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## Implementing NMC standards for learning, and assessing in practice(2006): a demonstration of effective partnership between a higher education institution and NHS Trust placement partners

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Title: IMPLEMENTING NMC STANDARDS FOR LEARNING, AND ASSESSING IN PRACTICE (2006): A DEMONSTRATION OF EFFECTIVE PARTNERSHIP BETWEEN A HIGHER EDUCATION INSTITUTION AND NHS TRUST PLACEMENT PARTNERS.

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## **Abstract**

This paper provides an account of the collaborative approach taken to implement professional standards in teaching, learning and assessing in practice for nursing and midwifery. How challenges for effective partnership working between university and placement/practice education provider were overcome are presented. Processes and issues which arose when new national regulatory professional standards of practice education were introduced are highlighted.

The partnership work ensured a robust process to locally interpreting and implementing the NMC Standards for Supporting Learning and Assessing in Practice (2006). This was achieved and resulted in a county wide agreed implementation of the Standards across NHS Oxfordshire and beyond.

The key requirements of the Standards and the challenges identified are presented together with how issues were addressed.

The approach taken by an established partnership working group is described and the products of the process are detailed, including listing 'top tips' for successful partnership working.

Key products of this work include

- a consistent approach to implementation;
- standardised documentation across a range of placement providers;
- development of support materials for mentors and managers and lecturing staff providing updates and courses;
- a fully populated local register of mentors and practice teachers housed virtually by the HEI, but owned by the local NHS;

- a range of practical support materials (e.g. within the ongoing record of achievement);
- clear responsibility and accountability identified and disseminated across all stakeholders; and
- developing an informed rationale for placement allocation.

## **Introduction**

The processes and issues which arise when new national regulatory professional standards of practice education are introduced may present challenges for effective partnership working between university and placement/practice education provider, especially when changes in responsibility shift from university to practice education/placement provider.

It is now well recognised within the UK that a partnership approach to the provision of professional practice education is necessary to address areas of joint responsibility, and local learning development agreements between universities and NHS placement providers are currently being developed to further support this move.

Partnership working between universities and placement partners has historically been one of universities consulting with placement colleagues. More recently, philosophies regarding partnership working have changed to one of equal partnership in achieving shared goals through being 'committed to working together' over a long period of time (Glasby and Dickinson 2008 p4).

## **Background and context**

This paper presents an account of the collaborative approach taken to implement new professional standards in teaching, learning and assessing in practice for nursing in the UK. The collaborative process required a robust approach to locally interpreting and implementing the Nursing and Midwifery Council (NMC)(UK) Standards for Supporting Learning and Assessing in Practice (2006)<sup>1</sup> The

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<sup>1</sup> referred to as 'the Standards' throughout this paper

partnership work was initiated as there was a need to develop a county wide agreed interpretation and implementation of the Standards across the various NHS Hospital Trusts within Oxfordshire, England and the School of Health and Social Care, Oxford Brookes University.

The Nursing and Midwifery Council Standards to Support Learning and Assessment in Practice (NMC 2006) has outcomes for mentors, practice teachers and teachers and became mandatory from 1 September 2007. These standards identify increased and differing responsibilities for NHS Trusts and all placement providers and Higher Education Institutions.

The interpretation and impact of the NMC standards have been explored locally through the Mentorship Implementation Group (MIG), a partnership group which includes membership from the range of placement partners for the region.

Formal placement partnership fora within the university currently consist of a partnership Placement Learning Committee (PLC), and a Sub-Group: MIG . MIG is a well established partnership group and has been described as being “an inspiration” by members, due to the fast moving action achieved by the commitment of all its membership. The MIG group has recently been received quality assurance commendation:

“The commitment of the group is highly commended and has led to a good level of achievement.” (HLSP Monitoring Report of Oxford Brookes University (2008 p7)

MIG terms of reference include responsibility for ensuring joint working with partners to monitor and evaluate the delivery of mentor preparation in pre and post qualifying nursing and midwifery, so that appropriate mechanisms for on-going mentor/practice assessor preparation and support are in place. In addition, the NMC gave the group a mandate for developing and overseeing the framework for:

- approving and monitoring nursing and midwifery sign-off mentors;
- ensuring observers are adequately qualified;
- ensuring that an infrastructure is in place to promote protected time for nursing and midwifery mentors in practice.

