to keep their evidence that they have met the revalidation requirements. Please note that keeping a portfolio is recommended, but is not a requirement of revalidation.

If you decide to provide this service you need to be aware that there are data protection implications. For further information on e-portfolios see our guidance sheet at [guidance and information](#).

Equality Act 2010

We aim to put equality, diversity and inclusion at the heart of everything we do. We value the diversity of the people on our register, and the wider community we serve. Equality, diversity and inclusion is important in nursing and midwifery practice. It is important that employers promote a culture that embodies it and support the nurses, midwives and nursing associates they employ to meet the NMC standards.

The Equality Act 2010 ('the Act') is legislation that applies in England, Wales and Scotland². It protects people from discrimination, harassment or victimisation. It is against the law to discriminate against anyone because of:

- age
- gender reassignment
- being married or being in a civil partnership
- being pregnant or in the maternity period
- disability³
- race, including colour, nationality, ethnic or national origin
- religion, belief, or lack of religion or belief
- sex
- sexual orientation.

We are part of a system that works with many organisations that must all comply with equalities and human rights law. We expect all employers of nurses, midwives and nursing associates to meet their legal duty in the Equality Act 2010. Employers should support nurses, midwives and nursing associates by making adjustments to remove unnecessary barriers to employment and training in order that they can meet the revalidation requirements.

REVALIDATION REQUIREMENTS AND EMPLOYERS

In this section we highlight some key parts of the revalidation requirements that employers should be familiar with. Please note that full details of the revalidation requirements and how nurses, midwives and nursing associates can meet them are set out in 'How to revalidate with the NMC'. The information below is designed for employers only; if you are asked to take on the role of confirmer and/or reflective discussion partner, you should read the information we have provided to support these roles.

450/900 practice hours⁴

Nurses, midwives and nursing associates need to keep written evidence that they have practised the minimum number of hours required for their registration. This might include their employment contract (specifying hours), timesheets, job specifications and role profiles.

Only practice hours completed when working as a registered nurse, midwife or nursing associate count towards the minimum hours. However, this is not limited to clinical practice and includes work in non-clinical roles such as management, policy and education. This includes both paid and voluntary work.

Nurses, midwives and nursing associates must meet their practice hours in a role where they rely on their skills, knowledge and experience of being a registered nurse, midwife or nursing associate.

- This includes practice as a nurse, midwife, SCPHN and nursing associate, in roles that are likely to require registration.
- This also includes practice in roles where the employment contract does not expressly require nurses, midwives and nursing associates to be registered with us but the role relies on their skills, knowledge and experience of being a registered nurse, midwife or nursing associate. For example, this could include roles in public health or nursing, midwifery or nursing associate management, commissioning, policy and education.
- This may include work done in voluntary roles, where a nurse, midwife or nursing associate is relying on their skills, knowledge and experience of being a registered nurse, midwife or nursing associate.

The following activities can't be counted towards the practice hours requirement:

- Hours undertaken in a healthcare, nursing or midwifery assistant or support worker role can't be counted towards practice hours as a registered nurse, midwife or nursing associate.
- Hours completed when working in a separate regulated profession for example when working as a paramedic or medical doctor.
- Nurses undertaking an 18-month midwifery programme can't use their midwifery training hours in order to maintain their registration as a nurse. They will be able to use any practice hours undertaken as a nurse, either before or after their midwifery course, during the three year period.

We have provided a template that individuals on our register might find useful to record their practice hours. This includes practice setting, dates of practice, scope of practice, a description of the work undertaken and number of hours.



A specialist community public health nurse (SCPHN) means a registered nurse or midwife who is also registered in the Specialist Community Public Health Nurses' part of the register.

35 hours of CPD, of which at least 20 must have included participatory learning

As professionals, nurses, midwives and nursing associates have a duty to keep their knowledge and skills up to date through a continuous process of learning and reflection.

Any learning activity must be relevant to their scope of practice as a nurse, midwife or nursing associate and would not include mandatory training that is not directly related to their practice. In particular, you can assist nurses, midwives and nursing associates to meet the participatory element of this requirement.

The NMC publishes and regularly updates standards of proficiency for everyone on our register. These set out what we expect students to know, understand and be able to do to apply to join our register and to practise safely and effectively. The standards also reflect what the public can expect nurses, midwives and nursing associates to know and be able to do in order to deliver safe, compassionate and effective care. Registered nurses, midwives and nursing associates should review the most recent standards of proficiency relevant to them and reflect on how their scope of practice relates to the standards and consider their training needs. This is particularly important if they supervise and/or assess students as part of their role.

Employers should support nurses, midwives and nursing associates to meet their CPD requirements. They are the key source of access to training for the nurses, midwives and nursing associates they employ. It is important for employers to understand the standards of proficiency and embedding these into practice should be a key consideration when drafting internal policies.

We have provided a template to help individuals on our register record their CPD activities.

Five pieces of practice-related feedback

Nurses, midwives and nursing associates can obtain feedback from a range of sources, including directly from patients, service users, carers, students and colleagues. It can also be obtained by reviewing complaints, team performance reports, serious event reviews and feedback received during their annual appraisal. The feedback can be positive or constructive, and feedback can be based on the individual's practice or their team or unit.

In many organisations, feedback is already collected in a variety of ways. Nurses, midwives and nursing associates must seek consent to access or use their employer's information. Any information must be extracted in a way that no information identifying an individual is obtained, used or recorded. For example, nurses, midwives and nursing associates must not forward work emails to their personal accounts, or download and take copies of employer records.

Should nurses, midwives and nursing associates choose to obtain feedback directly from colleagues, patients or service users, they must make clear in their request that no information identifying individuals should be included in any feedback provided. They should also inform them how they intend to use their feedback.

We have provided a template that individuals on our register can use to record their feedback.

Five written reflective accounts

Nurses, midwives and nursing associates must prepare five written reflective accounts on their CPD and/or practice-related feedback and/or an event or experience in their practice, and indicate how this relates to the Code.

Reflective accounts need to include what the individual learnt from the CPD activity, feedback, event or experience in their practice, how they changed or improved their practice as a result, and how it is relevant to the Code.

We have provided an NMC form that individuals on our register must use to record their reflective accounts. This will inform their reflective discussion and provide evidence to show their confirmer.

Reflective discussion with another NMC-registered nurse, midwife or nursing associate

Nurses, midwives and nursing associates must discuss their written reflective accounts with an NMC-registered nurse, midwife or nursing associate as part of a reflective discussion.

The reflective discussion partner could be someone that they frequently work with or someone from a professional network or learning group. They do not need to work with them on a daily basis and they do not need to undertake the same type of practice or be on the same part of the register (so a nurse can have a reflective discussion with a midwife or nursing associate and vice versa).

It is for the individual to decide the most appropriate person for them to have this conversation with, including whether they are senior or junior to them.

If a confirmer is a nurse, midwife or nursing associate, a reflective discussion can form part of the confirmation discussion.

We have provided an NMC form that individuals on our register must use to record their discussion, and it must be signed by the NMC-registered discussion partner with whom they had their discussion with.

Health and character declaration

As part of their revalidation application, nurses, midwives and nursing associates must provide us with a health and character declaration.

We need to know if the people on our register meet our requirements for health to ensure they can practise safely and effectively, after any adjustments are made by you, the employer. When we say that someone is capable of safe and effective practice, we mean that they have the skills, knowledge, character and health to do their job safely and effectively.

Our focus is not on whether a nurse, midwife or nursing associate has a health condition and/or disability, but whether the health condition and/or disability they do have affects their practice. This does not mean the absence of a disability or health condition. Many people with disabilities or health conditions are able to practise effectively with or without adjustments to support their practice.

It is up to the individual to decide whether their health allows them to be capable of safe and effective practice.

Nurses, midwives and nursing associates must declare if they have been charged or convicted of any criminal offence (including conditional discharges) or issued with a formal caution. They will be asked to declare if they have been subject to any adverse determination that their fitness to practise is impaired by a professional or regulatory body (including those responsible for regulating or licensing a health and social care profession) and if their character enables them to practice safely and effectively.

This requirement does not need to be checked by a confirmer.

Professional indemnity arrangement

As part of their revalidation application, nurses, midwives and nursing associates must declare to us that they have, or will have when practising, appropriate cover under a professional indemnity arrangement. They will also tell us whether their indemnity arrangement is through their employer, membership of a professional body, or a private insurance arrangement.

As most employers provide appropriate indemnity cover for their employees, all nurses, midwives and nursing associates who are employed should check this with their employer(s).

This requirement does not need to be checked by a confirmer.

Confirmation

The confirmation process involves nurses, midwives and nursing associates having a discussion about revalidation with an appropriate confirmer. As part of that discussion, they will demonstrate to their confirmer that they have complied with all of the revalidation requirements, except professional indemnity arrangement and health and character which do not need to be confirmed.

Nurses, midwives and nursing associates can choose who their confirmer is, but we expect them to seek confirmation from an appropriate person. A line manager is an appropriate confirmer, and we strongly recommend that people on our register obtain confirmation from their line manager wherever possible. A line manager does not have to be an NMC-registered nurse, midwife or nursing associate. The confirmation process should encourage line managers to regularly consider and discuss how their nurses, midwives and nursing associates are engaging in professional development activities to maintain and develop their competence and improve their practice.

However, not all people on our register have a line manager. If a nurse, midwife or nursing associate does not have a line manager, they will need to decide who is best placed to provide their confirmation. Wherever possible we recommend that their confirmer is registered with the NMC. It is helpful if they have worked together or have a similar scope of practice, but this is not essential.

If that is not possible, nurses, midwives and nursing associates can seek confirmation from another healthcare professional that they work with and who is regulated in the UK. For example, they could ask a doctor, dentist or a pharmacist.

We have provided an NMC form that individuals on our register must use to record their confirmation discussion. Confirmers need to complete and sign this form.



We have provided guidance about the role of confirmers as well as an online confirmation tool at revalidation.nmc.org.uk/what-you-need-to-do/confirmation for further information as to who can act as a confirmer.

Nurses, midwives and nursing associates with more than one employer and/or line manager

Some nurses, midwives and nursing associates will have more than one employer and/or line manager, or undertake more than one role. These individuals need to obtain one confirmation which covers all of their practice. They will need to decide which line manager is most appropriate to provide confirmation that they have met all of the revalidation requirements.

We recommend that they have their revalidation discussion and obtain confirmation through the employer and/or line manager where they undertake the majority of their work. They may choose to have a revalidation discussion for each employer and/or with each of their line managers, and bring the outputs of those discussions to their confirmation discussion.

Support offered by the NMC

We understand there may be circumstances which make it more difficult for nurses, midwives and nursing associates to meet the revalidation requirements. This may be as a result of a disability, an illness, pregnancy, a maternity period or any other life event that impacts on their ability to meet the revalidation requirements. We can help support people on our register to meet the revalidation requirements in several ways, for example by:

- helping people on our register use NMC Online or,
- providing a short extension to their revalidation application date.

For further information on the support we can offer and how to apply for this support please see our [support to help you revalidate guidance sheet](#) at [guidance](#) and [information](#).

Getting in touch with you for further information

Each year we will select a sample of revalidation applications and request nurses, midwives and nursing associates provide us with further information to verify the declarations that they made as part of their revalidation application. This does not mean that we have any concerns about their application.

Please note that any nurses, midwives and nursing associates who are selected for verification will remain on the register while we undertake the verification process even if the process extends past their renewal date, and they can continue to practise while we review the information that they provide. The registration of any nurses, midwives and nursing associates who are selected for verification will be held effective until the verification process is complete. The verification process will be completed within three months of their renewal date.

As part of this process, we may contact employers to verify the information that a nurse, midwife or nursing associate has provided in their application. In their online application nurses, midwives and nursing associates will be asked to provide consent for this purpose. We will also contact confirmers and we may contact reflective discussion partners.

Please respond to any request for information by the requested date: if you do not respond you may put the nurse, midwife or nursing associate's registration at risk.

Additional information

For additional information on specific aspects of revalidation, please see the following sources:

Nurses, midwives and nursing associates
revalidation.nmc.org.uk

Confirmers
revalidation.nmc.org.uk/what-you-need-to-do/confirmation

Reflective discussion partners
revalidation.nmc.org.uk/download-resources/guidance-and-information

Professional indemnity arrangement
www.nmc.org.uk/indemnity

ENDNOTES

- ¹ Triple registration for nurse, midwife and nursing associate is also possible; this would require 1,350 practice hours in the preceding three years.
- ² The Equality Act 2010 does not apply to Northern Ireland. Where the legislation is spread across several pieces of legislation, with some differences. For example Section 75 of the Northern Ireland Act 1998 also includes consideration of 'political opinion' as a protected characteristic.
- ³ 'Disability' is defined in the Act as a physical or mental impairment that has a substantial or long-term negative effect on a person's ability to do normal daily activities.
- ⁴ Triple registration for nurse, midwife and nursing associate is also possible; this would require 1,350 practice hours in the preceding three years.

REVALIDATION

NMC Nursing &
Midwifery
Council



How to revalidate with the NMC

Requirements for renewing your registration

CONTENTS

WHAT DOES THIS DOCUMENT DO?	3
WHAT IS REVALIDATION?	6
CHECKLIST OF REQUIREMENTS AND SUPPORTING EVIDENCE	9
THE REVALIDATION PROCESS	11
HOW TO APPROACH REVALIDATION	12
NON-IDENTIFIABLE INFORMATION.....	15
PRACTICE HOURS	18
CONTINUING PROFESSIONAL DEVELOPMENT	23
PRACTICE-RELATED FEEDBACK	25
WRITTEN REFLECTIVE ACCOUNTS	27
REFLECTIVE DISCUSSION.....	29
HEALTH AND CHARACTER.....	31
PROFESSIONAL INDEMNITY ARRANGEMENT.....	33
CONFIRMATION	35
THE APPLICATION PROCESS.....	38
VERIFICATION OF YOUR APPLICATION	41
REVALIDATION AND NMC FITNESS TO PRACTISE PROCESSES	43
CANCELLING YOUR REGISTRATION.....	45
FORMS AND TEMPLATES	47

This updated document was updated in May 2019

WHAT DOES THIS DOCUMENT DO?

This document is for nurses, midwives and nursing associates who are registered with the NMC. It sets out how to renew your registration with the NMC through revalidation every three years.

The requirements for revalidation are either prescribed in the Nursing and Midwifery Order 2001 (the Order)¹ and the Education, Registration and Registration Appeals Rules (the Rules)², or are standards set by the NMC for revalidation and readmission.³

About the NMC

We're the independent regulator for nurses and midwives in the UK and nursing associates in England.

Better and safer care for people is at the heart of what we do, supporting the healthcare professionals on our register to deliver the highest standards of care.



How to use this document

This document gives an overview of the revalidation requirements which you will have to meet every three years in order to renew your registration. It also sets out how you should collect the required information and approach the process, including suggested templates which you can use as well as mandatory forms which you must complete as part of your revalidation application.

This document includes a checklist of the revalidation requirements and the supporting evidence for each requirement.

Each requirement is presented on pages 18-37 followed by information about:

- the purpose of the requirement
- how to meet the requirement
- the recommended or mandatory approach to collecting and recording the required information, and
- how to demonstrate to us that you have met the requirement in your online application.

You should read this document in conjunction with the Code⁴ and other guidance on our website. We have published a range of resources that you might find helpful in preparing for revalidation, including completed templates and case studies. We have also provided information for confirmers, which you should ensure that your confirmer has read, as well as information for employers, which we recommend you encourage your employer (if applicable) to read.

Please note that you must still pay your annual registration fee every year to retain your registration with the NMC.

How the NMC will use your information

As part of the revalidation process you are required to submit information about yourself to the NMC. We will only process your personal data, as permitted by the Data Protection Act 2018 ('DPA').



Details of our data protection policy are included in our privacy notice at: www.nmc.org.uk/privacy

We will use your personal data for the purposes of administering and assessing your revalidation application and any subsequent verification of that application. We may also use information obtained through the revalidation process for research, and for the purpose of maintaining and improving our internal systems and processes.

Your responsibility

You are responsible for your revalidation application. You need to sufficiently plan to ensure, to the best of your ability, that you will meet the requirements within your three year renewal period. If you require support from us to help you revalidate, please [see our support to help you revalidate guidance sheet](#).

We expect you to complete your revalidation application on NMC online. This should not be delegated to someone else unless we have granted you an adjustment. You must provide accurate information in your online application.

You must adhere to the conditions we set out in this guidance and in the guidance we provide for confirmers and employers (if appropriate). Examples of these conditions include (but are not limited to) avoiding conflicts of interest and having your reflective discussion with a person on the NMC register.

