Report to NHS Education for Scotland (NES)

An Exploration of the Interpretation and Application of the use of Due Regard in Pre-registration Nursing Programmes

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**GLOSSARY**

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<tr>
<td>NMC</td>
<td>Nursing and Midwifery Council</td>
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<td>SPNE</td>
<td>Standards for pre-registration nursing education</td>
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<td>SLAiP</td>
<td>Standards to Support Learning and Assessment in Practice</td>
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<td>R</td>
<td>Requirement from the SPNE</td>
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<td>G</td>
<td>Guidance from the SPNE</td>
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<td>HEI</td>
<td>Higher Education Institution</td>
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EXECUTIVE SUMMARY

The Scottish National Implementation Group has provided peer review and support across Scotland’s Universities throughout the development and implementation of the new pre-registration graduate nursing programmes, following publication of Nursing and Midwifery Council (NMC) Standards for pre-registration nursing education (SPNE) (NMC, 2010a). Central to this support has been a problem solving approach to addressing issues that emerge through the implementation process. With the majority of universities now delivering their ‘new’ programmes it has been identified that applying Due Regard during periods of practice learning presents a number of challenges. Perceived inconsistencies in the guidance received by universities from NMC and their agents are believed to contribute to these challenges.

In order to develop national consistency in the approach to interpretation and application of Due Regard, the Group agreed to work collaboratively to progress a small scale project to measure compliance with, and strategies which support, the principle of due regard. It is hoped that this project will provide an opportunity for Scotland to develop a position statement in relation to Due Regard which could be presented to NMC in due course.

As of January 2013, The Scottish National Implementation Group is now known as the Scottish Collaboration for the Enhancement of Pre-registration Nursing (SCEPRN).

Project Aims

1. Review each institution’s experiences of due regard in their pre-registration programmes.

   This includes:
   - Institutional interpretation of NMC standards, recommendations and guidance in relation to Due Regard – how is Due Regard measured at institution level;
   - Instances where HEI’s believe Due Regard has been successfully applied;
   - Instances where it has not been possible to apply Due Regard;
   - Specific challenges encountered.

2. Consideration of the evidence base for ‘Due Regard’ and what additional value this requirement brings, for example, is due regard required to protect the public?

3. Clarification of criteria used by NMC (or their agents) to measure Due Regard in pre-registration programmes.
4. Following analysis of the above activities, report findings and make recommendations to the National Strategic Group for Practice Learning for a Scotland wide approach to Due Regard. This may include development of a position paper for presentation to the Scottish Government Health Department and the NMC based on findings, conclusions and recommendations arising from the work.
Project Design

To ascertain the evidence base to support the principle of Due Regard a review of the literature was undertaken to consider the application and interpretation of the NMC (2010a) SPNE, and to determine the practice of other health care professionals in the supervision and assessment of their student body in practice. To provide evidence of current practice of the application of Due Regard in HEI’s in Scotland, providing pre-registration nursing programmes, an on-line survey was set up, and staff with responsibility for practice learning were asked to participate in completing the survey.

Main Findings of the Literature Review

It is clear from the responses to the survey that there is indeed a degree of inconsistency throughout Scottish HEI’s regarding the definition of Due Regard; when application of Due Regard is a requirement within pre-registration nursing programmes; and the appropriate use of suitably prepared other registered professionals who can be involved in both the supervision and assessment of students.

Recommendations

Based on the literature review and the outcome of the on line questionnaire of Scottish HEI’s, the following recommendations have been made for HEI’s to consider in relation to the supervision and assessment of students in practice learning.

Recommendation 1: Due Regard

Due Regard is only required at sign off, however individual HEI’s may specify other points in their programme where they would want the principle of Due Regard to be applied. These specific points should be clearly articulated in programme specifications and approval documentation.

Recommendation 2: Suitable Preparation

To fulfil the NMC requirements to act as a mentor, the ‘suitably prepared’ other registered professional must:

- Be aware of the learning needs, objectives and outcomes that the student is required to meet;
- Have evidence of completing preparation for supervision or coaching associated with his/her own professional development;
- Have evidence of professional assessment skills and competencies from non-nursing professions;
- Have participated in the assessment and supervision of students within their own profession;
- Have been inducted into the student nurses programme, their module, and the practice assessment documentation to be used to assess the student.
Recommendation 3: Flexibility in Practice Learning

To promote flexibility, a process is developed by which third sector and voluntary organisations can be measured as suitable for student nurse supervision and assessment. An action from this would be that the SCEPRN should develop a national assessor’s equivalency tool for these environments.