MIG membership includes representation from each of the professional pre-qualifying disciplines and representatives from placement providers and reflects the full range of NHS Trusts and the private voluntary and independent health & social care sectors. The Chair is a placement provider representative at Senior/Executive level. An important aspect to the membership is the contribution from mentors and the Clinical Placement Facilitators/Learning Environment Leads<sup>2</sup> from each geographical region. The key purpose of this role is to enhance the practice placement capacity and quality for all NHS funded healthcare professionals within the local health economy, in partnership with the funding sponsors and the university.

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<sup>2</sup> The SCSHA provides funding for 30wte posts to support practice based learning. These posts are called Clinical Placement Facilitators in Oxfordshire and Learning Environment Leads in the rest of NHS South Central. All of these posts are required to have a multi-professional remit

MIG has effectively functioned as a 'multi-agency and multi-professional' programme development team for the 'mentorship modules' provided by the university. A multi-agency team is defined by Jelphs and Dickinson (2008) as members "collaborating and working towards shared objectives" (p12).

Changes to the 'mentorship modules' which MIG has implemented over recent years include:

- changing from 2 modules at 30 credits to 1 module of 15 credits;
- multi mode delivery including, taught mode, distance learning, mixed mode and APEL routes of mentor preparation;
- ensuring study skills development prior to undertaking module;
- joint planning and delivery of an annual mentor update conference, and the development of guidance regarding the achievement of required annual mentorship updates.

Placement provider responsibilities in meeting the NMC Standards for Supporting Learning and Assessing in Practice (2006) include ensuring that:

- nurses and midwives are able to access and undertake an NMC Approved mentor preparation course and annual mentorship updates;
- there are sufficient qualified mentors to support the NHS contracted commissions for pre-qualifying nursing and midwifery programmes;

- an up-to-date local register of current mentors and practice teachers is held and maintained ;
- mentors have identified protected time for mentorship activities;
- there is a triennial review to ensure that mentors continue to meet the NMC's requirements to remain on the local register;
- mentors who meet the NMC criteria for signing-off proficiency in practice at the end of a programme are annotated on the local register;

### **Development and rationale**

The aim of the work was to produce a report and recommendations for all partners to agree and implement within the locality. It was important to ensure consistency across placement providers and within the university so that equality of mentorship support for students could be achieved for each of the pre-qualifying programmes.

In mid 2006 a formal presentation to the group was delivered by a placement provider partner. This illustrated the shift in responsibility required to implement educational standards regarding mentorship. This presentation informed the identification of four key work-streams as follows:

1. implementation of standards to support educational provision for mentors, sign off mentors and practice teachers;

2. development of a local register of mentors, and practice teachers  
(locally known as the mentor database)
3. implementation of standard to support requirements for sign off  
mentors;
4. review and re-approval of documentation to incorporate the changes  
required by the standards .

A project management approach to the implementation of these standards was employed. Each work-stream sub group had agreed contributors including establishing a co leadership of an NHS and university colleague. Each work stream submitted a project outline (utilising a jointly agreed template) to MIG for ratification. This process confirmed a shared vision for each of the work streams.

Consultation was widely disseminated throughout each placement provider organisation. This was achieved in a variety of ways, for example through the development of consultation questionnaires, and presentations at NHS Hospital Trust strategic management committees/Boards. These processes ensured senior/executive sign up at an early stage of the process. The private, voluntary and independent sector was approached for contributions at key stages throughout the process.

Attendance at the MIG meetings was excellent throughout the period, despite all members having busy workloads. Commitment to successful implementation was extremely high.