If there are grounds for believing that you have not met these conditions, and/or that you have made a false declaration as part of your revalidation application, we will investigate and your registration could be at risk. Information supplied by you may be used to investigate any alleged breach of the Code and for the purpose of any subsequent fitness to practise proceedings.

Equality, diversity and inclusion

We value the diversity of the people on our register, and the wider community we serve. We are dedicated to ensuring revalidation is supportive and fair.

The Equality Act 2010 ('the Act') is legislation that applies in England, Wales and Scotland.⁵ This Act protects people from discrimination, harassment or victimisation by specifying a number of 'protected characteristics':

- age
- gender reassignment
- being married or being in a civil partnership
- being pregnant or in the maternity period
- disability⁶
- race, including colour, nationality, ethnic or national origin
- religion, belief, or lack of religion or belief
- sex
- sexual orientation.

We expect all employers of nurses, midwives and nursing associates to meet their legal duty in the Equality Act 2010. We expect them to support you based on your individual needs and remove any unnecessary barriers to help you meet the revalidation requirements.

We cannot change the revalidation requirements as they are competence standards that demonstrate that you can practise safely and effectively. However, we can support you to renew your registration by providing adjustments that help you revalidate. For example, we can provide you with a short extension to your application date so you have more time to meet the revalidation requirements or give you a paper application form.

You can find further information on the support we offer [on our website](#).

How to contact the NMC

For more information please see the revalidation section of the NMC website at: www.nmc.org.uk. If you are unable to find the information you need and you still require further help you can email us at: revalidation.escalation@nmc-uk.org.

If you wish to make a complaint or provide feedback about the standard of our service, please visit the 'Contact us' pages of our website at www.nmc.org.uk/contact-us/complaints-about-us.

WHAT IS REVALIDATION?

Revalidation

- is the process that allows you to maintain your registration with the NMC
- demonstrates your continued ability to practise safely and effectively, and
- is a continuous process that you will engage with throughout your career.

Revalidation is your responsibility. You are the owner of your own revalidation application. We recommend that you work towards meeting the revalidation requirements throughout the three year revalidation period so you are prepared when your application is due.

Revalidation is not

- an assessment of your fitness to practise
- a new way to raise fitness to practise concerns (any concerns about a nurse, midwife or nursing associate's practice should be raised through the existing fitness to practise process), nor
- an assessment against the requirements of your current/former employment.

Purpose of revalidation

- to raise awareness of the Code and professional standards expected of you
- to provide you with the opportunity to reflect on the role of the Code in your practice as a nurse, midwife or nursing associate and demonstrate that you are 'living' these standards
- to encourage you to stay up to date in your professional practice by developing new skills and understanding the changing needs of the public and fellow healthcare professionals
- to encourage a culture of sharing, reflection and improvement
- to encourage you to engage in professional networks and discussions about your practice, and
- to strengthen public confidence in the nursing and midwifery professions.

Revalidation and the Code

One of the main strengths of revalidation is that it reinforces the Code by asking you to use it as the reference point for all the requirements, including your written reflective accounts and reflective discussion.

This should highlight the Code's central role in the nursing and midwifery professions and encourage you to consider how it applies in your everyday practice.

The Code (paragraph 22) requires you to fulfil all registration requirements. To achieve this you must:

- meet any reasonable requests so we can oversee the registration process (22.1)
- keep to our prescribed hours of practice and carry out continuing professional development (CPD) activities (22.2), and
- keep your knowledge and skills up to date, taking part in appropriate and regular learning and professional development activities that aim to maintain and develop your competence and improve your performance (22.3).

Revalidation and the standards of proficiency

One purpose of revalidation is to help you to maintain safe and effective practice. Revalidation does this by encouraging you to update your knowledge and develop new skills. The NMC publishes and regularly updates standards of proficiency for everyone on our register. These set out what we expect students to know, understand and be able to do to apply to join our register and to practise safely and effectively. It is important for you to become familiar with the most recent standards, identify which ones relate to your scope of practice and identify your training needs. This will help you to advance your practice and also means that you will be equipped to supervise and assess students if this is part of your role.

It is important that you speak to your employers about the types of continuous professional development that will help you achieve this.

Overall, revalidation should lead to improved practice and therefore public protection benefits.



CHECKLIST OF REQUIREMENTS AND SUPPORTING EVIDENCE

These are all of the requirements that you must meet in order to complete your revalidation and renew your registration every three years with the NMC.

Requirements	Supporting evidence
<p>450 practice hours for each registration.</p> <p>Dual registration (e.g. nurse and midwife) requires 900 practice hours⁷</p>	<p>Maintain a record of practice hours you have completed, including:</p> <ul style="list-style-type: none"> • dates of practice • the number of hours you undertook • name, address and postcode of the organisation • scope of practice (see tip box on page 22) • work setting (see tip box on page 22) • a description of the work you undertook, and • evidence of those practice hours should be recorded. <p>See our practice hours requirements guidance sheet and suggested template at guidance and information.</p>
<p>35 hours of continuing professional development (of which 20 must be participatory)</p>	<p>Maintain accurate and verifiable records of your CPD activities, including:</p> <ul style="list-style-type: none"> • the CPD method (examples of 'CPD method' are self-learning, online learning, course) • a brief description of the topic and how it relates to your scope of practice • dates the CPD activity was undertaken • the number of hours and participatory hours • identification of the part of the Code most relevant to the CPD, and • you should record evidence of the CPD activity. See our guidance sheet and suggested template at guidance and information
<p>Five pieces of practice-related feedback</p>	<p>Notes on the content of the feedback and how you used it to improve your practice. This will be helpful for you to use when you are preparing your reflective accounts.</p> <p>Make sure your notes do not include any personal data (see the section on non-identifiable information on pages 15-17).</p>

Requirements	Supporting evidence
<p>Five written reflective accounts</p>	<p>Five written reflective accounts that explain what you learnt from your CPD activity and/or feedback and/or an event or experience in your practice, how you changed or improved your work as a result, and how this is relevant to the Code. You must use the NMC form on page 47 and make sure your accounts do not include any personal data (see the section on non-identifiable information).</p>
<p>Reflective discussion</p>	<p>A reflective discussion form which includes the name and NMC Pin of the NMC-registered nurse, midwife or nursing associate that you had the discussion with as well as the date you had the discussion.</p> <p>You must use the NMC form on page 48 and make sure the discussion summary section does not contain any personal data (see the section on non-identifiable information).</p>
<p>Health and character</p>	<p>You must make a declaration as to your health and character as part of your online revalidation application. You can find more information in our guidance on health and character.</p>
<p>Professional indemnity arrangement</p>	<p>Evidence to demonstrate that you have an appropriate indemnity arrangement in place.</p> <p>You must tell us whether your indemnity arrangement is through your employer, membership of a professional body or through a private insurance arrangement.</p> <p>If your indemnity arrangement is provided through membership of a professional body or a private insurance arrangement, you will need to record the name of the professional body or provider.</p>
<p>Confirmation</p>	<p>A confirmation form signed by your confirmer. You must use the NMC form on pages 49-51.</p>

THE REVALIDATION PROCESS

During the three years since your last renewal/you joined the register

You need to meet a range of revalidation requirements to show that you are keeping your skills and knowledge up to date and maintaining safe and effective practice

▶ See pages 18–37: for details of the requirements

In the 12 months before your renewal date

Once you have met the requirements, you will need to discuss your revalidation with a confirmer. As part of this confirmation discussion, you will demonstrate that you have complied with all of the revalidation requirements, except having a professional indemnity arrangement and meeting the requirements of health and character.

▶ See pages 35–37: 'Confirmation'

At least 60 days before your revalidation application date

Every three years you will be asked to apply for revalidation using NMC Online. We will notify you at least 60 days before your application is due, either by email if you have set up an NMC Online account, or by letter sent to your registered address.

▶ See pages 38–40: 'The application process'

In the 60 days before your revalidation application date

Once you receive your notification you will need to go online and complete the application form. As part of that application, you need to declare to the NMC that you have complied with the revalidation requirements.

▶ See pages 38–40: 'The application process'

Following submission of your revalidation application

Each year we will select a sample of revalidation applications and ask those professionals to provide us with further information so we can verify the declarations they made as part of their revalidation application. If you are selected your registration will be held effective until the verification process is complete and you can continue to practise as normal during this time. Your registration will only renew if the verification is completed successfully.

▶ See pages 41–42: 'Verification of your application'

HOW TO APPROACH

REVALIDATION

Understand key terms

1. The registration process: Every three years from when you join (or re-join) the register you will need to renew your registration by revalidating. Every year you will also need to retain your registration by paying an annual registration fee. If you don't complete these processes on time your registration will expire.
2. Fee expiry date: The deadline for paying your annual registration fee in order to retain your registration.
3. Revalidation application date: The deadline for submitting your revalidation application. It is the first day of the month in which your registration expires, so if your renewal date is 30 April, your revalidation application date will be 1 April.
4. Renewal date: The date on which your registration will be renewed if you have successfully completed your revalidation application. It is the last day of the month in which your registration expires.

Keep a portfolio

5. We strongly recommend that you keep evidence that you have met the revalidation requirements in a portfolio. This does not necessarily need to be an e-portfolio; please see our guidance sheet on e-portfolios at revalidation.nmc.org.uk/download-resources/guidance-and-information for further information. We have provided forms you must use and templates you may like to use to record your evidence for each requirement; these are available at the end of this document and on our website at revalidation.nmc.org.uk/download-resources/forms-and-templates, where you will also find examples of completed forms and templates for you to refer to.
6. We expect any evidence to be kept in English, and nurses, midwives and nursing associates must submit their revalidation application, and any subsequent requested verification information in English.
7. The portfolio will be helpful for the discussion you have with your confirmer (see pages 35-37). You will also need to have this information available in case we request to see it to verify the declarations you made as part of your application (see pages 41-42).
8. You may already keep a professional portfolio. If so, you do not need to maintain a separate portfolio but you might like to add to it.



The NMC recognises the culture and linguistic needs of the Welsh speaking public (for further information please see www.nmc.org.uk/about-us/our-equality-and-diversity-commitments/welsh-language-scheme). We have published Welsh language versions of our guidance for nurses and midwives, confirmers and employers, as well as our templates and forms, on our website at revalidation.nmc.org.uk/download-resources/guidance-and-information.

9. You can use the checklist on page 9 to make sure that all of the information is in your portfolio before you have your confirmation discussion with your confirmer or submit your revalidation application.
10. We recommend that you keep your portfolio until after you complete your next revalidation. For example, if you revalidated in 2016, we suggest that you should keep your portfolio until after you have revalidated again in 2019.
11. Your portfolio must not record any information that might identify an individual, whether that individual is alive or deceased. This means that all information must be recorded in a way that no patient, service user, colleague or other individual can be identified from the information. The section on non-identifiable information on pages 15-17 provides guidance on how to make sure that your portfolio does not contain any information that might identify an individual.
12. During your revalidation application we will not request that you upload your evidence or submit your portfolio to the NMC. However, each year we will select a sample of revalidation applications and request further information from you to verify your revalidation application via NMC online. In some cases, we may request further evidence, so it is important that you keep all of your revalidation evidence safe.

Conflicts of interest and perceptions of bias

13. A conflict of interest is a situation that has the potential to undermine the impartiality and objectivity of decision making within the revalidation process. Conflicts of interest can arise when an individual's judgement is influenced subjectively through association with colleagues out of loyalty to the relationship they have, rather than through an objective process.
14. Conflicts of interest can occur because of personal or commercial relationships.
15. You need to be mindful about any personal or commercial relationship between you, your confirmer and your reflective discussion partner. You may not choose a family member or person with whom you have a close personal relationship, such as a close friend to undertake either of these roles
16. You, your confirmer and reflective discussion partner will need to take responsibility for deciding whether there is any conflict of interest or perception of bias to ensure that the confirmation process and reflective discussion retains credibility and remains objective. If you think that there is a risk there might be a conflict of interest you should use a different person as your confirmer and reflective discussion partner.

Appraisals

17. Many nurses, midwives and nursing associates have an employer. It is important for their employers to be aware of the Code and the standards expected of people on our register in their professional practice. See our Employers guide to revalidation at [revalidation.nmc.org.uk/download-resources/guidance-and-information](https://www.revalidation.nmc.org.uk/download-resources/guidance-and-information).
18. Appraisals are a way for employers to assess the performance of their employees against the requirements of their role and identify areas for improvement and development.
19. The revalidation process is designed so that it can be undertaken as part of a regular appraisal. If you are an employee who does not have a regular appraisal you could consider asking your employer to arrange an appraisal for you in advance of your revalidation application date.

20. The confirmation discussion has a different purpose from an appraisal, as it is about demonstrating to an appropriate confirmer that you have met the revalidation requirements, not the requirements of your employment (please see the section on Confirmation on pages 35-37 for more details). However, it can be incorporated into an appraisal, and we recommend that, where possible, your confirmation discussion forms part of an annual appraisal, if you have one.
21. If your line manager is also registered with the NMC, you might like to have both your reflective discussion and your confirmation discussion as part of an annual appraisal, if you have one. You might find it helpful to have a discussion with your confirmer every year as part of an annual appraisal, so that you can keep them updated on your revalidation.
22. If you are not an employee, or if you are an employee who has been unable to arrange an appraisal in advance of your revalidation application date, you will still be able to renew your registration by meeting the revalidation requirements. You are not required to arrange for another person or organisation to conduct an appraisal for the purposes of revalidation, but you will still need to arrange a reflective discussion and confirmation discussion.



NON-IDENTIFIABLE INFORMATION

23. You are likely to process personal data as part of your day to day role. If you are employed, you are likely to be covered by your employer's registration under data protection legislation. If you are practising as an independent or self-employed nurse, midwife or nursing associate you are already likely to be registered under data protection legislation in your capacity.
24. This section sets out your obligations in relation to confidentiality and data protection in relation to meeting the revalidation requirements. It does not cover your existing obligations in relation to data protection legislation.



Personal data means data which identifies an individual.
Section 1(1) of the Data Protection Act 1998.

Your obligations in relation to confidentiality under the Code

25. The Code sets out the professional standards that you must uphold in order to be registered to practise in the UK. Standard 5 of the Code states:

Respect people's right to privacy and confidentiality

- As a nurse, midwife or nursing associate you owe a duty of confidentiality to all those who are receiving care. This includes making sure that they are informed about their care and that information about them is shared appropriately.

To achieve this, you must:

- respect a person's right to privacy in all aspects of their care (5.1)
- make sure that people are informed about how and why information is used and shared by those who will be providing care (5.2)
- respect that a person's right to privacy and confidentiality continues after they have died (5.3)
- share necessary information with other health and care professionals and agencies only when the interests of patient safety and public protection override the need for confidentiality, and (5.4)
- share with people, their families and their carers, as far as the law allows, the information they want or need to know about their health, care and ongoing treatment sensitively and in a way they can understand. (5.5)

Making sure that your evidence does not include any personal information

26. In meeting the revalidation requirements and keeping your evidence, you must not record any information that might identify an individual, whether that individual is alive or deceased. This means that all information recorded must be recorded in a way that no patient, service user, colleague or other individual can be identified from the information.
27. For example, any notes or reflections must not include:
- the name of any individual
 - the date of any incident or event referred to
 - the particular ward or place where the event occurred, or
 - descriptions of unique circumstances where an individual could be identified from the circumstances.
28. Any information extracted from employer data (such as complaints logs) must be extracted in a way that no information identifying an individual is obtained, used or recorded. For example, you must not forward work emails to your personal account, or download and take copies of employer records. You must seek consent to access or use your employer's information.

Example scenarios

29. You will already be aware of the importance of keeping personal information confidential, and not processing personal information outside of your employment or work settings. However, we have provided some simple examples below to demonstrate how an instance of feedback could be recorded in a way that no individual can be identified.

Scenario 1

In January 2015 Mrs Jones was in ward 8 with a broken hip. She made a complaint about lack of hydration. You want to use this feedback in one of your reflections as an example of where you put in place a new process to make sure all patients were offered water on a regular basis.

In your reflective account you could say: 'A patient with a serious injury made a complaint about lack of hydration.'

No dates, names or wards have been included in the record, and the type of injury has also been omitted, so Mrs Jones cannot be identified from this information. You can then explain what you did, what improvement you made and how this is related to the Code.

Scenario 2

In reviewing the complaints log held by the maternity unit where you work, you noticed a complaint made by Mrs Smith in relation to a lack of continuity of care and handover between midwives at the end of a shift on 12 January 2015. You were one of the midwives involved, along with your colleague Sarah. You discussed this with your colleagues and have made improvements in the way you handover at the end of shifts. You want to use this feedback in one of your reflections.