Recommendation 4: Measuring Suitable Preparation of the Person to act as a Mentor

Suitable preparation may be assessed/measured by:

- Use of an APEL/RPL tool, such a tool to be developed for use by all HEI’s nationally in Scotland;
- Quality assuring the process using a tripartite relationship of:
  1. Liaison lecturing staff who support students in practice such as the Practice Education Facilitators and/or the Care Home Education Facilitators;
  2. The other Registered Professional;
  3. The student;

  to ensure that mentorship is appropriate.
SECTION 1: INTRODUCTION

1.1 Project Brief

The Scottish National Implementation Group has provided peer review and support across Scotland’s Universities throughout the development and implementation of the new pre-registration graduate nursing programmes, following publication of Nursing and Midwifery Council (NMC) Standards for pre-registration nursing education (SPNE) (NMC, 2010a). Central to this support has been a problem solving approach to addressing issues that emerge through the implementation process. With the majority of universities now delivering their ‘new’ programmes it has been identified that applying Due Regard during periods of practice learning presents a number of challenges. Perceived inconsistencies in the guidance received by universities from NMC and their agents are believed to contribute to these challenges.

In order to develop national consistency in the approach to interpretation and application of Due Regard, the Group agreed to work collaboratively to progress a small scale project to measure compliance with, and strategies which support, the principle of due regard. It is hoped that this project will provide an opportunity for Scotland to develop a position statement in relation to Due Regard which could be presented to NMC in due course.

As of January 2013, The Scottish National Implementation Group is now known as the Scottish Collaboration for the Enhancement of Pre-registration Nursing (SCEPRN).

1.2 Project Aims

1. Review each institution’s experiences of due regard in their pre-registration programmes.

   This includes:
   
   o Institutional interpretation of NMC standards, recommendations and guidance in relation to Due Regard – how is Due Regard measured at institution level;
   
   o Instances where HEI’s believe Due Regard has been successfully applied;
   
   o Instances where it has not been possible to apply Due Regard;
   
   o Specific challenges encountered.

2. Consideration of the evidence base for ‘Due Regard’ and what additional value this requirement brings, for example, is due regard required to protect the public?

3. Clarification of criteria used by NMC (or their agents) to measure Due Regard in pre-registration programmes.
4. Following analysis of the above activities, report findings and make recommendations to the National Strategic Group for Practice Learning for a Scotland wide approach to Due Regard. This may include development of a position paper for presentation to the Scottish Government Health Department and the NMC based on findings, conclusions and recommendations arising from the work.
1.3 General Overview

The provision of appropriate practice learning opportunities for students undertaking pre-registration nursing programmes within the UK is regulated by the professional body the NMC. As healthcare provision and services continue to change at a rapid pace student nurses will require to be competent and increasingly confident at the point of registration to practice in any environment where service user’s access care.

Future redesign of service and service re-configuration continues to develop and will present both challenges and opportunities for students to learn and develop in a range of practice learning areas. The current Scottish Government Consultation on Health and Social Care Integration throughout Scotland will constitute further challenges, and opportunities, for practice learning availability for pre-registration nursing students. It should offer students the opportunity to engage with, and learn from, a range of professionals, other than nurses, who are involved in the delivery of care for service users out with what has been the traditional setting. This has clear articulation with the NMC (2010a) SPNE where there is recognition that inter-professional learning and working is recognised as enhancing the student experience and that practice learning opportunities take place across a range of community, hospital and other settings.

Programme providers are increasingly under pressure to utilise a diversity of practice learning experiences due to reduced capacity in traditional hospital settings. However, the question that arises is what about Due Regard in such practice learning environments? The principle of Due Regard was introduced by the NMC in the first edition of the Standards to Support Learning and Assessment in Practice (SLaIP) (NMC 2006) and was initially introduced in response to a shortage of practice teachers available to assess and supervise students, as well as enabling the development of practice learning experiences that reflect contemporary health and social care provision.