It became apparent that the commitment of all involved was due to a shared vision for professional practice education which further facilitated the professional relationships between members. Despite very short implementation deadlines and demanding professional requirements, this period of activity resulted in a strong culture of trust, professional debate and delivered outcomes. High motivation escalated throughout organisations and embraced practitioners to fully engage in implementation.

### **Challenges and issues**

The key challenges which faced each of the work streams included:

- issues arising from lack of clarity within the standards were all resolved through partnership discussion and debate which resulted in joint agreement of both interpretation and intended processes. The principles, approaches and information allowed sufficient flexibility to meet specific programme and service delivery differences;
- timescales for implementation were extremely tight and the scale of change required was extensive;
- robust systems were required to ensure the principle of public protection was integral across a complex health economy;

## **Wider application**

This local activity produced detailed recommendations for all local NHS Trusts for 'sign up' regarding the implementation of the professional standards. As a particular agent will usually cause an array of effects (Law and Urry 2006), the impact was wide ranging. Key areas of impact for wider application are as follows:

### *Shared understanding, empowerment, commitment to implementation*

By involving a range of practitioners (mentors and senior education leads within the NHS hospitals) in the early stages both individuals and managers' engagement was high. Practitioners felt involved in the process and were enabled to highlight the challenges needed for successful implementation. This 'widening the circle of involvement in developments' (Axelrod 2002), secured commitment to implementation. This approach allowed all to explore the implications of the standards, identify areas where there was a lack of clarity and allow debate which fostered a shared understanding, individual empowerment and ultimately a familiarity with the standards and awareness of the support they offered for the practice education agenda. This resulted in recommendations that most felt comfortable adopting.

### *Strengthening partnerships through agreed recommendations*

The principles adopted to guide MIG's interpretation of the standards were to ensure public protection, adopt a positive approach and ensure that staff currently mentoring students were not excluded. This positive approach to such substantial changes was selected to demonstrate the strength of the partnership approach, but also to limit any negative affects upon staff morale and placement capacity. Solutions developed

in partnership recognised diversity and allowed for local modification within the agreed set of principles. This allowed the new processes to fit into existing NHS Trust processes or highlighted the systems and structures still required. Ownership by practitioners eased implementation and ensured that the recommendations were able to be implemented. This was particularly important in areas that historically struggled to develop and retain mentors, areas supporting large numbers of students or where students were operationally supported by non nurses with professional supervision from a remote practitioner. Partnerships that allow participants to share values offers an opportunity for modern practice to be developed confidently (DOH 2002). A key strength of this local example was the group's shared vision for practice education for professional pre-qualifying programmes and a shared philosophy. The established infrastructure addressing practice education and placement learning across partner organisations facilitated the communication and leadership required within all parties.

#### *Resource development*

The joint development of practical support materials, made implementation easier for practice area managers. The resources included a developmental framework for mentorship, which identified and illustrated the responsibilities of partners, guides for appraisers, and a checklist for required activity. Wide distribution within partner organisations highlighted the changes in practice required and provided an audit trail for practitioners and managers supporting decision making and parity across the region.

### *Identifying responsibility and accountability*

The recommendations from MIG were articulated to strategic professional boards within each local NHS Hospital Trust. This achieved Trust wide agreement which supported implementation, raised the awareness of corporate responsibility for learning environments, and facilitated the further application of principles espoused in *Placements in Focus* (DH & ENB 2001). The participative style of the project engaged practitioners and managers in practice education, at a time when resources were constrained and major service changes were occurring. Practitioners were able to demonstrate and articulate what support they needed to meet the Standards and influence local budget setting.

### *Rationale for placement allocation and targeting resources*

The NMC Standards for Supporting Learning and Assessing in Practice (2006) gave placement providers opportunities to discuss minimum requirements for practice support. In addition, mechanisms for identifying 'gold standard' placements which fit into a quality assurance framework were jointly agreed between partners and action plans agreed where there were areas with concerns. The existing quality of our current placements became very visible when it was clear that most areas were exceeding the agreed standards quite considerably. This made staff feel proud of their achievements and motivated them further to implement the MIG recommendations.