Before writing your reflective account, you need to check with your employer that you can use information from the complaints log. In your reflective account you could say: 'A complaint was received about the lack of continuity of care and handover between myself and a colleague at the end of a shift'.

No information identifying any individual, including both Mrs Smith and your colleague, has been included in this record. You can then explain what you did, what improvement you made and how this is related to the Code.

Storing your reflective accounts form, reflective discussion form and confirmation form

30. You are not required to submit your reflective accounts form, reflective discussion form and confirmation form to the NMC at any point in the revalidation application. There is no requirement to store them electronically or upload them into NMC Online as part of your application, or provide them if you are selected so we can verify your evidence.
31. Your 'reflective discussion form' and 'confirmation form' contain personal data about another person. This means that there are data protection implications for nurses, midwives and nursing associates completing these forms, when they are processing electronic records. There is not an exemption under Data Protection legislation which applies to personal data processed by our registrants, as part of the reflection and discussion elements of revalidation. However, the Information Commissioner's Office (ICO) have recognised that it would be highly disproportionate to expect our registrants to have to register with them as data controllers when processing electronic records, or to pay a fee. The ICO has confirmed that it does not plan to take any action against any of our registrants for failing to register with them.
32. You may choose to store your completed reflective discussion and confirmation forms in either paper or electronic format. You should still respect the fact that these forms contain personal data about your reflective discussion partner and confirmer. Please see our guidance sheet on e-portfolios for further information at [guidance and information](#).



The Information Commissioner's Office has published a guide to data protection legislation at ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/

PRACTICE HOURS

The requirements

33. You must have practised as a registered nurse, midwife or nursing associate for a minimum number of hours over the three year period since your registration was last renewed or you joined the register.⁸

Registration	Minimum total practice hours required
Nurse	450 practice hours required
Midwife	450 practice hours required
Nursing associate	450 practice hours required
Nurse and SCPHN	450 practice hours required
Midwife and SCPHN	450 practice hours required
Nurse and midwife (including Nurse/SCPHN and Midwife/SCPHN) ⁹	900 practice hours required (to include 450 hours for nursing, 450 hours for midwifery, 450 hours for nursing associate)
Or	
Nursing associate and nurse	



A specialist community public health nurse (SCPHN) means a registered nurse, midwife or nursing associate who is also registered in the Specialist Community Public Health Nurses' part of the register.

34. If you have practised for fewer than the required number of hours in the three year period since your registration was last renewed or you joined the register, then you must successfully complete an appropriate return to practice programme approved by the NMC before the date of your application for renewal of registration.¹⁰
35. Registered nurses, midwives or nursing associates who are admitted to another part of the register since their registration was last renewed or they joined the register only need to meet the practice hours requirement for their initial registration. They will need to meet the practice hours requirements for registration in both parts in subsequent three year renewal periods.¹¹

The purpose of these requirements

36. The practice hours requirements are designed to help you to maintain safe and effective practice, and keep your skills up to date.

How to meet the requirements

37. You can only count practice hours that you undertook while you were registered with the NMC. You cannot count unregistered practice or hours completed when working in an entirely different regulated profession such as a paramedic or medical doctor.
38. Practice hours should reflect your current scope of practice. You must comply with The Code: professional standards of practice and behaviour for nurses, midwives and nursing associates at all times. This includes the duty to recognise and work within the limits of your competence.
39. You must meet your practice hours in a role where you rely on your skills, knowledge and experience of being a registered nurse, midwife or nursing associate.

This includes:

- practice as a nurse, midwife, SCPHN and nursing associate, in roles that are likely to require registration
 - practice in roles where your employment contract does not expressly require you to be registered with us but you rely on your skills, knowledge and experience of being a registered nurse, midwife or nursing associate. For example, this could include roles in public health or nursing, midwifery, management, commissioning, policy and education
40. The following activities cannot be counted towards the practice hours requirement: hours undertaken in a healthcare, nursing or midwifery assistant or support worker role cannot be counted towards practice hours as a registered nurse, midwife or nursing associate.
- Hours completed when working in a separate regulated profession for example when working as a paramedic or medical doctor.
 - Nurses undertaking an 18-month midwifery programme cannot use their midwifery training hours in order to maintain their registration as a nurse. They will be able to use any practice hours undertaken as a nurse, either before or after their midwifery course, during the three-year period.
 - Hours undertaken in any healthcare, nursing or midwifery assistant or support worker roles cannot be counted towards practice hours.
41. If you are working overseas (or have worked overseas for part of your three year renewal period) as a nurse, midwife or nursing associate you can count these hours towards the practice hours requirements for revalidation. Where possible, you should always register with the appropriate regulator in the country in which you are practising.
42. If you have had a career break, you will still be able to meet the practice hours requirement if you have completed the required hours of registered practice during your three year renewal period.
43. We have produced a guidance sheet for people with multiple registrations and additional qualifications. Please see our [guidance and information](#) on our website.



Further information on working outside the UK and returning to practice can be found on our website www.nmc.org.uk/registrations

44. If you have not undertaken any type of work where you relied on your skills, knowledge or experience as a registered nurse, midwife or nursing associate, or if you are unable to meet the practice hours requirement, you have two options:
- you can successfully complete an appropriate NMC-approved return to practice programme before the date of your revalidation application. These programmes are designed to allow you to renew your registration and return to practice after a break in practice. Further information about return to practice programmes is available on our website or
 - you can cancel your registration. You will continue to hold a nursing and/or midwifery qualification, but will not be registered with the NMC. You can apply for readmission to the register in future if you wish to practise as a registered nurse, midwife or nursing associate. Information on cancelling registration and seeking readmission to the register is available on our website.
45. If you do not renew your registration, you will lapse from the register. You will not be able to practise in the capacity of a registered nurse, midwife or nursing associate. You cannot rely on any hours of work you undertake when you were not registered with the NMC as part of any application for readmission to the register.

How to record practice hours

46. We strongly recommend that you maintain a record of practice hours you have completed.
47. This will form part of the discussion you have with your confirmer, and you will also need to have this information available in case we request to see it for verification of your application. We have provided a guidance sheet on practice hours and have a suggested template to help you record your practice hours. Your records should include:
- dates of practice
 - the number of hours you undertook
 - name, address and postcode of the organisations
 - scope of practice
 - work setting
 - a description of the work you undertook, and
 - evidence of those practice hours, such as timesheets, job specifications and role profiles.
48. You do not necessarily need to record individual practice hours. You can describe your practice hours in terms of standard working days or weeks.

What you need to tell us in your online application

49. When you apply for revalidation, you need to declare that you have met the practice hours requirement during the three year period since your last registration renewal or initial registration. You only need to tell us about the most recent hours you have undertaken to meet the minimum requirement for your registration(s). If you are currently practising in more than one setting, provide details of your main setting first.
50. You will also be asked to enter the following details:
- whether you are currently practising
 - if you are currently in practice, where you undertake that practice, including details of your scope of practice and work setting, and
 - if you are not currently in practice, where you undertook your most recent practice, including details of your scope of practice and work setting.
51. To help you prepare for your online application we have listed the scope of practice and work setting options in the tip box below. These were designed to capture the wide breadth of types of practice that people on our register can undertake, and as such they will not apply to all roles.
52. If you have completed a return to practice course or been admitted to another part of the register since you last renewed your registration or joined the register, your practice hours declaration will be as follows:
- If you have recently completed an approved return to practice course since you last renewed your registration or joined the register, you will be able to meet the practice hours requirement for that registration.
 - If you have been admitted to another part of the register since you last renewed your registration or joined the register (for example you are a nurse who has undertaken training as a midwife and gained a second registration as a midwife), you only need to meet the practice hours requirement for your initial registration. Please note that next time you apply for revalidation, if you wish to renew your registration on both parts of the register and continue practising as both a nurse and a midwife, you will need to meet the practice hours requirements for both registrations.
 - For further information about multiple registrations and additional qualifications please see our guidance sheet at [guidance and information](#).



Scope of practice

Direct clinical care or management: adult and general care nursing; children's and neo-natal nursing; mental health nursing; learning disabilities nursing; midwifery; health visiting; occupational health; school nursing; public health; other. Commissioning, Education, Policy, Quality assurance or inspection, Research, other.

Work setting

Ambulance service, Care home sector, Community setting (including district nursing and community psychiatric nursing), Consultancy, Cosmetic or aesthetic sector, Governing body or other leadership, GP practice or other primary care, Hospital or other secondary care, Inspectorate or regulator, Insurance or legal, Maternity unit or birth centre, Military, Occupational health, Police, Policy organisation, Prison, Private domestic setting, Public health organisation, School, Specialist or other tertiary care including hospice, Telephone or e-health advice, Trade union or professional body, University or other research facility, Voluntary or charity sector, other.



CONTINUING PROFESSIONAL DEVELOPMENT

The requirements

53. You must have undertaken 35 hours of continuing professional development (CPD) relevant to your scope of practice as a nurse, midwife or nursing associate, in the three year period since your registration was last renewed or you joined the register.¹²
54. Of those 35 hours of CPD, at least 20 must have included participatory learning.¹³
55. You must maintain accurate records of the CPD you have undertaken. These records must contain:
 - the CPD method
 - a description of the topic and how it related to your practice
 - the dates on which the activity was undertaken
 - the number of hours (including the number of participatory hours)
 - the identification of the part of the Code most relevant to the activity, and
 - evidence that you undertook the CPD activity.¹⁴

The purpose of these requirements

56. As a professional, you have a duty to keep your professional knowledge and skills up to date through a continuous process of learning and reflection.
57. The CPD requirements are designed to help you to maintain safe and effective practice, to improve practice or develop new skills where a gap has been identified and to respond to changes and advances in nursing and midwifery.
58. The participatory requirement also helps to challenge professional isolation by requiring learning through engagement and communication with others.

How to meet the requirements

59. CPD is a learning activity that you undertake separately from your normal practice. This is different from the everyday learning that all healthcare professionals will engage in as part of their ongoing practice.
60. Any learning activity you participate in should be relevant to your scope of practice as a nurse, a midwife or a nursing associate. When you plan, undertake and record your CPD you should focus on what you are learning, how it is linked to your scope of practice and how you can apply it to your practice.

61. We do not prescribe any particular type of CPD. We think that you are better placed to decide what learning activities are the most suitable and beneficial to your individual scope of practice. We have produced a guidance sheet that suggests some individual and participatory CPD activities that you can undertake, which includes many activities other than training courses (see [guidance and information](#)). It is not an exhaustive list and we have only provided it as an example.
62. We know that many organisations require their staff to undertake mandatory training. You should not include mandatory training that is not directly related to your practice (for example, fire training or health and safety training) as part of your 35 hours of CPD. However, if you undertake any mandatory training that is necessary to your scope of practice and professional development, for example, mandatory training on equality legislation if you are in a policy role, you could include that.
63. Participatory learning includes any learning activity in which you personally interact with other professionals, including professionals working outside healthcare. It can be an activity undertaken with one or more professionals or in a larger group setting. The group does not always need to be in a common physical environment, such as a study group or conference. It could be a group in a virtual environment (such as an online discussion group).
64. The NMC publishes and regularly updates standards of proficiency for everyone on our register. These set out what we expect students to know, understand and be able to apply to join our register and practise safely and effectively. When you are considering what CPD to undertake we recommend that you review the latest standards of proficiency for your part of the register and reflect on how your scope of practice relates to the standards and consider CPD activities that would help you to develop your skills. This is particularly important if you supervise and/or assess students as part of your role.

How to record CPD

65. You must maintain accurate records of your CPD activities, and we have provided a template to help you with this. This will form part of the discussion you have with your confirmer. You will need to have this information available in case we request to see it for verification of your application. Your records should include:
 - the CPD method
 - a brief description of the topic and how it relates to your practice
 - dates the CPD activity was undertaken
 - the number of hours and participatory hours
 - identification of the part of the Code most relevant to the CPD, and
 - evidence of the CPD activity.

What you need to tell us in your online application

66. You need to declare that you have met the CPD requirement.

PRACTICE-RELATED

FEEDBACK

The requirement

67. You must have obtained five pieces of practice-related feedback in the three year period since your registration was last renewed or you joined the register.¹⁵

The purpose of this requirement

68. The practice-related feedback requirement is intended to encourage you to be more responsive to the needs of patients and service users and those who care for them. You need to seek feedback from people you work with and care for and importantly you need to use the feedback that you receive to assess and make improvements to your practice.

How to meet the requirement

69. We recommend that you try to obtain feedback from a variety of sources, for example:

- feedback from patients, service users, carers or students as part of your day to day practice
- feedback from colleagues such as nurses, midwives, nursing associates and other healthcare professionals
- feedback from colleagues in management, on reception, in assistant positions, as well as fellow teachers, researchers, academics or policy colleagues
- complaints
- team performance reports
- serious event reviews, and
- feedback received through your annual appraisal.

70. Types of feedback:

- feedback can be about your individual practice or about your team, ward, unit or organisation's practice (you should be clear about the impact the feedback had on your practice)
- formal or informal
- written or verbal, and
- positive or constructive.

71. It's likely that you will already receive a range of feedback. In many organisations, feedback is already collected in a variety of ways. You must seek consent to access or use your employer's information. Any information must be extracted in a way that no information identifying an individual is obtained, used or recorded. For example, you must not forward work emails to your personal accounts, or download and take copies of employer records. See the section on non-identifiable information on pages 15-17 for more information.
72. Should you choose to solicit feedback directly from colleagues, patients or service users, you must make clear in your request that no information identifying individuals should be included in any feedback provided. You should also inform them how you intend to use their feedback, and reassure patients and service users that any feedback they give will not affect the care they receive.

How to record feedback

73. We recommend that you keep a note of the content of any feedback you obtain, including how you used it to improve your practice. This will be helpful for you to use when you are preparing your reflective accounts. We have provided a template to help you record your feedback.
74. You may choose to collect more feedback but to meet the revalidation requirement you only need to note the details of five pieces of feedback.
75. In any note you keep, you must not record any information that might identify an individual, whether that individual is alive or deceased. The section on non-identifiable information on pages 15-17 provides guidance on how to make sure that your notes do not contain any information that might identify an individual.

What you need to tell us in your online application

76. You need to declare that you have met the feedback requirement.



WRITTEN REFLECTIVE

ACCOUNTS

The requirement

77. You must have prepared five written reflective accounts in the three year period since your registration was last renewed or you joined the register. Each reflective account must be recorded on the approved form and must refer to:
- an instance of your CPD and/or
 - a piece of practice-related feedback you have received and/or
 - an event or experience in your own professional practice and how this relates to the Code.

The purpose of this requirement

78. We want you to engage in reflective practice so that you identify any changes or improvements you can make to your practice based on what you have learnt.
79. This requirement should also raise awareness of the Code and encourage you to consider the role of the Code in your practice and professional development.

How to meet the requirement

80. Each reflective account can be about an instance of your CPD, feedback, an event or experience in your practice as a nurse, midwife or nursing associate, or a combination of these. Both positive and negative experiences should be reflected on. Any experience, including a conversation with a colleague, a significant clinical or professional event, or a period of time can generate meaningful reflections, insights and learning. For example, you could create a reflective account on a particular topic which may have arisen through some feedback your team received following an event, such as consent and confidentiality and identify how that relates to the Code.



How to record your reflective accounts

81. We have provided a form that you must use to record your reflective accounts. You must explain what you learnt from the CPD activity, feedback, event or experience, how you changed or improved your practice as a result, and how this is relevant to the Code.
82. This form can be hand written, typed or, if necessary, dictated.
83. Your reflective accounts must not include any information that might identify an individual whether that individual is alive or deceased. The section on non-identifiable information on pages 15-17 provides guidance on how to make sure that your reflective accounts do not contain any information that might identify an individual.
84. You do not need to submit a copy of the reflective accounts to the NMC for the purpose of revalidation. However, you should retain these as a record to inform your reflective discussion and to show your confirmer.

What you need to tell us in your online application

85. You need to declare that you have met the requirement for written reflective accounts.

REFLECTIVE DISCUSSION

The requirement

86. You must have had a reflective discussion with another NMC registrant, covering your five written reflective accounts on your CPD and/or practice-related feedback and/or an event or experience in your practice and how this relates to the Code.¹⁶
87. You must ensure that the NMC registrant with whom you had your reflective discussion signs the approved form recording their name, NMC Pin, email, professional address and postcode, as well as the date you had the discussion.¹⁷

The purpose of this requirement

88. This requirement will encourage a culture of sharing, reflection and improvement. It does this by requiring you to discuss your professional development and improvement, and by ensuring that you do not practise in professional isolation.