However since the introduction of the principle there have been several attempts by the NMC to clarify and strengthen the Due Regard process to enable greater flexibility in application. The introduction of the SPNE (NMC 2010a) allowed for greater flexibility in practice learning experience and in the supervision of students, both directly and indirectly, with the involvement of other registered professionals being involved in the supervision and assessment of student nurses. Further to this the mentor now only needs to be available to the student 40% of the time during periods of practice learning, rather than must be available, to provide supervision ‘directly or indirectly’ (NMC 2010a). This increased flexibility in practice learning provision aims to enable students to develop the skills and competencies necessary to provide high quality care in what is a rapidly changing health care environment.

To ascertain the evidence base to support the principle of Due Regard a review of the literature was undertaken to consider the application and interpretation of the NMC (2010a) SPNE, and to determine the practice of other health care professionals in the supervision and assessment of their student body in practice. To provide evidence of current practice of the application of Due Regard in HEI’s in Scotland, providing pre-registration nursing programmes, an on-line survey was set up, and staff with responsibility for practice learning were asked to participate in completing the survey.

This report aims to provide clarity regarding the principle of Due Regard and its application within pre-registration nursing programmes in Scotland, thus opening up opportunities for students to engage in care provision in an increasingly diverse range of practice learning areas.
NMC (2010a) offers opportunities to students to follow ‘health journeys’, to learn from others out with nursing, increased responsibility and access to decision making, and for opportunities to practice in more diverse settings at the end of their programme. For student nurses to access these more diverse opportunities however, HEI’s need to adopt flexibility in the supervision of students in practice, and to involve other professionals in supporting and assessing students.

1.4 NMC Perspective

The introduction of the NMC (2010a) SPNE provide the framework within which nursing programmes are delivered, and specify the requirements that all programmes must meet, including those relating to the teaching, learning and assessment of nursing students as articulated within the Standards to Support Learning and Assessment in Practice (SLAiP) (NMC 2008). The SPNE set no specific requirements for the nature or range of practice learning, other than it must enable students to achieve their competencies, but requires students to learn in a range of settings, with links to the service user’s journey reflecting the future configuration of services (NMC 2010a).

The SPNE encompasses previous advice and guidance issued from the NMC regarding Due Regard and its implications for practice learning. This includes the NMC 2007 Circular 26/2007, Applying due regard to learning and assessment in practice, and advice given within the SLAiP which incorporated the 26/2007 Circular. However anomalies exist between the SLAiP and the SPNE because of the lack of consistency of the interpretation and application of Due Regard. This confusion was recognised by the NMC in the publication of the 2nd edition of the Advice and supporting information for implementing NMC standards for pre-registration nursing education (NMC 2011a), which provides guidance for the SPNE, where the NMC added to and amended various areas of the supporting advice. This updated version included the addition of a new annex to provide clarification of how requirements within the SLAiP apply to the SPNE (2011b).

Particular reference is made to assessment of students in practice. The SLAiP advice infers that assessment in practice is normally made with Due Regard. However the SPNE make it clear that assessment decisions can be made by any registered nurse at progression points one and two, and could be made by any other registered professionals, who have been suitably prepared, at progression point one. It will be up to programme providers to decide when the nature of the practice learning and the learning outcomes requires assessment with Due Regard, before the final sign off point. However, throughout the programme a registered nurse mentor or, where decisions are transferrable across professions, an appropriate registered professional, who has been suitably prepared, can make assessment decisions. Due Regard must be applied at the end of the programme, at final sign off for registration. This is actually the only point in the programme where Due Regard must be applied.

This increased flexibility to the assessment of practice learning now allows others, who do not have Due Regard, to be involved in practice assessment decisions throughout each part of the programme. Such others include registered nurse mentors without Due Regard, and appropriate registered professionals who have been suitably prepared for the role. Other registered professionals include other healthcare professionals, teachers and social workers. It is only at final sign off for entry to the professional register that Due Regard must be applied. This involvement of others in the supervision and assessment process also articulates with the NMC requirement regarding interprofessional learning where programme providers must ensure that students have the opportunity to learn with, and from other health and social care professionals (R.5.7, NMC 2010a).
Questions then arise regarding suitable preparation of others and the NMC SPNE outlines what that preparation could entail in R. 8.2.2b and G. 8.2.2b (NMC 2010a).