The NMC Standards for Supporting Learning and Assessing in Practice (2006) have set a benchmark which is allowing partners to develop a coherent process for placement allocation and appropriate risk assessment. The mentor database

contributes strongly to this as it is now possible to identify the number of qualified mentors in a placement area and the number of students requiring support.

### *Mentor Preparation and Updates*

A developmental framework for mentors was clearly articulated. The content and flexible approaches to mentoring updates were agreed. Guidance also was flexible enough to accommodate the completion of a SWOT analysis by individual mentors so that updates could be tailored to meet individual needs. This flexibility allows for the sharing of good practice and promotes inter-rater reliability and validity of assessment of practice as required by the **NMC UK Wide Quality Assurance Framework 2007/8**. Mentors have reported feeling empowered as they can demonstrate their good practice and workable solutions to shared dilemmas through these approaches.

MIG became aware of a large number of experienced staff who had never undertaken a formal mentorship programme. This group of staff were often in key positions within teams and were experienced and good at structuring students practice learning.

At the time, the accreditation of prior (experiential) learning APEL/APL route to gaining the mentor preparation award was onerous and not popular. Partners modified the assessment processes to make this a more attractive, appropriate route for experienced practitioners. Assessment through presentation rather than submitting a portfolio of evidence. This has proved to be a successful alternative.

The increased demand for mentorship development has been met. For example, the numbers of students successfully completing the mentor

preparation module have quadrupled. This effort was recognised during the recent external quality assurance monitoring event where Oxford Brookes, for the second year running, has been awarded 'Outstanding' for practice learning (HLSP Monitoring Report of Oxford Brookes University (2008 p7)

### *Student Responsibility*

Students were prepared for the implementation of the standards and the impact these would have on shift availability and mentorship support structures students could expect in practice. This was achieved through inclusion in hospital based student induction to practice.

### *Mentor Awareness*

Generally mentors across the placement providers are now aware of the NMC Standards for Supporting Learning and Assessing in Practice (2006). This has raised mentors awareness of their professional accountability when supporting learners in practice. In addition, this has increased mentor confidence when identifying students' poor practice and has enhanced mentor skills in supporting students who are potentially failing practice. This helps tackle some of the issues raised by Duffy (2005) and is strengthened by the guidance in place for supporting mentors in the event of students failing competencies in practice found on the following web link: <http://shsc.brookes.ac.uk/content/view/275/300/>

## *Mentor Database*

The mentor database has been challenging to establish but strong partnership working particularly between Trusts, HEI and IT and practitioners has led to a live system that is simple to administer at a local level but can contribute to more complex systems and partner requirements. The data remains owned and held by the Trust and controlled at ward manager level but accessible to programme teams and the HEI and Trust managers. Operating procedures are shared countywide which allows a uniformity that allows data to be used by the HEI but flexibility to meet local NHS Hospital Trust requirements. This again has already proved useful in identifying the uptake of updates and currency of mentors and has set the platform for developing further jointly managed placement allocation electronic support systems.

Our top tips for successful partnership working are identified in Table 1.

### **Table 1: Top tips for successful partnership working**

- develop appropriate infrastructure for long term joint working
- established relationships are vital to success
- have access to organisations at senior level (e.g. for 'sign-up')
- trust in shared values and beliefs relating to practice education
- enable a safe forum for debate and challenge
- have high expectations of what can be achieved
- be committed to deadlines
- demonstrate passion for practice education pedagogy and support for 'coalface'

- have practical approaches to implementation
- engage a wide range of contributors and facilitate all types of contribution
- action learning is a key ethos
- not for short term initiatives
- make it fun!

## **Conclusions**

The established good partnership working between the university and local NHS Hospital Trusts has been further strengthened by the joint working towards implementing the NMC Standards. The view of the partnership group is that without such an established forum, the sound relationships and shared philosophy regarding practice education, the extent to which these professional standards were implemented in such a short timescale would not have been possible.

This paper will provide some support for those who are looking to explore infrastructural changes to address partnership working. Successful partnership infrastructures require dovetailing into both Trust and University organisational and committee structures.

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