How to meet the requirement

89. You must discuss your five written reflective accounts with another person on our register as part of a reflective discussion. In the discussion you and your reflective discussion partner will be linking your reflective accounts to the Code, so it is important that both of you are familiar with, and working to, the professional standards presented in the Code.
90. The reflective discussion partner:
- must be a nurse, midwife or nursing associate with an effective registration with the NMC, by which we mean they cannot be subject to any kind of suspension, removal or striking-off order at the time of having the discussion
 - could be someone you frequently work with or someone from a professional network or learning group
 - does not need to be someone you work with on a daily basis
 - does not need to undertake the same type of practice as you, and
 - does not need to be on the same part of the register as you (so a nurse can have a reflective discussion with a midwife and vice versa).
91. If you practise in a setting with few or no nurses, midwives or nursing associates, you can reach out to peers, who are registered with the NMC, from your wider professional or specialty network in order to have your reflective discussion.
92. It is for you to decide the most appropriate person for you to have this conversation with, including whether they are senior or junior to you.

93. If your confirmer is on our register, your reflective discussion can form part of the confirmation discussion. If your confirmer is not on our register, you will need to have your reflective discussion with an NMC-registered nurse, midwife or nursing associate before your confirmation discussion with your confirmer.
94. We expect the discussion to be a face-to-face conversation in an appropriate environment. If for some reason you cannot have a face-to-face discussion, then you could arrange a video conference.
95. During your discussion you should not discuss patients, service users or colleagues in a way that could identify them unless they expressly agree. For further information on reflective discussions please [guidance and information](#).

How to record your reflective discussion

96. We have provided an NMC form that you must use to record your discussion. You must make sure that the nurse, midwife or nursing associate with whom you had your reflective discussion signs the form and records their name, NMC Pin, email, professional address including postcode, contact number and the date you had the discussion and a summary of the discussion.¹⁸ You should keep the completed and signed form.
97. The discussion summary section of the form must not include any information that might identify an individual, whether that individual is alive or deceased. The section on non-identifiable information on pages 15-17 provides guidance on how to make sure that your notes do not contain any information that might identify an individual.

What you need to tell us in your online application

98. You need to declare that you have had a reflective discussion with another NMC-registered nurse, midwife or nursing associate.
99. You will also need to enter the name, NMC Pin, email, professional address including postcode and contact number of your reflective discussion partner, as well as the date you had the reflective discussion.

HEALTH AND CHARACTER

The requirements

- 100. You must provide a health and character declaration.¹⁹
- 101. You must declare if you have been convicted of any police charge, police caution, conviction or conditional discharge.²⁰
- 102. You will be asked to declare if you have been subject to any adverse determination that your fitness to practise is impaired by a professional or regulatory body (including those responsible for regulating or licensing a health and social care profession).²¹

The purpose of these requirements

- 103. These requirements will help to satisfy the Registrar that you are capable of safe and effective practice.

How to meet the requirements

- 104. You will need to complete these declarations as part of your revalidation application.
- 105. When making these declarations please refer to our [guidance on health and character](#) for nurses, midwives and nursing associates.
- 106. Your character is important and is central to the Code because nurses, midwives and nursing associates must be honest and trustworthy. Your character is based on your conduct, behaviour and attitude. When declaring that you are of good character you should consider whether you have been involved in conduct which would breach the requirements of the Code. You can read the Code on our website: www.nmc.org.uk/standards/code. See our [guidance on health and character](#) for further information.
- 107. You will also be asked to declare if you have been subject to any determination by a professional or regulatory body (including those responsible for regulating or licensing a health or social care profession) to the effect your fitness to practise is impaired.²²
- 108. In accordance with the Code, we expect you to declare any police charges, cautions, convictions and conditional discharges to the NMC immediately, not wait until revalidation.²³ A caution or conviction includes a caution or conviction you have received in the UK for a criminal offence, as well as a conviction received elsewhere for an offence which, if committed in England and Wales, would constitute a criminal offence.²⁴ Please do not notify the NMC of motoring offences unless it led to a disqualification of driving or offences that have previously been considered by the NMC. [See our guidance on health and character](#) for further information.
- 109. We need to know that people applying to renew their registration meet our requirements for health to ensure they can practise safely and effectively.
- 110. It's important to remember that when we talk about 'good health' we mean that you are capable of safe and effective practice as a nurse, midwife or nursing associate either with or without reasonable adjustments and adjustments which your employer has made.

111. Our focus is whether you have a health condition and/or disability which may affect your practice. This is because we need to be able to assess whether it may place at risk the safety of people in your care
112. It doesn't mean the absence of a health condition and/or disability. Many people with disabilities and health conditions are able to practise with or without adjustments put in place by their employer to support them.
113. It is up to you to decide whether your health allows you to be capable of safe and effective practice. If you are satisfied with your decision then you do not need to provide us with any further information apart from your declaration (see section below).

How to record health and character declarations

114. If your health and character enable you to practise safely and effectively in accordance with the Code, and you do not have any charges, cautions, convictions, conditional discharges or determinations to declare, you do not need to keep any information as part of this requirement. Your confirmer does not need to check that you have met this requirement.
115. If you do need to declare any charges, cautions, convictions, conditional discharges or determinations you will need to keep evidence of these to provide us with further information.



Paragraph 23.2 of the Code states that you must inform us and any employers you work for as soon as you can of any caution or charge against you, or if you have received a conditional discharge in relation to, or have been found guilty of, a criminal offence (other than a protected caution or conviction).

What you need to tell us in your online application

116. You need to declare that your health and character enable you to practise safely and effectively in accordance with the Code. [See our guidance on health and character.](#)
117. You will be asked to declare if you have a charge, caution, conviction or conditional discharge other than those which are protected. You do not have to tell us about protected cautions and convictions. These are minor offences that will not be disclosed on a Disclosure and Barring Service (DBS) check. Listed offences are never protected and must always be declared to us. See the [full list from the DBS](#) for England, Wales and Northern Ireland. In Scotland, the checking and barring service is operated by [Disclosure Scotland](#).

PROFESSIONAL INDEMNITY

ARRANGEMENT

The requirement

118. You must declare that you have, or will have when practising, appropriate cover under an indemnity arrangement.²⁵

The purpose of this requirement

119. By law, you must have in place an appropriate indemnity arrangement in order to practise and provide care. While the arrangement does not need to be individually held by you, it is your responsibility to ensure that appropriate cover is in place.

How to meet the requirement

120. You will need to complete this declaration as part of your revalidation application.

121. Most employers provide appropriate indemnity cover for their employees. If you are employed you should check this with your employer(s). Further information is available from the [NHS Employer's website](#).

122. Please refer to our information on [professional indemnity arrangements](#) when making this declaration. This document defines 'appropriate cover' and sets out information for those who are employed, self-employed or undertake work in both employed and self-employed roles. It also sets out information for those who work in education, undertake voluntary work, or are having a break in their practice.

123. If it is discovered that you are practising as a nurse, midwife or nursing associate without an appropriate indemnity arrangement in place, you will be removed from the NMC register and unable to practise as a nurse, midwife or nursing associate.

How to record your professional indemnity arrangement

124. Your declaration will be made as part of your revalidation application.
125. We strongly recommend that you retain evidence that you have an appropriate arrangement in place.
126. If your arrangement is provided through membership of a professional body or a private insurance arrangement, your declaration should be based on having an indemnity arrangement in place which provides 'appropriate cover' in relation to your individual scope of practice, as explained on [our website](#) and in the [professional indemnity arrangement guidance](#). Please note that you will need to justify decisions on cover you put in place or rely on, if we request you to do so. Your confirmer does not need to check that you have met this requirement.
127. Your confirmer does not need to check that you have met this requirement.

What you need to tell us in your online application

128. You need to inform the NMC whether your indemnity arrangement is through your employer, membership of a professional body, or a private insurance arrangement. Alternatively, you will be able to inform us that you are not practising at this time but that you intend to have appropriate cover in place before you practise.
129. You are required to have appropriate cover in place for all of your current practice settings. If you are currently practising in more than one setting, please tell us first about your arrangement in relation to your main practice setting. Please then add other arrangements to cover all your current practice settings.
130. If your indemnity arrangement is provided through membership of a professional body or a private insurance arrangement, you will be asked to provide the name of the professional body or provider.²⁶



CONFIRMATION

The process

131. We will ask you for information for the purpose of verifying the declarations you have made in your application.²⁷
132. This will be a declaration that you have demonstrated to an appropriate confirmer that you have complied with the revalidation requirements. We have provided a form for you to use to obtain this confirmation.
133. We will ask you to provide the name, NMC Pin or other professional identification number (where relevant), email, professional address and postcode of the confirmer.

The purpose of confirmation

134. Confirmation encompasses several benefits for you. It will provide assurance, increase support and engagement between you and your confirmer, and make you more accountable for your own practice and improvement. It should support you by increasing access to appraisals.
135. The interactive nature of the confirmation process should reduce professional isolation and encourage a culture of sharing, reflection and improvement.
136. Ultimately, the confirmation process is designed to increase professionalism by making nurses, midwives and nursing associates more accountable for their practice and improvement. This requirement also gives us an additional layer of assurance that nurses, midwives and nursing associates are complying with the revalidation requirements.
137. Confirmation is not a new way for employers to raise fitness to practise concerns. Confirmation is not about employers judging whether a nurse, midwife or nursing associate is fit to practise or an assessment against the requirements of their current or former employment. Raising a concern about a nurse, midwife or nursing associate's fitness to practise should be raised promptly through our [fitness to practise procedures](#). Information on our website about our fitness to practise processes.

How to obtain confirmation

138. The confirmation process involves having a discussion about your revalidation with an appropriate confirmer. We recommend that you obtain confirmation through a face-to-face discussion or video conference.
139. As part of that discussion, you will demonstrate to that confirmer that you have complied with all of the revalidation requirements, except those related to a professional indemnity arrangement and health and character, as set out in this guidance.
140. We recommend that you obtain your confirmation during the final 12 months of the three year renewal period to ensure that it is recent. If you obtain confirmation earlier, we may ask you to explain why.

141. If your confirmer is a NMC-registered nurse, midwife or nursing associate, your reflective discussion can form part of the confirmation discussion. If your confirmer is not on the NMC register, you will need to have your reflective discussion with an NMC-registered nurse, midwife or nursing associate before you have your confirmation discussion with your confirmer.
142. We have provided further information about the role of confirmers in our guidance document [Information for confirmers](#), which you should ensure your confirmer has read.

An appropriate confirmer

143. Your line manager is an appropriate confirmer, and we strongly recommend that you obtain confirmation from your line manager wherever possible. A line manager does not have to be an NMC-registered nurse, midwife or nursing associate. For example they could be a GP practice manager or care home manager at your place of work.
144. If you do not have a line manager, you will need to decide who is best placed to provide your confirmation. Wherever possible we recommend that your confirmer is an NMC-registered nurse, midwife or nursing associate. It is helpful if they have worked with you or have a similar scope of practice, but this is not essential.
145. If that is not possible, you can seek confirmation from another healthcare professional that you work with and who is regulated in the UK. For example, you could ask a doctor, dentist or a pharmacist. You will need to record their profession and professional Pin or registration number.
146. If you do not have a line manager, or access to someone on the NMC register or another healthcare professional, please check our online confirmation tool for further guidance as to who can act as a confirmer in this situation at revalidation.nmc.org.uk/what-you-need-to-do/confirmation.
147. If your confirmer is an NMC-registered nurse, nursing associate, midwife, they must have an effective registration with the NMC. We will not be able to verify your application if your confirmation was provided by a person who was subject to any kind of suspension, removal or striking-off order at the time of making the confirmation.

Obtaining confirmation if you work wholly overseas

148. If you work wholly overseas, you can seek confirmation from your line manager where you undertake your work.
149. If you do not have a line manager, you will need to decide who is best placed to provide your confirmation. Wherever possible we recommend that your confirmer is a nurse, midwife or nursing associate regulated where you practise, or another regulated healthcare professional. Our [online confirmation](#) tool provides further guidance as to who can act as a confirmer in this situation.

Obtaining confirmation if you have more than one line manager

150. If you have more than one employer or undertake more than one role, you only need to obtain one confirmation. You will need to decide which line manager is most appropriate to provide confirmation that you have met the revalidation requirements.
151. We recommend that you have your revalidation discussion and obtain confirmation through the line manager where you undertake the majority of your work. You may choose to have a revalidation discussion with each of your line managers, and bring the outputs of those discussions to the line manager you think is most appropriate to be your confirmer.

Confirmation and appraisals

152. The revalidation process is designed so that it can form part of an appraisal process, and where possible we recommend that you use your annual appraisal to have your revalidation discussion and obtain confirmation.
153. If your line manager is an NMC-registered nurse or midwife, you might like to have your reflective discussion at the same time as your confirmation discussion as part of your annual appraisal.
154. However, it is not a requirement of revalidation that you obtain your confirmation as part of an appraisal.

How to record confirmation

155. You must use the NMC form to record your confirmation. Your confirmer will need to complete and sign this form.
156. You should keep the completed and signed form.

What you need to tell us in your online application

157. You will be asked to enter the name, NMC Pin or other professional identification number (where relevant), email, professional address including postcode and contact number of your confirmer. If your confirmer is not your line manager or an individual on the NMC register, you will also need to provide details of their profession and regulation.
158. We will also ask you whether you have a regular appraisal and whether you have a line manager who is an NMC-registered nurse, midwife or nursing associate so that we understand what level of support was available to you in completing your revalidation application.

THE APPLICATION

PROCESS

Before you apply

159. Set up an NMC Online account.

You will need to submit your application through NMC Online. You can also check your renewal date and revalidation application date on NMC Online. We have published a step-by-step guide to registering for NMC Online at www.nmc.org.uk/registration/nmc-online.



Once you have set up your online account, you will receive all subsequent notifications by email. Please add the NMC as a safe sender and check your email (including any junk email folder) regularly during the revalidation process.

160. Keep your contact details up to date so that we can notify you when your revalidation application is due.

The most common reason for someone failing to revalidate is a failure to keep the NMC updated on your contact details.

161. Make sure you know when your revalidation application is due.

You must submit your application by the date we specify. You may affect our ability to process your revalidation application if you do not submit your application by this date, and the renewal of your registration may be at risk as a result.

162. Make sure that you have all your supporting evidence to hand when you start your online application.

Please contact the NMC well in advance of your revalidation application date if you require an adjustment for using NMC Online (see Support to help you revalidate section below).

The online application

163. Your online application opens 60 days before your revalidation application date.

164. During this 60 day period you will need to log into your application via NMC Online and address each of the requirements.

165. Do not submit your application until you have met all the revalidation requirements.

Contacting your employer or any other relevant third party

166. As part of your application process we may need to contact your employer or any other relevant third party who can verify the information that you have provided in your application.²⁸

167. In your online application you will be asked to provide consent for this purpose.

Equality and diversity information

168. As part of the online application process you will be asked to supply some equality and diversity information. We use this data to monitor our services so that we can support you and make sure we are treating everyone in a fair and equal way. The questions have been designed to gather data about our service users in relation to the characteristics protected by the law under the Equality Act 2010.
169. We will keep the information from this questionnaire confidential and store it in line with the Data Protection Act 2018 and the NMC's Data Protection Policy. By submitting this sensitive personal information to us, you explicitly consent to the collection and processing of your sensitive personal information in accordance with the NMC's Data Protection Policy.
170. Providing this information is optional and will not affect your revalidation application or registration renewal. If you would prefer not to disclose this information you can select the 'prefer not to say' option for any or all of the questions.



Details of our Data Protection Policy are included in our privacy notice at www.nmc.org.uk/privacy.

Paying your fee

171. Alongside your revalidation application you need to pay your annual registration fee every year to maintain your registration with the NMC. Your registration will not be renewed until we have received your payment.
172. Please refer to our guidance on paying your fees at www.nmc.org.uk/registration/staying-on-the-register/paying-your-fee. This sets out the different ways that you can pay, including by direct debit and by debit or credit card, as well as how to pay your fee in four quarterly instalments.
173. As a registered UK tax payer you can claim tax relief on the NMC registration fees. HM Revenue and Customs (HMRC) allows individuals to claim tax relief on professional subscriptions or fees which have to be paid in order to carry out a job. The registration fee you pay to us is included in this category. Please refer to our guidance on how to claim tax relief on your fee at www.nmc.org.uk/registration/staying-on-the-register/tax-relief.