Furthermore the NMC no longer requires that students *must* work with their mentor for 40% of the time. The mentor must now be *available* to the student for 40% of the time. This change in wording now provides the opportunity for differing supervisory roles and flexibility within a variety of practice learning areas.
NMC Timeline Regarding Due Regard

- 2004: NMC Standards of proficiency for pre-registration nursing education
- 2005: NMC Standards to support learning & assessment in practice (SLAIP)
- 2008: NMC Standards for pre-registration nursing education
- 2010: NMC Advice and supporting information for implementing NMC standards for pre-registration nursing education
- 2011: NMC Advice & supporting information for implementing NMC standards for pre-registration nursing education
- 2011: NMC Application of the standards to support learning & assessment in practice to the standards for pre-registration nursing education
- 2011: NMC Implementing the standards for pre-registration nursing education
- 2012: NMC Due Regard
SECTION 2: LITERATURE REVIEW

2.1 Aim of Literature Review

1. To review the practice of other Higher Education Institution’s in the application and interpretation of the NMC requirements relating to the principle of Due Regard.
2. To review the practice of other health care professions in relation to the assessment and supervision of students to prepare students for registration.

2.2 Overview of Search Strategy

The search terms utilised were: Due Regard; assessment; supervision; nurses; practice/placement learning; NMC (2010a) Standards; other registered professionals; AHP’s; mentor; third sector.

The databases searched included CINAHL; Social Care On-line; Web of Knowledge; Medline; Assia; Google scholar. From an initial search thirty eight records were selected as being relevant to the subject matter and twenty five of these have been included in the literature review.

The inclusion criteria included all academic papers; government literature and professional guidance literature that focused on processes of learning and assessment in relation to the achievement of professional competencies; and the use of the Due Regard regulation and/or the supervisory equivalent. Given the specific nature of the NMC nursing standards, and their recent introduction, only papers from 2008 onwards were included.

Exclusion criteria excluded papers that did not hold direct relevance to assessment and supervision in relation to professional competencies; and/or did not relate to assessment and supervision in practice learning environments; and/or did not include content relating to Due Regard. This led to thirteen papers being excluded.

2.3 The Scope of the Literature Review

The focus of the review is to gain an understanding of the management of assessment and supervision needs of student nurses in practice learning environments, and specifically the interpretation of the principle of Due Regard. In addition, the review seeks to identify the way in which the NMC (2010a) SPNE, regarding the assessment and supervision of student nurses, are interpreted and applied in practice learning. Some creative responses from Higher Education Institutions, such as simulated learning, are offered as a response. A small sample of these are included in the review, including the use of Hub and Spoke configurations of practice learning, to enable student nurses to experience, in particular, inter-professional learning.

The Hub and Spoke model is also referred to as a method of responding to the growing health and social care integration agenda, and also particularly in the field of learning disability nursing, where care services are increasingly provided by the independent sector.
The regulatory requirements of other comparable health and social care professions will be considered with the aim of sourcing evidence of similar examples of assessment and supervision. Health and social care integration will impact on many diverse professional groups, not just nursing, and the expectation would be that the regulatory requirements would therefore be similarly stringent as in nursing.

A brief examination of the international perspective of the assessment and supervisory requirements of nursing is also included to identify any parity in the requirements of assessment and supervision in practice learning environments. For the purposes of this review a light touch approach will be given to the Midwifery perspective.

2.4 The Application and Interpretation of the NMC SPNE and the Principle of Due Regard

The literature regarding the application of the principle of Due Regard is sparse. More frequently authors draw attention to the limitations imposed on practice learning through the necessity to have Due Regard in place. This is highlighted by Brown (2012) who discusses the difficulties of applying Due Regard to child health students allocated to community health visiting placements in the final practice placement experience. Data indicates that community focused final placements enhances the confidence of newly qualified nurses and increases the likelihood of students gaining first posts in a community setting (Shelton and Harrison 2011; Brooks and Rojahn 2010). However, the rationale for placing child health students into health visiting placement areas was also to encourage enrolment onto the one year post registration health visiting programme.

Brown (2012) describes the constraints around the ‘sign off’ period when the regulation ‘Due Regard’ is applied, i.e. the sign off mentor must be from the same field of practice as the student, child health. As few health visitors have a child health registration, the NHS trust involved and the associated Approved Educational Institution (AEI) responded to this by leading an internal cascade approach to the training needs of the prospective mentors. As one method of managing the Due Regard principle is to increase the training of mentors, another is to take a programme approach and reconfigure the organisation of practice learning.

2.4.1 Hub and Spoke Approaches to Practice Learning

The NMC (2010a) standards for pre-registration nursing education indicate that a Hub and Spoke approach to practice learning may provide the flexibility in learning and opportunities for more innovative learning experiences. Long placements with satellite spoke experiences can support a tripartite approach to assessment with supervisors feeding back to the hub assessor with Due Regard. Roxburgh et al (2012) outline three pilot configurations of the hub and spoke model and conclude that organising practice learning in this way deepens student learning and enables greater opportunity for mentors to use their knowledge in a different way. Students developed strategies for ‘path learning’, ‘path-finding’ or ‘strategic spoking’ to achieve specific competencies and ‘follow’ the patient journey. Assessment and supervisory requirements are met by the mentor in the Hub who works closely with the individual supervisor in the Spoke learning environment. Thus a Hub and Spoke approach may allow the flexibility the NMC (2010a) offers, while maintaining Due Regard.

Arnott (2010) describes a practice learning pilot and the opportunities for extending community focused learning for undergraduate adult nursing students. The rationale for the pilot is partially explained by the increasing drive for community focused nursing as 80% of health care journeys begin and end in a primary care setting, the equivalent to 300 million individual health care treatment episodes (Department of Health 2006).
In the pilot, sixteen students were managed within a discreet pathway of the adult programme and allocated to either general practice or community based learning environments with the aim of identifying the key skills and knowledge required to practice in a community setting. A Hub and Spoke approach is utilised to support the nursing students in skills development with students allocated to a Hub placement for four or five weeks with shorter spokes identified between the mentor and student and in line with the individual patient care pathway.

Identifying the practice learning environment of general practice surgeries is described as ‘challenging’ by Arnott, partly due to a lack of funding for students attached to a general practice environment. In addition to this, community and general practice surgeries are not traditionally viewed as main placements for student nurse learning. The mentors expressed a lack of clarity and understanding of what was expected of them, particularly in the area of assessment. In response, competencies were mapped to the NMC Standards for Education (2004). Mentors in the Hub placement carried the overall responsibility for learning in the Spokes, but the duration of the Spoke, or the details of the overarching supervision process, was not explored in the paper.

2.4.2 Partnership Working

Partnership working is also discussed by Clark et al (2011) as an option for managing assessment and supervision requirements. An innovative collaboration between the University of Nottingham and Nottingham County Council is described where a health communities’ officer, employed by local social services to work with individuals who are homeless, is supported to provide mentorship support to a student nurse. The student is taking part in a four week practice learning experience within the first year of an undergraduate programme. NMC requirements state that a student nurse in the first year of the undergraduate programme can be supervised and assessed by another professional, provided they are ‘suitably prepared’.

The mentor was prepared through the provision of an overview of the programme curriculum, an overview of the mentorship role, as well as information about the practice learning competencies. Although the mentor held a teaching qualification she was asked to attend an educational activity in the university to update and refocus her teaching and learning knowledge to the nursing profession. In order to find equivalency with the SLAiP (NMC 2008) for assessment and supervision of the student, the practice learning profile audit was matched to the NMC Standards as well as to the Quality Assurance Agency for Higher Education (2007).