After you have completed your application

174. After you have completed your online application you will be offered the option of printing a paper copy of your application for your records.
175. Once your application has been successfully processed and your payment has been received we will send you an email confirming that your registration has been renewed.
176. We advise you to [search the register](#) on our website at to double check your status.

Support to help you revalidate

177. We understand that there may be circumstances that make it more difficult for you to meet the revalidation requirements. This may be as a result of a disability, an illness, pregnancy, a maternity period or any other life event that impacts on your ability to meet the revalidation requirements.
178. We can support you to meet the revalidation requirements in several ways, for example by:
- helping you to use NMC Online, or
 - providing a short extension to your application date.²⁹

For further information on the support we can offer and how to apply for this support please see our support to help you [revalidate guidance sheet](#).

VERIFICATION OF YOUR APPLICATION

179. Each year we will select a sample of revalidation applications and request further information so we can verify the information provided.³⁰ Such a request does not necessarily mean that there are any concerns about your application and you can continue to practise while we review the information that you provide.
180. We will contact you by email within 24 hours of you submitting your revalidation application if you have been selected to provide further information and where possible we will notify you immediately after you have submitted your application through NMC online. Please make sure to check your email during this time, including junk email folders.
181. If you are selected to provide further information, you will need to complete an online form where you will be asked to provide further information. We may also request further evidence. We will ask you to provide this information within 21 days of receiving your notice that you have been selected for verification.
182. Your registration will not lapse during the verification process, even if the process extends past your renewal date. We will hold your registration effective until the verification process is complete, and you can continue to practise as normal during this time.
183. The table below sets out the information that you will need to provide if you are selected to provide further information. You should already have this information so you should not need to seek any additional information.
184. We will contact your confirmer to request further information using the email address you provided in your application. Please contact us if your confirmer requires adjustments in the way we contact them. Please ensure that your confirmer is aware that if they do not respond to our request for verification they may put your registration at risk. We may also contact your employer and reflective discussion partner.
185. If we identify that you have not met the revalidation requirements, or you have submitted fraudulent information, your registration might be at risk. Please note that if you do not engage fully with the verification process your registration could lapse and you would have to apply for readmission.
186. The verification process will be completed within three months of your renewal date.

Verification information

Practice hours

You will need to provide the following information, starting with your most recent practice until you demonstrate the minimum number of practice hours during the three year revalidation period:

- dates of practice
- the number of hours you undertook
- name, address and postcode of the organisations
- scope of practice and work setting (see tip box on page 22)
- a description of the work you undertook, and
- if practising overseas, whether you are registered with the appropriate regulating body.

We may contact your employer for further information, and you may also be asked to provide further evidence of practice hours and how this relied on your knowledge, skills and experience as a nurse, midwife or nursing associate.

If you are using a completed return to practice course for your practice hours requirement, or you have been admitted to another part of the register since you last renewed your registration or joined the register, please see our guidance sheet on return to practice and new registration at revalidation.nmc.org.uk/download-resources/guidance-and-information for further information.

Continuing professional development

You will need to provide the following information:

- the CPD method
- a brief description of the topic and how it relates to your practice
- the dates the CPD activity was undertaken
- the number of hours and participatory hours, and
- identification of the part of the Code most relevant to the CPD.

You may also be asked to provide evidence of the CPD activity.

Reflective discussion

We will not ask you to upload a copy of the signed reflective discussion form; however, we may contact your reflective discussion partner about your discussion.

Professional indemnity arrangement

You are required to have appropriate cover in place for all of your current practice settings. If your arrangement is provided through membership of a professional body or a private insurance arrangement you will be asked to confirm a) that you have read and understood our information on professional indemnity arrangements; b) that you have in place an indemnity arrangement which provides "appropriate cover" in relation to your individual scope of practice, as explained in our guidance, [Professional indemnity arrangements](#); and c) that you understand that you will need to justify decisions on cover you put in place or rely on, if we request you to do so. If you are currently practising in more than one setting, please tell us first about your arrangement in relation to your main practice setting, followed by any other arrangements to cover all your current practice settings.

Confirmation

We will not ask you to upload a copy of the signed confirmation form; however, we will contact your confirmer using the contact details you provided to us in your initial application so please ensure these are accurate. Please ensure that your confirmer is aware that if they do not respond to our request for verification they may put your registration at risk.

REVALIDATION AND NMC FITNESS TO PRACTISE PROCESSES



187. If an employer, a nurse, midwife or nursing associate, or any other individual becomes aware of a serious concern about the fitness to practise of a nurse, midwife or nursing associate they should raise it promptly through our fitness to practise procedures. All nurses, midwives and nursing associates have a professional duty to raise a concern about the practice of a person on our register either through their employer or directly with us.
188. Revalidation does not create a new way of raising a fitness to practise concern about a nurse, midwife or nursing associate. You should not wait until a nurse, midwife or nursing associate's renewal is due before raising a concern.



For more information on how to raise a fitness to practice concern see www.nmc.org.uk/concerns-nurses-midwives/concerns-complaints-and-referrals/

189. The confirmation stage of revalidation is not for the confirmer to make a judgment as to whether a nurse, midwife or nursing associate is fit to practise but rather to confirm that they have met the revalidation requirements.
190. If you are subject to an NMC investigation, condition(s) of practice order or a caution, you are still required to apply to renew your registration as long as you fulfil all the requirements for renewal. However, You will remain subject to NMC fitness to practise processes and the outcome of those processes.
191. If you have been struck off the register, you are not able to revalidate because you are no longer on the register. You will need to apply for restoration to the register.



For more information on restoration please see www.nmc.org.uk/concerns-nurses-midwives/information-under-investigation/restoration

192. If you are suspended from the register, you are not able to revalidate during your suspension. At the end of your suspension, if your registration is effective, you will need to comply with the revalidation requirements at the time that your registration is due to be renewed. If your registration is not effective following the end of your period of suspension, you will need to follow the readmission process.

CANCELLING YOUR REGISTRATION

193. You may not want to retain one or all your registrations with us.

- For example you may wish to cancel all of your registrations with us if you have moved abroad, have retired from practice, changed career or wish to take a break from practice due to your current health.
- Alternatively you may wish to cancel one of your registrations if you wish to continue practising in one but not the other. For example if you are registered as both a nurse and a midwife but only wish to continue practising as a midwife you may want to cancel your nursing registration.



Please note that if you are receiving pay as a nurse, midwife or nursing associate whilst on maternity leave, sick leave or annual leave you may need to maintain your registration with us throughout this period in order to receive it. Please speak to your employer about this.

194. If you want to cancel your registration at the time of your revalidation application, you can do this online through the online revalidation application.

195. If you want to cancel your registration when you are not due to revalidate, you must submit an 'application to lapse your registration' form.

196. You will need to provide your NMC Pin, full name, contact address, the reason for cancelling and a declaration stating that you are not aware of any matter which could give rise or has given rise to a fitness to practise allegation being made against you.



Information on cancelling your NMC registration is available on our website at www.nmc.org.uk/registration/leaving-the-register/cancelling-registration/

197. You will not be able to practise or present yourself as a registered nurse or midwife in the UK or nursing associate in England if you are no longer registered with the NMC. It is a criminal offence if with intent to deceive (whether expressly or by implication), you falsely represent yourself as being on the register, or on part of it, possess qualifications in nursing or midwifery or to use a title to which you are not entitled.³¹

198. If you choose to cancel your registration, and later wish to resume practising as a nurse or midwife in the UK, please refer to our guidance on readmission to the register at www.nmc.org.uk/registration/returning-to-the-register.

199. If you apply for readmission within six months of lapsing your registration when your revalidation was due, you will have to meet some of the revalidation requirements in addition to the usual readmission requirements, unless you are able to demonstrate that exceptional circumstances apply. These additional revalidation requirements are:
- 20 of your 35 CPD hours must be participatory
 - Five pieces of practice related-feedback
 - Five written reflective accounts
 - Reflective discussion
200. For further details of the revalidation readmission requirements and process please see www.nmc.org.uk/registration/returning-to-the-register/readmission-register/details-of-the-requirements.

Failure to revalidate and appeals

201. If you cannot meet the revalidation requirements, you can cancel your registration with us. By cancelling your revalidation and providing us with a reason for doing so, you are showing insight and it demonstrates to us that you are managing your situation in a responsible way. You will continue to hold a nursing, midwifery or nursing associate qualification, but will not be a registered nurse, midwife or nursing associate. When you are ready to practise again, you can apply for readmission. Information on cancelling registration and seeking readmission to the register is available on our website at www.nmc.org.uk/registration.
202. If you do not cancel your registration, but you fail to submit your revalidation application before the end of your three year renewal period, your registration will lapse (automatically expire). You will need to apply for readmission if you want to come back on to the register.
203. If your application for revalidation is refused because a decision is made that you have not met the revalidation requirements, you may appeal this decision within 28 days of the date on your decision letter.³²
204. A notice of appeal should be sent to registrationinvestigations@nmc-uk.org made in writing and include:
- your name, address and NMC Pin
 - the date, nature and other relevant details of the decision against which the appeal is brought
 - a concise statement of the grounds of the appeal
 - the name and address of your representative (if any) and a statement as to whether the NMC should correspond with that representative concerning the appeal instead of you
 - a statement that the notice is a notice of appeal
 - a signature by or on behalf of you, and
 - a copy of any documents that you propose to rely on for the purposes of your appeal.³³
- Please contact us if you require support or assistance in completing this notice.
205. You do not have the right of appeal if you fail to pay the registration fee or submit a revalidation application form within the required timescale and your application to renew your registration is refused as a result.³⁴
206. If your registration is not renewed because you cancelled your registration, did not complete your revalidation application, did not submit your application in time or your application for revalidation is refused, you will not be able to practise as a registered nurse, midwife or nursing associate. It is a criminal offence if you knowingly falsely represent yourself as being on the register, or on part of it or you use a title to which you are not entitled.

REFLECTIVE ACCOUNTS FORM

You **must** and/or an event or experience in your practice and how this relates to the Code. Please fill in a page for each of your reflective accounts, making sure you do not include any information that might identify a specific patient, service user, colleague or other individuals. Please refer to our guidance on preserving anonymity in the section on non-identifiable information in *How to revalidate with the NMC*.

Reflective account:

What was the nature of the CPD activity and/or practice-related feedback and/or event or experience in your practice?

What did you learn from the CPD activity and/or feedback and/or event or experience in your practice?

How did you change or improve your practice as a result?

How is this relevant to the Code?

Select one or more themes: Prioritise people – Practise effectively – Preserve safety – Promote professionalism and trust

REFLECTIVE DISCUSSION FORM

You **must** use this form to record your reflective discussion with another NMC-registered nurse, midwife or nursing associate about your five written reflective accounts. During your discussion you should not discuss patients, service users, colleagues in a way that could identify them unless they expressly agree, and in the discussion summary section below make sure you do not include any information that might identify an individual. Please refer to the section on non-identifiable information in *How to revalidate with the NMC* for further information. For more information about reflective discussion, please refer to our guidance sheet on reflective practice for revalidation.

To be completed by the nurse, midwife or nursing associate:

Name:	
NMC Pin:	

To be completed by the nurse, midwife or nursing associate with whom you had the discussion:

Name:	
NMC Pin:	
Email address:	
Professional address including postcode:	
Contact number:	
Date of discussion:	
Short summary of discussion:	
<p>I have discussed five written reflective accounts with the named nurse, midwife or nursing associate as part of a reflective discussion.</p> <p>I agree to be contacted by the NMC to provide further information if necessary for verification purposes.</p>	Signature:
	Date:

CONFIRMATION FORM

You **must** use this form to record your confirmation.

To be completed by the nurse, midwife or nursing associate:

Name:	
NMC Pin:	
Date of last renewal of registration or joined the register:	

I have received confirmation from (select applicable):

- A line manager who is also an NMC-registered nurse, midwife or nursing associate
- A line manager who is not an NMC-registered nurse, midwife nursing associate
- Another NMC-registered nurse, midwife or nursing associate
- A regulated healthcare professional
- An overseas regulated healthcare professional
- Other professional in accordance with the NMC's online confirmation tool

To be completed by the confirmer:

Name:	
Title:	
Email address:	
Professional address including postcode:	
Contact number:	
Date of confirmation discussion:	

If you are an NMC-registered nurse, midwife or nursing associate please provide:

NMC Pin:

If you are a regulated healthcare professional please provide:

Profession:

Registration number for regulatory body:

If you are an overseas regulated healthcare professional please provide:

Country of practice:

Profession:

Registration number for regulatory body:

If you are another professional please provide:

Name of regulating body:

Registration number for regulatory body:

Confirmation checklist of revalidation requirements

Practice hours

- You have seen written evidence that satisfies you that the nurse, midwife or nursing associate has practised the minimum number of hours required for their registration

Continuing professional development

- You have seen written evidence that satisfies you that the nurse, midwife or nursing associate has undertaken 35 hours of CPD relevant to their practice as a nurse, midwife or nursing associate
- You have seen evidence that at least 20 of the 35 hours include participatory learning relevant to their practice as a nurse, midwife or nursing associate.
- You have seen accurate records of the CPD undertaken.

Practice-related feedback

You are satisfied that the nurse, midwife or nursing associate has obtained five pieces of practice-related feedback.

Written reflective accounts

You have seen five written reflective accounts on the nurse, midwife or nursing associate’s CPD and/or practice-related feedback and/or an event or experience in their practice and how this relates to the Code, recorded on the NMC form.

Reflective discussion

You have seen a completed and signed form showing that the nurse, midwife or nursing associate has discussed their reflective accounts with another NMC-registered individual (or you are an NMC-registered individual who has discussed these with the nurse, midwife or nursing associate yourself).

I confirm that I have read *Information for confirmers*, and that the above named NMC-registered nurse, midwife or nursing associate has demonstrated to me that they have met all of the NMC revalidation requirements listed above during the three years since their registration was last renewed or they joined the register as set out in *Information for confirmers*.

I agree to be contacted by the NMC to provide further information if necessary for verification purposes. I am aware that if I do not respond to a request for verification information I may put the nurse, midwife or nursing associate’s registration application at risk.

Signature:

Date:

PRACTICE HOURS LOG TEMPLATE

Guide to completing practice hours log

To record your hours of practice as a registered nurse, midwife and nursing associate, please fill in a page for each of your periods of practice. Please enter your most recent practice first and then any other practice until you reach 450 hours. You can only count practice hours during the three year period since your last registration renewal or initial registration. You do not necessarily need to record individual practice hours. You can describe your practice hours in terms of standard working days or weeks. For example if you work full time, please just make one entry of hours. If you have worked in a range of settings please set these out individually. You may need to print additional pages to add more periods of practice. If you are both a nurse and a midwife or a nursing associate and nurse you will need to provide information to cover 450 hours of practice for each of these registrations.³³

Work setting

- Ambulance service
- Care home sector
- Community setting (including district nursing and community psychiatric nursing)
- Consultancy
- Cosmetic or aesthetic sector
- Governing body or other leadership
- GP practice or other primary care
- Hospital or other secondary care
- Inspectorate or regulator
- Insurance or legal
- Maternity unit or birth centre
- Military
- Occupational health

Police

- Policy organisation
- Prison
- Private domestic setting
- Public health organisation
- School
- Specialist or other tertiary care including hospice
- Telephone or e-health advice
- Trade union or professional body
- University or other research facility
- Voluntary or charity sector
- Other

Scope of practice

- Direct clinical care or management
- Commissioning
- Education
- Policy
- Quality assurance or inspection
- Research
- Other

Registration

- Nurse
- Midwife
- Nurse/SCPHN
- Midwife/SCPHN
- Nurse and Midwife (including Nurse/SCPHN and Midwife/SCPHN) Nurse and nursing associate (including Nurse/SCPHN

Dates	Name and address of organisation	Your work setting (choose from list above)	Your scope of practice (choose from list above)	Number of hours	Your registration (choose from list above)	Brief description of your work

CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

LOG TEMPLATE

Guide to completing CPD record log

Examples of learning method

- Online learning
- Course attendance
- Independent learning

What was the topic?

Please give a brief outline of the key points of the learning activity, how it is linked to your scope of practice, what you learnt, and how you have applied what you learnt to your practice.

Link to Code

Please identify the part or parts of the Code relevant to the CPD

- Prioritise people
- Practise effectively
- Preserve safety
- Promote professionalism and trust

Please provide the following information for each learning activity, until you reach 35 hours of CPD (of which 20 hours must be participatory). For examples of the types of CPD activities you could undertake, and the types of evidence you could retain, please refer to our guidance sheet at www.revalidation.nmc.org.uk/download-resources/guidance-and-information.