In conclusion, the principle of Due Regard is given only cursory attention in the current literature. Only one example is identified where alternative methods of preparing a mentor are described. It appears that provision of alternative practice learning does not occur if there is no mentor on the same part of the register as the student. There is some discussion in the literature regarding the use of a Hub and Spoke configuration which provides opportunities around alternative practice learning experiences. Given that the NMC SPNE are relatively new and currently only being embedded in HEI’s it remains a relatively new area, not yet explored in the literature.
2.5 The Application and Interpretation of the NMC Standards in Relation to Assessment and Supervision in Practice Learning Environments

2.5.1 Assessment and Preparation of Mentors

Although the role of the mentor is to create and protect the quality of the learning environment, Glasper (2010) discusses the importance of the NMC requirement for sign off mentors to supervise the student 40% of the working week through direct supervision. This regulation came about partially through the Allitt Inquiry from 1991 in which the behaviour of pupil nurse Beverley Allitt was found to be extremely concerning (The Allitt Inquiry 1994). Glasper welcomes the NMC standard that requires prospective sign off mentors to be supervised during the first three sign off events. However, following difficulties in achieving this standard, Glasper describes the NMC offering ‘helpful’ alternatives such as objective structured clinical observations, role play and simulation as methods to achievement for the first two sign offs, and only the third sign off being face to face supervision.

The sign off mentors carry the burden of responsibility in confirming competency levels of the student, and although the NMC have stated that only one of the three occasions of supervision of a final stage student is required to be face to face to achieve sign off status, Durham et al (2012) emphasise the importance of creating a development programme for existing experienced mentors to ensure skills are continually supported and sufficiently developed to achieve sign off status. A two part assessment strategy was used which included an Objective Structured Clinical Assessment to measure mentors understanding of the NMC requirements for student learning.

Similar alternative mechanisms have been described in the assessment of student nurses. Fitzgerald et al (2010) discuss the complexities of assessing student’s clinical skills and describe the NMC Simulation and Practice Learning Project piloted across 17 universities and HEI’s. The aim was to examine if simulation could be used to support the development of clinical skills without causing any disadvantage to the student nurse. Using a system of competency scoring, they discuss the evidence for discrepancies between mentor feedback and the competency level of the student and focus particularly on mentor skills in providing feedback around professional values as being problematic. The use of simulation is considered a helpful response to this and a supportive resource for the mentors.

2.5.2 Assessment and Primary Care

The NMC has stated that there is greater potential for graduate nurses to move into primary care environments with the SPNE and that it is the responsibility of programme providers to ensure that students have a wide range of practice learning opportunities (NMC 2010a; 2011a). This drive towards community based practice learning is further supported by Modernising Nursing Careers (Department of Health 2006).

This is based however on the assumption that programme providers have built an emphasis on community based learning into the undergraduate curriculum and that this is evident, not just in practice learning, but also in academic learning. Shelton and Harrison (2011) use local anecdotal evidence to assert that the use of community placements for the adult field is limited and that placement provision remains largely focused on secondary care environments.
The literature suggests that the NMC standards are being interpreted precisely and without the flexibility offered in the Advice and Supporting Information for Implementing NMC Standards for pre-registration nursing education (NMC 2011a). Programme providers are reaching out to previously untapped resources such as health visiting teams and GP practice teams but this is reliant on extensive partnership working between the Approved Education Provider and the local NHS Trust.

2.6 The Application and Interpretation of the NMC Standards in Relation to Assessment and Supervision of Students by Non-nursing Professionals

The increasing emphasis on health and social care integration alongside the advancing movement of the independent and voluntary sector is inevitably having an impact on the nature and availability of practice learning opportunities. This is particularly evident in the field of learning disabilities in which Rose (2011) states that ‘the NHS is in the minority’ in terms of providing employability to learning disability nursing students. If programme providers are to stay viable and contemporary, he argues they have to become far more knowledgeable about the voluntary sector and the independent care sector, as well as all of those care settings in between. This is particularly necessary as workforce figures for learning disability nurses is falling, from 19,000 down to 6,600 in 2009, whilst demand for service is rising. Rose argues that the voice of learning disability nurses will not be heard until the NHS accepts that it is in the minority for employing learning disability nurses.

Learning disability nursing roles span community support specialists, liaison roles between services, and secure and forensic settings, and as a result voluntary and public sector placement learning should be accessed. A third sector organisation interviewed as part of a recent Learning Disability Nursing Report provides a considerable number of student placements and is keen to continue to engage with the Approved Educational Institution to promote their identity as a ‘teaching organisation’ (Gates 2011).

The National UK Review of Learning Disability Nursing (Scottish Government 2012) also highlighted the importance of working across agencies and that pre-registration nursing programmes should be designed to reflect the personalisation agenda and the person centred care approach. Despite this there is little in the literature that reports significant changes to the way practice learning is constructed in learning disability programmes. In addition, there is an absence of literature that describes practice learning that includes the voluntary and independent sector.

Heidinger (2009) describes an approach to practice learning which enables a greater focus on person centred planning, a key concept in learning disability nursing. The rationale of the approach, from a Scottish University, was to support students who undertook a one year placement in which they are attached to a single community team. This community team provides the primary mentor with co mentorship, ‘adopted’ in additional learning environments. The learning environments are arranged in relation to the achievement of the NMC standards of proficiency, or by student interest, or by client need, in contrast to more traditional approaches to allocations in which the university determines the placement according to capacity and proximity of the students address. Unfortunately, challenges relating to mentoring students in non NHS environments are not explored in the paper but an assumption would be that these would arise regardless. This approach is suggestive of a Hub and Spoke type of practice learning, although these terms are not used by Heidinger.
In conclusion, the subject of assessment by non-nursing professionals is not explored in literature despite clear evidence that an increase in exposure to non NHS environments will become an increasing necessity particularly in the learning disability field of nursing. There are indications that alternative methods of configuring practice learning are being considered by Approved Higher Education Institutions, which may result in more focus on the assessment and supervision by non NHS professionals.

2.7 Reviewing the Practice of Non-nursing Professions in Relation to the Assessment and Supervision of Students

2.7.1 The Social Work Profession

The 2002 degree for qualifying social workers states that 200 days must be spent in practice settings, an increase from the previous 130 days (Department of Health 2002). However all the time spent in practice is mandatory: the only other specification as to how the time is to be used is to ensure that students have at least two different practice settings, with at least two service user groups, and also involve statutory social work.

Research indicates that social work education in practice experiences similar difficulties to nursing education in terms of challenges to the individual professional supervising and assessing the student social worker. In a study conducted by Waterhouse et al (2011) practice assessors and placement supervisors from the BA (Hons) Social Work students were provided with questionnaires, supplemented by group discussions, to explore factors that hindered and supported the assessment and supervision process of social work students. A range of structural, organisational and developmental recommendations were made as a result of the study. These included supporting social work practice educators including mentoring and buddy schemes for newly qualified practice educators and providing clear career pathways and/or incentives for supporting student social workers.

2.7.2 The Medical Profession

Regulation of medical education is detailed by specific outcomes and standards by the General Medical Council (GMC) (GMC 2009). This was then supplemented by further advice from the GMC in 2011 (GMC 2011). In 2010, following the merger of the Post Medical Educational Training Board and the GMC, the GMC assumed all statutory responsibility for all stages of medical education, a change which is likely to have led to the supplementary advice. The requirements for learning, teaching and assessment are set out in nine separate domains each containing a number of standards, and in addition to this the Education Strategy 2011-2013 (GMC 2011) provides guidance to educational providers about the requirements of the curriculum.

In relation to medical students, medical educators are clear that all involved in the education of medical students will be selected, trained, supported and appraised (GMC 2011). Further regulations state that medical schools must ensure that appropriate staff development programmes are available that support all staff to promote teaching and assessment skills (GMC 2009). The professional regulatory body also emphasises the importance of role models in the supervision of medical students and that doctors with responsibility for teaching medical students must ensure that they are ‘properly supervised’ (GMC 2009). Learning is outcome led and all students are assessed against a range of competencies as in undergraduate nursing.
A literature review, undertaken by Millar and Archer (2010), exploring the impact of workplace assessment as a tool for learning in post graduate medical education, describes workplace assessment, or ‘what doctors actually do in practice’ (p1), as a relatively new initiative. Traditional assessments have been ‘subjective, implicit and non-standardized’. Workplace assessment is usually formative in nature and refers to any activity that assesses performance in clinical practice which may include observation, discussion or feedback in the assessment process. The authors conclude that there is little evidence to demonstrate that there is a clear link between workplace assessment and performance improvement and suggest that substantial research around this area requires to be conducted particularly in the light of greater recertification processes. No mention in the paper is given to matching assessment strategies against competencies suggesting perhaps there is less professional regulation around this area.