Dates	Method Please describe the methods you used for the activity.	Topic(s)	Link to Code	Number of hours	Number of participatory hours
	Total			Total	Total

FEEDBACK LOG TEMPLATE

Guide to completing a feedback log

Examples of sources of feedback

- Patients or service users
- Colleagues – nurses, midwives, nursing associates other healthcare professionals
- Students
- Annual appraisal
- Team performance reports
- Serious event reviews

Examples of types of feedback

- Verbal
- Letter or card
- Survey
- Report

Please provide the following information for each of your five pieces of feedback. You should not record any information that might identify an individual, whether that individual is alive or deceased. The section on non-identifiable information in How to revalidate with the NMC provides guidance on how to make sure that your notes do not contain any information that might identify an individual.

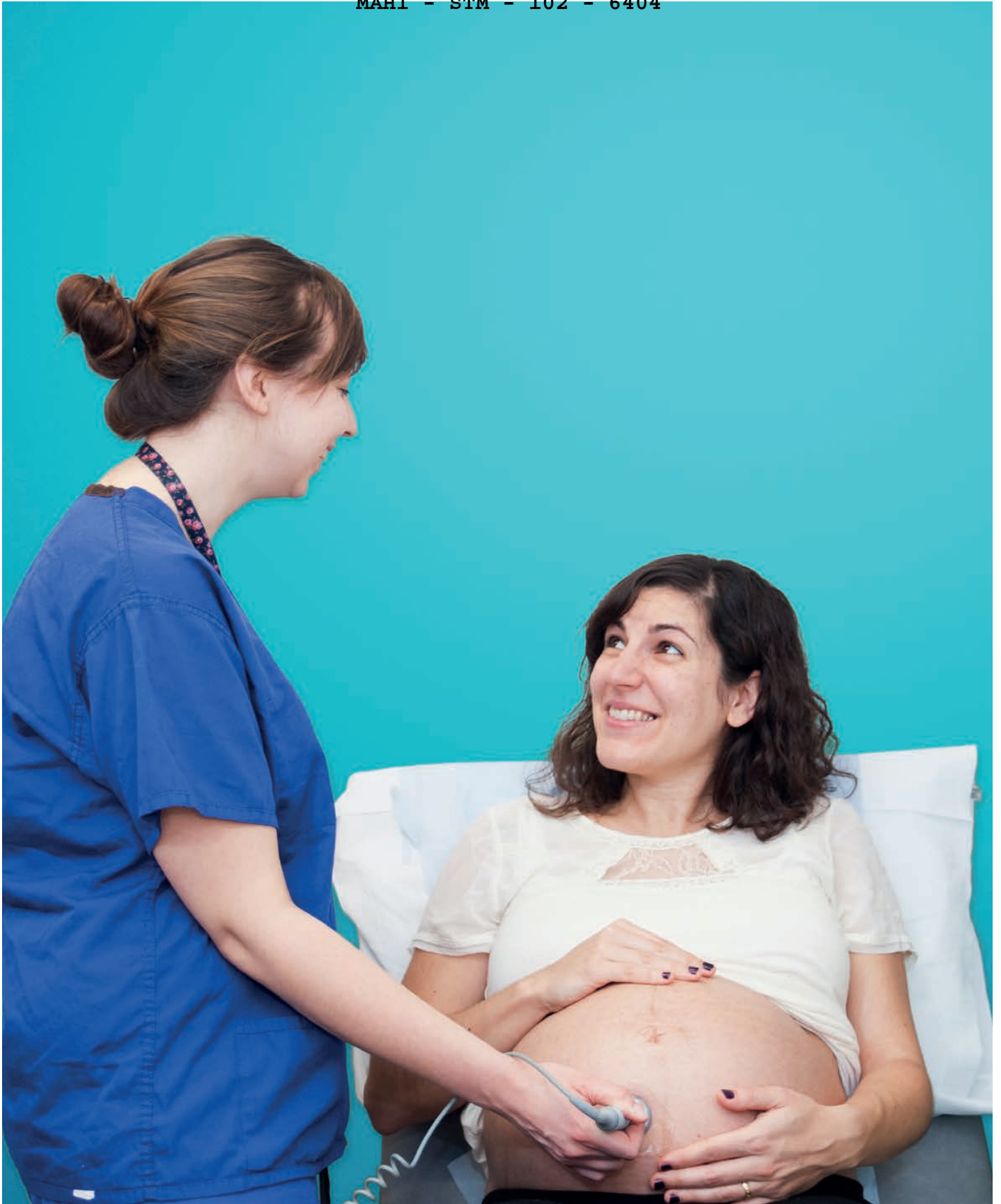
You might want to think about how your feedback relates to the Code, and how it could be used in your reflective accounts.

Date	Source of feedback Where did this feedback come from?	Type of feedback How was the feedback received?	Content of feedback What was the feedback about and how has it influenced your practice?

ENDNOTES

- ¹ SI 2002/253 as amended.
- ² SI 2004/1767 as amended.
- ³ The standards for revalidation are made under Article 19(1) of the NMC Order 2001.
- ⁴ The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates, NMC, 2018.
- ⁵ The Equality Act 2010 does not apply to Northern Ireland. Where the legislation is spread across several pieces of legislation, with some differences. For example Section 75 of the Northern Ireland Act 1998 also includes consideration of 'political opinion' as a protected characteristic.
- ⁶ 'Disability' is defined in the Act as a physical or mental impairment that has a substantial or long-term negative effect on a person's ability to do normal daily activities.
- ⁷ Triple registration for nurse, midwife and nursing associate is also possible; this would require 1,350 practice hours.
- ⁸ Article 10(2)(c) of the Order, Rule 13(1)(b)(ii) of the Rules.
- ⁹ Triple registration for nurse, midwife and nursing associate is also possible; this would require 1,350 practice hours.
- ¹⁰ Standards set under Article 19(3) of the Order.
- ¹¹ Standards set under Article 19(3) of the Order.
- ¹² Standards set under Article 19(1) of the Order.
- ¹³ Standards set under Article 19(1) of the Order.
- ¹⁴ Standards set under Article 19(1) of the Order and under rule 13(1)(b)(i) of the Rules.
- ¹⁵ Standards set under Article 19(1) of the Order.
- ¹⁶ Standards set under Article 19(1) of the Order.
- ¹⁷ Standards set under Article 19(1) of the Order.
- ¹⁸ Rule 13(1)(b)(i).
- ¹⁹ Rule 13(1)(a) of the Rules.
- ²⁰ Rule 13(1)(a) and paragraph 2 of Schedule 4 of the Rules.
- ²¹ Rule 13(1)(a) and Rules 6(6)(d) and 6(6)(e).
- ²² Rule 6(6)(c).
- ²³ Rule 6(6)(c).
- ²⁴ Rule 6(6)(c) of the Rules.
- ²⁵ Article 10(2)(aa) of the Order and Rule 13(1)(aa) of the Rules.
- ²⁶ Paragraph 1(h)(ii) of Schedule 4 of the Rules.
- ²⁷ Rule 13(1)(d) of the Rules.
- ²⁸ We cannot extend any application beyond three months. Rule 14(5) of the Rules.
- ²⁹ Rule 13(1)(d).
- ³⁰ Article 44 of the Nursing and Midwifery Order 2001.
- ³¹ Article 37(1)(a) of the Order.
- ³² Article 37(1)(a) of the NMC Order 2001 and the Rules 19, 20 and 21 of the Registration Rules.
- ³³ Article 37(2) of the Order.
- ³⁴ Article 44 of the Nursing and Midwifery Order 2001.





23 Portland Place, London W1B 1PZ

T +44 20 7333 9333

www.nmc.org.uk

The nursing and midwifery regulator for England, Wales, Scotland and Northern Ireland

Registered charity in England and Wales (1091434) and in Scotland (SC038362)

NMC Nursing &
Midwifery
Council

GUIDANCE SHEET

E-PORTFOLIOS AND REVALIDATION

Keeping a portfolio

For revalidation we recommend that nurses, midwives and nursing associates keep evidence that they have met the revalidation requirements in a portfolio. If they already keep a professional portfolio, revalidation evidence can form part of that portfolio. We do not require them to maintain a separate portfolio for revalidation, or use an e-portfolio. They also do not need to upload evidence from their portfolio to the NMC website as part of their revalidation application, or if they are selected to provide further information to verify their evidence.

The section on non-identifiable information in [How to revalidate with the NMC](#) provides detailed advice about how to ensure that all the information held in the portfolio for the purposes of revalidation does not record any information that might identify an individual, whether that individual is alive or deceased. This means that all information must be recorded in a way that no patient, service user, colleague or other individual can be identified.

NMC forms and templates

We have developed a range of [forms and templates](#) to provide a straightforward way for nurses, midwives and nursing associates to record the evidence they need for revalidation. The practice hours log template, CPD log template and feedback log template are optional, but the reflective accounts form, the reflective discussion form and the confirmation form are mandatory.

These forms and templates can be downloaded directly from our website. They may be incorporated into an e-portfolio system by means of a link to our website, but the reflective accounts form, the reflective discussion form and the confirmation form should not be adapted from the format in which we have provided them. This is because we will continue to update the guidance and make revisions to the forms and templates as necessary, so it is important that nurses, midwives and nursing associates access the most up to date versions through our website directly when they are due to revalidate.

The reflective discussion partner and confirmer need to sign the reflective discussion and confirmation forms respectively. While the reflective discussion and confirmation discussion should be face-to-face where possible, if necessary we will accept electronic signatures on these forms.

Data protection implications for nurses, midwives and nursing associates

When the reflective discussion and confirmation forms are completed, they will contain identifiable information about another NMC-registered nurse, midwife, nursing associate or a confirmer, including their name and address. You may choose to store your completed reflective discussion and confirmation forms in either paper or electronic format. However, you should still respect the fact that these forms contain personal data about your reflective discussion partner and confirmer.

As part of our work on revalidation we have sought advice on data protection and asked the **Information Commissioner's Office** (ICO) to consider whether the revalidation model would require our registrants to register with them as data controllers when processing electronic records, and if they need to pay a fee.

There is not an exemption under Data Protection legislation which applies to personal data processed by our registrants, as part of the reflection and discussion elements of revalidation.

However, the ICO recognised that it would be highly disproportionate to expect our registrants to have to register with them as data controllers when processing electronic records, or to pay a fee. The ICO has confirmed that it does not plan to take any action against any of our registrants for failing to register with them.

Data protection implications of using e-portfolio systems

We know that some membership organisations, for example professional bodies and unions, as well as other commercial organisations, are offering e-portfolio systems for individual nurses, midwives and nursing associates to use to keep their revalidation evidence.

Any organisation that decides to provide such an e-portfolio service to individual nurses, midwives and nursing associates needs to be aware that there are data protection implications. Nurses, midwives and nursing associates may choose to store their completed reflective discussion and confirmation forms in electronic format using an e-portfolio system. However, they must ensure that the personal data on those forms is processed in accordance with the **data protection principles** set out in the GDPR.

Data protection implications for employers or agencies who are registered with the ICO

We understand that employers or agencies might consider supporting their nurses, midwives and nursing associates by providing an e-portfolio system for them to keep their revalidation evidence. If they are providing such a system for the use of the nurses, midwives and nursing associates they employ or engage in order to facilitate their individual revalidation applications then the same considerations apply as are set out above, as the individual nurses, midwives and nursing associates will still be creating, recording and holding the personal data in the two forms for the purposes of their own professional revalidation.

We appreciate though that some employers may wish to store revalidation records for their staff electronically for their own separate employment purposes, for example if the reflective

discussion or confirmation discussion is with a line manager and forms part of an annual appraisal process. Any such decision would come under the responsibilities of the employer as a data controller and whether or not they need to keep the revalidation records is for them to decide in line with their own obligations under data protection legislation and their own data retention schedules.

We are not able to provide any specific advice about this as it is separate from the processing of the data by the individual nurse, midwife or nursing associate for professional regulatory purposes. The advice that we have provided to our registrants in relation to storing the reflective discussion and confirmation forms in either electronic or paper form is for them as individuals.

It is up to organisations to consider their own obligations under data protection legislation and they should consider seeking advice that is specific to them from the **Information Commissioner's Office** in relation to this.

Further information

Further information can be found on the **ICO website**.

Please note: that the NMC does not collaborate on, or endorse, any e-portfolio systems and we are unable to review or approve any revalidation documents and resources that are developed as part of such systems.

All the information, guidance and forms needed by individual nurses, midwives and nursing associates in order to revalidate are available free of charge on the NMC website.

Template pack

This is a pack of templates to support the revalidation process, including:

Template: Practice hours record log	2
Template Continuing Professional Development (CPD) record log.....	3
Template: Reflective accounts record log	5
Professional development discussion (PDD) form	6
Confirmation from a third party form	7

Confidential

Template: Practice hours record log

To confirm your hours of practice as a registered nurse and/or midwife, please fill in a page for each of your periods of practice, in line with 'How to revalidate with the NMC'. Please enter your most recent practice first. You may need to print additional pages to add more periods of practice until you reach 450 hours. If you are both a nurse and midwife you will need to provide information to cover 450 hours of practice for each of these registrations.

Dates	Name and address of organisation	Type of organisation Primary care Secondary care Tertiary hospital Public health Care home sector Ambulance service Military Prison Schools Policy Education Research E-health Other	Scope of practice Direct patient care Management Education Policy Research Other	Number of hours	Registration Nurse Midwife Nurse/SCPHN Midwife/SCPHN	Brief description of work

Confidential



Template: Continuing Professional Development (CPD) record log

Please provide the following information for each learning activity. You may be required to upload additional evidence in relation to your record of CPD.

For examples of the types of CPD activities you could undertake and the types of evidence you could keep in your portfolio please refer to Annex 2 of 'How to revalidate with the NMC'.

Dates	Method Please describe the methods you used for the activity. For example: Online learning Course attendance Independent learning	Topic(s) Please give a brief outline of the key points of the learning activity, how they are linked to your scope of practice, what you learnt, and how you have applied what you learnt to your practice	Link to Code Prioritise people Practise effectively Preserve safety Promote professional ism and trust	Number of hours	Number of participatory hours

Confidential

Dates	Method	Topic(s)	Link to Code	Number of hours	Number of participatory hours

Total:	Total:
---------------	---------------

Confidential**Template: Reflective accounts record log**

You are required to record a minimum of five written reflections on the Code, your CPD and practice-related feedback, as outlined in 'How to revalidate with the NMC'. Please fill in a page for each of your reflections, ensuring you do not include any information that might identify a specific patient or service user. You must also discuss these reflections as part of a professional development discussion (PDD) with another NMC registrant and may be required to upload a signed PDD form.

Reflective account:**What was the nature of the CPD activity/ practice-related feedback?****What did you learn from the CPD activity and/or feedback?****How did you change or improve your work as a result?****How is this relevant to the Code?****Select a theme: Prioritise people - Practice effectively - Preserve safety - Promote professionalism and trust**

Confidential

Professional development discussion (PDD) form

You are required to have a PDD with another NMC registrant covering your written reflections on the Code, your CPD and practice-related feedback. Please refer to 'How to revalidate with the NMC' for further information.

This form should be completed by the registrant with whom you had the discussion:

Name:	
NMC Pin:	
Email address:	
Professional Address (including postcode):	
Name of registrant: (with whom you had a PDD discussion)	
NMC Pin of registrant: (with whom you had a PDD discussion)	
Date that the discussion took place:	
Number of reflections discussed:	
I confirm that I have discussed the number of reflective accounts listed above, with the above named registrant, as part of a PDD and in line with the 'How to revalidate with the NMC'.	Signature:

Confidential



Confirmation from a third party form

Name:	NMC pin number:	I have received confirmation from (select applicable): A line manager who is also an NMC registered nurse or midwife A line manager who is not an NMC registered nurse or midwife Another NMC registered nurse or midwife A regulated health care professional An overseas regulated health care professional

To be filled in by your confirmer:

Name	Job Title	Personal email	Professional email	Address including postcode	Date of confirmation discussion

If you are an NMC registered nurse or midwife please provide:

NMC Pin Number _____

If you are a regulated health care professional please provide:

Profession _____ ID of membership for regulatory body _____

Confidential

If you are an overseas regulated health care professional please provide:

Country_____

Profession_____ ID of membership for regulatory body_____

I confirm that the above named NMC registrant has demonstrated to me that they have complied with the NMC revalidation requirements as set out in 'How to revalidate with the NMC'.

By signing this document, I agree to be contacted by the NMC to provide further information and/or verification.

Signature:

GET READY FOR

REVALIDATION



Sign up to NMC Online at www.nmc.org.uk/nmc-online



Find out your renewal date



Read the guidance and supporting resources on our website at www.nmc.org.uk/revalidation

NMC Nursing & Midwifery Council



REVALIDATION

23 Portland Place, London W1B 1PZ
T +44 20 7333 9333
www.nmc.org.uk

The nursing and midwifery regulator for England, Wales, Scotland and Northern Ireland

Registered charity in England and Wales (1091434) and in Scotland (SC038362)

NMC Nursing & Midwifery Council

What is revalidation?

Every three years, when renewing your registration with the NMC, you'll need to show you're living by the Code's standards of practice and behaviour. This process is called revalidation. It is about promoting good practice across the whole population of nurses, midwives and nursing associates. Revalidation is not an assessment of your fitness to practise.

Why was revalidation introduced?

Revalidation was introduced for a number of reasons, but primarily because it will lead to improved practice and public protection benefits. Revalidation will:

- raise awareness of the Code and professional standards expected of nurses, midwives and nursing associates
- allow you to reflect on the role of the Code in your practice
- encourage you to stay up to date in your professional practice
- encourage a culture of sharing, reflection and improvement
- encourage you to engage in professional networks and discussions about your practice and
- strengthen public confidence in the nursing and midwifery professions.

When will I revalidate?

Your revalidation application deadline is the first day of the month that your registration expires. For example, if your registration expires on 30 June 2020, your revalidation application, and fee, are due by 1 June 2020.

When you're due to revalidate, you'll submit your application online, confirming you've met the revalidation requirements. You'll be notified 60 days before your application is due.

How do I revalidate?

To revalidate you'll need to have met the following requirements over the three years since you last renewed your registration or joined the register:



Practice hours

450 practice hours (900 hours if you have dual registration).



CPD

35 hours of continuing professional development (CPD), including 20 hours of participatory learning. This must be relevant to your scope of practice as a nurse, midwife or nursing associate.



Practice-related feedback

Five pieces of practice-related feedback.



Written reflective accounts

Five written reflective accounts on what you learnt from your CPD, practice-related feedback or an event or experience in your practice, explaining how this is relevant to the Code.



Reflective discussion

A discussion about these reflective accounts with another NMC-registered nurse, midwife or nursing associate.



Health and character

A health and character declaration, including declaring any cautions, convictions, conditional discharges and police charges or determinations.



Professional indemnity arrangement

A declaration that you have, or will have when practising, appropriate cover under an indemnity arrangement.



Confirmation

Demonstration to an appropriate person that you have met the revalidation requirements.

You can keep all your evidence in a portfolio. This doesn't need to be electronic.

Read *How to revalidate with the NMC* at www.nmc.org.uk/revalidation

you REVALIDATION ready?

Revalidation is the way all
midwives and
nurses and associates renew
their place on the register



Create an NMC Online account
www.nmc.org.uk/nmc-online



Use NMC Online to find out your
renewal date



Go on to our website
www.nmc.org.uk/revalidation
to find out more about
revalidation



Title:	Registration and Verification Policy		
Author(s)	Alison Kerr, Senior HR Manager, Tel: [REDACTED] [REDACTED] Irene Thompson, Interim Deputy Director of Nursing Safety, Quality and Patient Experience, [REDACTED] [REDACTED]		
Ownership:	Jacqui Kennedy, Director of Human Resources and Organisational Development Brenda Creaney, Executive Director of Nursing and User Experience		
Approval by:	Trust Policy Committee Executive Team Meeting	Approval date:	04 April 2019 10 April 2019
Operational Date:	April 2019	Next Review:	April 2024
Version No.	5	Supersedes	V4 – December 2014 – December 2017
Key words:	Valid Professional Registration, Fitness to Practice		
Links to other policies	Recruitment Policy Fraud Policy LIN (Local Intelligence Network)		

Date	Version	Author	Comments
04/08/2009	0.1	A Kerr	Final Draft Version
01/11/2009	1.0	A Kerr	Final Policy
01/11/2012	2.0	A Kerr	Revised Version
01/12/2014	3.0	A Kerr	Revised Version
05/10/2016	4.0	A Kerr	Revised Version
November 2018	5.0	A Kerr S Whann	Revised Version

1.0 INTRODUCTION / PURPOSE OF POLICY

1.1 Background

The purpose of professional self-regulation and revalidation (where appropriate) is to assure the quality and safety of care that patients and clients receive from the Health and Social Service.

Please refer to para 2.2 for definitions of revalidation.

Each of the Professional Registration Bodies has its own requirements regarding lapsed registration, employment breaks, maternity leave, etc. It is important that registrants and Line Managers make themselves aware of the requirements of their own professional body and abide by those requirements. However, it is the expectation of the Trust that during sickness absence they continue to be professionally registered including revalidation (where appropriate), unless there are exceptional circumstances. Where an existing staff member successfully completes the training to become professionally qualified, they will have to apply to the appropriate Professional Body for initial registration, and it is the responsibility of the staff member to ensure that they follow the appropriate registration processes.

1.2 Purpose

The aim of this Policy is to ensure that all Health Care Professionals and those occupying all Professional Social Work / Social Care posts within the Belfast Health and Social Care Trust (BHSCT) have live and valid registration and revalidation (where relevant) with the appropriate regulatory body (Appendix 2), where this is a statutory requirement to practice in the relevant profession.

In order to practice in BHSCT, all Health Care Professionals, all Professional Social Workers and Social Care staff in designated posts must hold current registration and revalidation (where appropriate) with the relevant Statutory Body, for example, General Medical Council (GMC), General Dental Council (GDC), Nursing and Midwifery Council (NMC), Health and Care Professions Council (HCPC), NI Social Care Council (NISCC), and Pharmaceutical Society of NI.

The purpose of registration and revalidation (where appropriate) is to demonstrate the right to practice and to identify to an employer and to the public that the individual is fit to practice and meets the requirements of the Statutory Body.

1.3 Objectives

- To clarify the responsibilities and checking arrangements of staff.
- To ensure that the details of professional qualifications of all practitioners are up to date.
- To determine the necessary actions for managers to follow if a practitioner's registration or revalidation lapses.

2.0 SCOPE OF THE POLICY

This Policy applies to all Health Care Professionals and all Professional Social Work / Social Care staff who are required to be registered and revalidated (where appropriate) in order to practice, including those on secondments, work placement activity, contractors, temporary workers (including locum doctors), those working on the Trust Bank, and other workers supplied by an agency.

Registration and revalidation (where appropriate), is a condition of employment and the Trust needs to be certain that staff are appropriately qualified and registered to practice at all times throughout their employment. Individual members of staff have a responsibility under their Contract of Employment to ensure that they are registered and they must maintain that registration. Line Managers and Professional Leads have a responsibility to ensure verification, ongoing monitoring and retention of records as evidence of their staff registration.

2.2. Revalidation

Fitness to Practice and Revalidation for Doctors

Licensed Doctors have to revalidate usually every five years, by having annual appraisal based on the GMC's core Guidance for Doctors, Good Medical Practice.

Revalidation has three key elements:

- To confirm that licensed doctors are practising in compliance with GMC standards (Good Medical practice – revised 2013).
- To confirm that doctors on the GMC's Specialist Register or GP Register continue to meet the standards appropriate to their speciality.
- To identify a requirement for further investigation, monitoring or remediation, as necessary where poor practice has been highlighted.

Revalidation for Nurses

All registered nurses and midwives are required to revalidate at the point of the renewal of their registration every three years, in order to remain on the NMC register.

Revalidation strengthens the registration renewal process by introducing new requirements that focus on:

- Up-to-date practice and professional development;
- Reflection on the professional standards of practice and behaviour as set out in the NMC Code of Practice;

- Engagement in professional discussions with other registered nurses or midwives.

All registrants are required to meet the standards for the three-year period preceding the date of their application for renewal. Individuals who fail to meet revalidation standards are not legally able to work in the UK in their profession.

3.0 ROLES/RESPONSIBILITIES

The method of registration and regularity of renewal differs across the professions (refer to Appendix 2). The responsibilities for initial registration and of its maintenance are as follows:

3.1 Human Resources Responsibility

The Belfast Trust Human Resources Directorate and Recruitment Shared Service Centre have certain responsibilities relating to professional registration and revalidation (where appropriate) throughout the recruitment and selection process. These are namely:

- To ensure that where the Line Manager as being a requirement for the post has identified an up-to-date professional registration, it must be included in the Person Specification. The Belfast Trust Recruitment and Selection Team will check to ensure that the Manager has included this in the Person Specification.
- To ensure that all applicants are asked to state details of their professional registration on the application form.
- For Medical and Senior Executive posts, the Belfast Trust HR Team will request via the invitation to interview letter that those shortlisted for interview bring evidence of their professional registration to the interview for the Panel to check.
- To ensure that as appropriate, formal offer letters will state that the offer of employment is subject to confirmation of professional registration.
- To check to see if a prospective staff member is the subject of an Alert Letter irrespective of whether the position applied for requires registration with a regulatory body.
- To contact at the offer stage, the relevant Registration Body, either by telephone, or internet, to check the registration details. In addition, circulars from the Registration Body and Alert Letters from the Department of Health, Social Services and Public Safety (DHSSPS) will be cross-referenced to ensure the individual is not subject to:
 - Any temporary or permanent limitations.
 - Suspension from the register.

- Removal from the register or
 - Any other reason why the practitioner would be prevented from working.
- To ensure that the Contract of Employment will include a clause specifying the requirement, where appropriate, for registration and revalidation (where appropriate) and the need to maintain same.
 - To ask for evidence of registration prior to issuing a final offer of employment. The exception to this is a social care worker who commences employment for the first time in one of the following positions; Social Care Workers in Adult Residential Homes, Nursing Homes, & Children's Homes and in Day Care, Supported Living and Domiciliary Care settings. While they are required to register in a relevant part of the NISCC Register, they are asked to apply for registration as soon as reasonably practicable. They must secure their registration no later than six months from appointment. These new workers should apply for registration as part of induction to their new post.
 - The HR Pay & Conditions Team will enter these details onto the Human Resources, Payroll, Travel and Subsistence (HRPTS) System and where applicable, the Trust Bank IT system by Trust Bank Office staff.
 - For all Social Work/ Social Care staff, Human Resources will provide a report to the Manager responsible for maintaining the Trust's NISCC Data Base. These details will also be entered onto the Trust's NISCC database information system.

3.2 Individual Staff Responsibility

- In accordance with their Contract of Employment and Professional Codes of Conduct and Practice it is the responsibility of each individual member of staff to renew **and** maintain their registration and revalidation (where appropriate) with the relevant Body. Failure to do so is a breach of contract, which may result in termination of employment.
- Staff should also note that practising without registration puts patients/service users at risk as well as themselves. Staff may be liable to prosecution for claiming to be registered when they are not.
- The individual will be required to provide evidence of their professional registration at interview, commencement of employment and periodically during their employment.
- Registrants must renew their registration before registration lapses, and must evidence this renewal to their Line Manager.
- The individual practitioner will meet the cost incurred to obtain and maintain valid registration.

- If there is an issue regarding their own registration, the individual should raise the matter with their Line Manager immediately.
- Students on placement or those on Work Placement Activity will need to report to their Line Manager/Supervising Officer. Social Work Students must be registered at the beginning of the placement and maintain this registration throughout the placement.

3.3 Line Manager / Directorate Responsibility

- Line Managers should ensure when developing Job Descriptions and Person Specifications that it states it is essential to hold Professional Registration, as appropriate.
- Have in place a system for maintaining and recording professional registration and renewal dates (please refer to Appendix 2).
- Confirmation of registration, renewal of registration and revalidation (where appropriate) must be maintained by the appropriate Line Manager and/or Trust Bank / NISCC Data Base Manager.
- Use HRPTS for the maintenance and recording of professional registration and revalidation (where appropriate) information including renewal dates.
- Line Managers are ultimately responsible for the ongoing monitoring and verification of registration of their staff, including Agency/Locum staff and are required to seek evidence of registration. (Please refer to Appendix 1 for letter to be used for verification purposes).
- If a member of staff's registration requires a health check, or requires one for re-registration, a medical report must be obtained from Occupational Health by the Line Manager via the normal referral method.
- As part of the conditions of registration (where applicable) staff will be supported to undertake any learning and development that is required for renewal of registration/revalidation through normal processes e.g. clinical supervision, performance review, continuing professional development and study leave arrangements.

3.4 Returners - those staff returning from a break in employment whereby their professional registration has lapsed.

- It is the responsibility of the individual staff member to ensure they are registered and revalidated (where appropriate) at the date of their return. If registration has lapsed, the employee's return date should be deferred until the individual can furnish the Line Manager with evidence of registration. The individual will not receive any pay during this period until evidence of registration and revalidation (where appropriate) has been received by the Line Manager.

For Social Work and Social Care Staff returning to work, their manager must inform NISCCOffice.SEB@belfasttrust.hscni.net

3.4.1 From Maternity Leave / Sickness Absence

- When an staff member returns from a prolonged period of absence such as maternity leave or long term sickness absence the manager should check that the staff member has maintained their registration and revalidation (where appropriate) during their absence and ensure they have up to date registration and revalidation (where appropriate) on return.

3.4.2 From Employment Break / Unpaid Leave

- During an employment break or unpaid leave the individual staff member must follow the requirements of their profession with regard to registration whilst on an employment break/unpaid leave and ensure their renewal and revalidation (where appropriate) is up to date for their return.
- Upon their return, the manager should check that the staff member has maintained their registration and revalidation (where appropriate) during their absence and ensure they have up to date registration and revalidation (where appropriate) on return.

3.5 HSC/NHS Staff on Secondment from other Organisations and Individuals with Work Placement Activity Agreements.

- Line Managers should ask the individual, or the individual's employer, to provide their registration number. For clinical staff, the Line Manager should check that the individual is registered by telephoning or using the website checking facility of the relevant professional body immediately prior to the individual beginning any placement activity/work within the Belfast Trust. (See Appendix 2).
- Evidence of registration and revalidation (where appropriate) must be maintained by the Line Manager and a copy must be held locally together with all other related placement paperwork, for audit purposes.

3.6 Agency Staff including Agency Locum Doctors

- The Trust has a statutory duty to ensure all agency staff are registered with the relevant regulatory body as appropriate. The current contract arrangements with Recruitment Agencies stipulate that the Recruitment Agency must obtain evidence of current registration with the relevant Regulatory Body, e.g., type of registration, date obtained and expiry date prior to placing in the Trust. This must be confirmed to the hiring Manager in advance of agency staff commencing. This is also the case where staff are recruited outside of the Agency Contract; evidence must be obtained prior to placing in the Trust.

- Line Managers are required to follow the Managers Checklist Procedures for Agency use, which can be obtained from the [HR Hub/Intranet](#).
- Social Work and Social Care managers are asked to inform the NISCCOffice.SEB@belfasttrust.hscni.net when Agency Staff are employed for more than a week.

4.0 REGISTRATION AND REVALIDATION (WHERE APPROPRIATE) HAS LAPSED AND/OR FAILURE TO RENEW REGISTRATION

- If an individual member of staff's registration and revalidation (where appropriate) has lapsed or the member of staff has failed to renew their registration or revalidation (where appropriate) they must inform their Line Manager immediately.
- The Line Manager must ascertain the reasons for the non-registration and ensure that the member of staff does not continue to work in the regulated capacity. (Please refer to Managers Guidance Appendix 3).
- It should be noted that where an individual has put him/herself into a position where he/she cannot lawfully practise in the profession, nor fulfil the contractual obligations to the Trust because of non-registration the member of staff cannot undertake the duties of the post and cannot attend for work. In this case, the individual will **not** be entitled to pay from this date, as he/she is not available for work as a registered practitioner.

5.0 IMPLEMENTATION OF POLICY

This Policy will be issued to all fourth level Managers and above and will be available to staff via the Trust's Intranet.

6.0 GOVERNANCE / CHECKING ARRANGEMENTS

This procedure will be kept under regular review to ensure compliance with current and future legislative requirements. The relevant HR Co Director will ensure that checking to ensure compliance is carried out by:

- Seeking evidence from Directorates, that registration has been checked and records/evidence maintained in accordance with this procedure.
- Seeking evidence from the relevant HR Co Director or the Recruitment Shared Service Centre that registration has been checked at recruitment stage in accordance with this procedure and evidence maintained. This will involve undertaking a sample of checks to ensure procedures have been followed.

- Seeking verification that where applicable, all Contracts of Employment stipulate the need to register and maintain registration with the appropriate Professional Body.

7.0 EVIDENCE BASE / REFERENCES

This Policy reflects best practice and current relevant employment legislation.

8.0 CONSULTATION PROCESS

This Policy has been subject to consultation and has been approved by the Joint Policy Sub-Committee.

9.0 APPENDICES / ATTACHMENTS

- Appendix 1 – Verification Letter to be issued by Manager.
- Appendix 2 – Registration Body Contact Details/Legislation.
- Appendix 3 – Guidance for Managers.
- Appendix 4 – BHSCT – Current Registration Checking Arrangements.

Appendix 1

Belfast Health and Social Care Trust
<Insert Office Name Here>

<Insert Date>

<Insert Name & Address>

Dear <Name>

Re: Professional Registration with the <Insert Professional Body>

I note from our records that your professional registration is due to expire on <insert date>.

Could you please provide me with up-to-date proof of your registration as soon as possible before the expiry date, as failure to do so will place you in breach of your contract of employment and professional code and therefore unable to continue to carry out your current role.

In this event, the Trust will be forced to take action in accordance with the Professional Registration and Verification Policy, which could place your future employment at risk.

Your co-operation in this matter is appreciated.

Yours sincerely,

<Insert Name>

<Insert Title>

Appendix 2

Registering Body - Profession	Address & Telephone Number.	Renewal Date
General Chiropractic Council <ul style="list-style-type: none"> Chiropractors 	44 Wicklow Street London WC1X 9HL Tel:020 77135155 Email:enquiries@gcc-uk.org	Annual fee payable on 30 November. Annual Renewal of Registration on 30 November Revalidation currently being consulted on.
General Dental Council <ul style="list-style-type: none"> Dentists Dental Therapists Dental Hygienists Dental Nurses Dental Technicians Clinical Dental Technicians Orthodontic Therapists 	37 Wimpole Street London W1G 8DQ Tel: 020 71676000	Annual Fee Payable 31 December. 5 Yearly Registration/ Revalidation on 1 January (Dentists). Annual Fee payable 31 July 5 Yearly Registration/ Revalidation on 1 August (Dental Professionals)
General Medical Council <ul style="list-style-type: none"> Doctors 	9th Floor Bedford House 16-22 Bedford Street Belfast BT2 7FD Tel: 028 9031 9945	Annual fee payable on Individual Registration Dates. Revalidation process on a 5 yearly basis.
General Optical Council <ul style="list-style-type: none"> Opticians 	10 Old Bailey London EC4M 7NG Tel:020 75803898 Email: goc@optical.org	Common Annual Renewal Date: 15 th March Renewal of Registration on a 3 yearly cycle.
General Osteopathic Council <ul style="list-style-type: none"> Osteopaths 	176 Tower Bridge Road London SE1 3LU Tel:020 73576655	Annual fee renewal, Annual Renewal of Registration. Revalidation being consulted on.
Health and Care Professions Council <ul style="list-style-type: none"> Arts Therapists 	Park House, 184 Kennington Park Road, London SE11 4BU.	Common Annual Renewal Date: 1 st June (2 yearly basis)

Registering Body - Profession	Address & Telephone Number.	Renewal Date
<ul style="list-style-type: none"> • Biomedical Scientists • Chiropodists/Podiatrists • Clinical Scientists • Dieticians • Occupational Therapists • Operating Department Practitioners • Orthoptists • Paramedics • Physiotherapists • Prosthetists & Orthotists • Practitioner Psychologists • Radiographers • Speech & Language Therapists 	<p>Tel: (0)300 500 6184</p>	<p>1st Dec (2 yearly basis) 1st August (2 yearly basis) 1st October (2 yearly basis) 1st July (2 yearly basis) 1st November (2 yearly basis) 1st December (2 yearly basis)</p> <p>1st Sept (2 yearly basis) 1st Sept (2 yearly basis) 1st May (2 yearly basis) 1st Oct (2 yearly basis) 1st Mar (2 yearly basis) 1st Oct (2 yearly basis)</p> <p>1st March – 31st May (2 yearly basis)</p>
<p>Nursing and Midwifery Council</p> <ul style="list-style-type: none"> • Nurses • Midwives • Specialist Community Public Health Nurses 	<p>23 Portland Place, London. W1B 1Z.</p> <p>Tel:020 73339333</p>	<p>Annual Registration fee payable on Individual Registration dates. Revalidation every three years' w/e/f April 2016.</p>
<p>Pharmaceutical Society of Northern Ireland</p> <ul style="list-style-type: none"> • Pharmacists 	<p>73 University Street, Belfast BT7 1HL</p> <p>028 90326927</p> <p>Email: info@psni.org.uk</p>	<p>Annual Renewal Date of 1st June</p>
<p>Northern Ireland Social Care Council</p> <ul style="list-style-type: none"> • Care Staff within Children's Residential Units. • Care Staff within Adult Residential Care Homes. • Care Staff within Adult Nursing Homes. • Care Staff within a Day Care Setting. • Care Staff within a Residential Family Centre. • Domiciliary Care Workers 	<p>7th Floor, Millennium House, 19 –25 Great Victoria Street, Belfast. BT2 7AQ</p> <p>Tel:028 95362600</p> <p>Email: info@niscc.hscni.net</p>	<p>Annual Registration fee payable on Individual Registration dates. Renewal of Registration on a 3 -5 yearly basis as appropriate.</p>

Registering Body - Profession	Address & Telephone Number.	Renewal Date
provide personal care to persons in their own homes. <ul style="list-style-type: none"> • Managers of Residential Care Homes. • Managers of Day Care Centres. • Managers of Residential Family Care Centres. • Domiciliary Care Managers. 		
Professional Standards Authority for Health and Social Care	157 -197 Buckingham Palace Road London SW1W 9SP Tel: 020 7389 8030	Scrutinises and oversees the work of the nine health and care regulators.

Relevant Legislation

The legislation covering professional registrations is as follows:

Nurses, Midwives and Health Visitors Act 1979.

It is an offence under the Act for anyone who is not registered with the Nursing and Midwifery Council (NMC – previously UKCC) to practise as a Registered Nurse, Registered Midwife or Health Visitor.

The Health Professions Order 2001 & the National Health Service (Employment of Health Professionals) (England) Directions 2003

Staff employed and self-employed professionals engaged in the capacity of one of the professions are limited to those who are registered in the register maintained by the Health and Care Professions Council. In addition, the use of certain professional titles will be limited to those practitioners registered by the Council as having approved levels of training and competence.

The Pharmacy Act 1954 & Medicines Act 1968

The Pharmacy Act 1954 requires the Royal Pharmaceutical Society of Great Britain (RPSGB) to maintain a register of all pharmacists who meet the definition of pharmacist within the Act. It is an offence under the Medicines Act 1968 for anyone who is not registered to practice as a pharmacist.

The Medical Act 1983

The Medical Act 1983 requires all practising doctors to be registered with the General Medical Council.

NHS Executive Guidance Operating Department Practitioners (ODP's)

This Guidance issued in 2000 requires employers to ensure that the employment of ODP's is limited to those whose names appear on the voluntary register held by the Association of Operating Department Practitioners. Staff already employed, as ODP's or ODA's were required to register by March 2001.

The Health and Personal Social Service Act (N.I) 2001

Section 8 of the Act protects the title of "Social Worker".

The Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers Regulations (Northern Ireland) 2013.

The Regulations impose a requirement on providers not to employ people in specified positions unless they are registered in a relevant part of the NISCC Register.

New employment. When a person commences employment for the first time in one of the positions specified, they are required to register in a relevant part of the register and should apply for registration as soon as reasonably practicable after commencing that new employment and no later than within six months of the commencement date.

The Northern Ireland Social Care Council (Social care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017. This extended registration to other social care staff as identified in Appendix 1.

NISCC Standards for Employers of Social Workers and Social Care Workers September 2017. Outlines employer responsibilities on the registration of the social work and social care workforce.

HSC Circular 2010

"Issue of Alert Letters for Healthcare Professionals under Investigation by HSC Employers"

HSS (TC8) 6/98 Issue of Alert Letters

"Hospital and Community Medical and Dental Staff under Investigation by the HPSS"

Guidance for Line Managers

In the event of Registration having lapsed or failure to renew by a member of staff.

The following guidance has been developed to assist managers in the event of an individual member of staff's registration having lapsed and/or having failed to be renewed. Line Managers are encouraged to seek advice from the HR Employment Law Team. It should be noted that each case will be considered on an individual basis and the Line Manager must establish the basic facts before a decision can be taken on the appropriate way forward. The way forward will depend on the circumstances of the failure to be registered and the reasons behind it.

- Where a member of staff believes that he/she has taken steps to renew registration but has not received confirmation of renewed registration, the individual staff member must follow up with the Registration Body. They must also inform their Line Manager immediately, who will contact the appropriate Registration Body and verify whether registration has been renewed. If the Registration Body confirms that the registration is renewed, the member of staff may continue to practice as normal. They must provide evidence of registration to their Line Manager. The Line Manager must retain this evidence.
- If the Registration Body confirms the individual member of staff is not registered, then he/she cannot produce evidence to their Line Manager as required under Appendix 1. The individual has put him/herself in a position where they cannot lawfully practise in the profession and nor can they fulfil their contractual obligations to the Trust because they are unregistered. The member of staff cannot therefore undertake the duties of the post and cannot attend for work. They will **not** be entitled to pay from this date, as they are not available for work as a registered practitioner.
- In the case of the individual member of staff not being able to re-register within a reasonable period, the Trust will have to consider whether there is a suitable post to which the individual may be redeployed to and/or may have to consider termination of the Contract of Employment. The potential reason for termination would be that the individual is unable to continue working in their post without contravening the legislation, which requires them to be registered. If termination is considered appropriate, then this will be in accordance with an appropriate dismissal procedure (Employment (Northern Ireland) Order 2003 (Dispute resolution) Regulations (Northern Ireland) 2004 and as set out below.

Letter to Employee

- A letter should be issued to the member of staff outlining the allegation and inviting them to attend a meeting under the statutory procedures set out in the Employment (NI) Order 2003 (Dispute resolution) Regulations (NI) 2004.

- The employee should be advised of their right to be accompanied to the meeting and of the right to appeal.

Meeting/Hearing

- A panel of two managers at an appropriate level will hear the case.
- The member of staff shall normally be present during the hearing of all the evidence put before the panel. It should be made clear that the hearing will proceed in his or her absence. Any submission by the employee in writing will be considered. The Trust reserves the right to proceed to hear the case in the absence of the employee where no adequate explanation is provided for the employee's absence.
- The Panel will review all the evidence presented before taking its decision.
- The decision will be communicated in writing to the member of staff normally within 7 working days of the date of the hearing. However, before the decision is taken to dismiss a member of staff because of the "lack of registration itself" consideration should be given to any suitable alternative employment.

Appeal

- A member of staff wishing to appeal the Panel's decision should write to the Director of Human Resources & Organisational Development stating the grounds of their appeal within 7 working days of receipt of the letter containing the Panel's decision.
- The Appeal Panel will comprise two managers from the Trust who have had no previous involvement in the case and who are normally at a more senior level than the original panel.

In all other cases e.g. if an individual member of staff works in a registered capacity whilst not registered, fails to bring this fact to the Line Managers' attention, the matter will be investigated under the Trust's Disciplinary Procedure.

BHSCT – Current Registration Checking Arrangements

Profession	Registering Body	Responsibility for ensuring Registration maintained
<ul style="list-style-type: none"> • Arts Therapists 	Health and Care Professions Council	Service Manager – remind staff at monthly meetings. Line Managers to be on Alert List notification. HPC website checked.
<ul style="list-style-type: none"> • Biomedical Scientists 	Health and Care Professions Council	Service Manager – remind staff at monthly meetings. Line Managers to be on Alert List notification. HPC website checked.
<ul style="list-style-type: none"> • Clinical Scientists 	Health and Care Professions Council	Service Manager – remind staff at monthly meetings. Line Managers to be on Alert List notification. HPC website checked.
<ul style="list-style-type: none"> • Dentists • Dental Therapists • Dental Hygienists • Dental Nurses • Dental Technicians • Clinical Dental Technicians • Orthodontic Therapists 	General Dental Council	Medical HR
<ul style="list-style-type: none"> • Dieticians 	Health and Care Professions Council	Service Manager – remind staff at monthly meetings. Line Managers to be on Alert List notification. HPC website checked.
<ul style="list-style-type: none"> • Doctors 	General Medical Council	Medical HR
<ul style="list-style-type: none"> • Nurses • Midwives • Specialist Community Public 	Nursing & Midwifery Council	Renewal date reports provided by Admin Manager to Service Group Managers,

Health Nurses		Divisional Nurses and Admin Staff each month. Admin Staff checks web.
• Occupational Therapists	Health and Care Professions Council	Service Manager – remind staff at monthly meetings. Line Managers to be on Alert List notification. HPC website checked.
• Operating Department Practitioners	Health and Care Professions Council	Service Manager – remind staff at monthly meetings. Line Managers to be on Alert List notification. HPC website checked.
• Orthoptists	Health and Care Professions Council	Service Manager – remind staff at monthly meetings. Line Managers to be on Alert List notification. HPC website checked.
• Paramedics	Health and Care Professions Council	Service Manager – remind staff at monthly meetings. Line Managers to be on Alert List notification. HPC website checked.
• Pharmacists	Royal Pharmaceutical Society	Head of Pharmacy checks yearly with Pharmaceutical Society if all the pharmacy staff have renewed registration.
• Physiotherapists	Health and Care Professions Council	Service Manager – remind staff at monthly meetings. Line Managers to be on Alert List notification. HPC website checked.
• Podiatrists	Health and Care Professions Council	Service Manager – remind staff at monthly meetings. Line Managers to be on Alert List notification. HPC website

		checked.
<ul style="list-style-type: none"> • Prosthetists & Orthotists 	Health and Care Professions Council	Service Manager – remind staff at monthly meetings. Line Managers to be on Alert List notification. HPC website checked.
<ul style="list-style-type: none"> • Radiographers 	Health and Care Professions Council	Service Manager – remind staff at monthly meetings. Line Managers to be on Alert List notification. HPC website checked.
<ul style="list-style-type: none"> • Psychologists (including clinical/counselling and forensic) 	British Psychological Society St Andrews House 48 Princess Road East Leicester LE1 7DR 0116 2549 568 www.bps.org.uk enquiries@bps.org.uk	Registration is from 1 June in any given year and must be renewed bi-annually. Head of Psychological /Service Leads check that all applied psychologists have renewed their registration.
<ul style="list-style-type: none"> • Social Workers / Social Care Workers 	Northern Ireland Social Care Council	NISCC notifies all members of renewal date. The Trust Database for NISCC Registration provides reminder dates to Managers that annual fee or registration is required.
<ul style="list-style-type: none"> • Speech & Language Therapists 	Health and Care Professions Council	Service Manager – remind staff at monthly meetings. Line Managers to be on Alert List notification. HPC website checked.

10.0 EQUALITY STATEMENT

In line with duties under the equality legislation (Section 75 of the Northern Ireland Act 1998), Targeting Social Need Initiative, Disability discrimination and the Human Rights Act 1998, an initial screening exercise to ascertain if this policy should be subject to a full impact assessment has been carried out. The outcome of the Equality screening for this policy is:

Major impact

Minor impact

No impact. **X**

General Data Protection Regulations (GDPR) Impact Assessment**11.0 DATA PROTECTION IMPACT ASSESSMENT**

New activities that involve collecting and using personal data can result in privacy risks. In line with the requirements of the general Data Protection Regulation (GDPR) and the Data Protection Act 2018 the Trust has to consider the impacts on the privacy of individuals and ways to mitigate against the risks. Where relevant an initial screening exercise should be carried out to ascertain if this policy should be subject to a full impact assessment.

The outcome of the DPIA screening for this policy is:

Not necessary – no personal data involved

A full data impact assessment is required

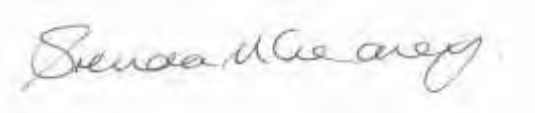
A full data protection impact assessment is not required **X**

12.0 REASONABLE ADJUSTMENTS ASSESSMENT

Under the Disability Discrimination legislation, the Trust has a duty to consider the need to make reasonable adjustments for people – either service users, patients or staff who have a disability.

SIGNATORIES

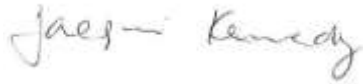
(Policy – Guidance should be signed off by the author of the policy and the identified responsible director).



10 April 2019

Date: _____

Name Brenda Creaney
Title Director Nursing and User Experience



10 April 2019

Date: _____

Name Jacqui Kennedy
Title Director Human Resources/Organisational Development



10 April 2019

Date: _____

Name Martin Dillon
Title Chief Executive