An example of using practice learning experiences to contribute to overall assessment requirements is described by Anderson and Lennox (2009). The Leicester Model of Interprofessional Education describes a two day course that medical students complete to engage with interprofessional learning activities where two Schools of Medicine developed partnership working with local health providers to support students in a short exposure to a community health setting. The assessment processes of the two Schools differed but the core learning objectives were the same. In each case however, assessment and supervision was provided by registered medical professionals.

In summary, the medical profession is moving towards greater consistency and objectivity in assessment processes which are matched against pre-determined competencies. There is little or no indication that professionals other than the medical professionals are assessing medical students.

2.8 Assessment and Supervision in Pre-registration Nursing Programmes: An International Perspective

The Australian Nursing Council (2002) describes the professional standards in the ‘Principles for the assessment of National Competency Standards’. Here, an ‘assessor’ is described as an individual who is:

‘......educated in assessment of performance, is experienced in the nursing performance being observed and has demonstrated skills in analysis, interpretation and evaluation of elements of the assessment process’. (p.1)

It does not state that the individual has to hold a professional registration. Recently there has been a shift in emphasis away from assessment simply based on knowledge and the use of checklists in clinical settings towards a more holistic approach in which assessment in clinical practice permits the assessment of skills, attitudes, values and abilities, thus widening the assessment opportunities available.

In Canada, the framework for Registered Nurses provides a common framework to the practice of nurses in Canada (Canadian Institute 2007). Of particular relevance in the rationale for such a framework is the relatively large number of unregulated care environments that nurses may practice in. The need for explicit and clear understanding of practice learning competencies is therefore arguably more of a necessity. Registered Nurses are assessed by the regulatory body in the jurisdiction in which they live, although the competencies are shared by all. Nurses and other health professionals share common ground in practice application allowing for greater overlap between professionals in education and learning.
However 62% of nurses currently work in hospital settings so interprofessional learning is currently confined largely to acute and secondary care services. However the future of the profession, espoused by Villeneuve and McDonald (2006), anticipates a greater focus on community provision and a health service that is focused around community and social determinants in health demographics.

2.9 Summary of Literature Review

In summary, in terms of other professionals, and the international perspective explored, it seems that there is little evidence to indicate that professionals other than the professional discipline of the student, participates in the assessment process in anything other than a most nominal manner. The literature offers no examples of where Due Regard has worked well in implementing the flexibility offered by the NMC to providers in the (NMC 2010a; NMC 2011 a,b,c) standards and guidance.

The literature regarding the assessment and supervision of undergraduate nurses generally acknowledges that student learning in practice must operate beyond the more traditional boundaries of secondary and acute care practice learning settings if they are to develop the skills required to work in contemporary health and social care settings. However it seems that this is very new territory for both academic and clinical partners and that the principle of ‘Due Regard’ is interpreted as an absolute rather than in accordance with the softer and more flexible advice provided by the NMC (2011a) guidance and advice document.
SECTION 3: SURVEY AND DATA ANALYSIS

3.1 Findings of the National On-Line Survey

In order to ascertain the views from academic staff within Higher Education Institutions (HEI’s) who provide pre-registration nursing programmes in Scotland, an online survey was set up using the survey monkey tool.

The aim of this survey was to review each institution’s experiences of Due Regard, and the use of other registered professionals in their pre-registration programmes (excluding Midwifery). This survey was not anonymous because the group were specifically looking for:

- Higher Education Institutions (HEI’s) in Scotland’s interpretation of the NMC (2010a) standards, recommendations and guidance in relation to Due Regard, and how this is measured at institution level;

- Instances where HEI’s believe ‘Due Regard’ or the use of ‘other registered professionals’ has been successfully applied;

- Instances where it has not been possible to apply ‘Due Regard’ and how this was addressed;

- Any specific challenges encountered by HEI’s and how they had been resolved.

This section of the report will display the answers from the online survey in both table format and direct quotes from the open ended questions and additional comments. Eighteen participants responded to the survey from nine HEI’s in Scotland, however not all responded to each question.
3.2 Demographics

Question 1: Which Higher Education Institution do you represent?

The survey was distributed to all Higher education Institutions in Scotland who provide Pre-registration nursing education. Eighteen participants responded from nine universities. Figure 1 identifies which universities were represented and how many respondents came from each university.

![Figure 1: Representation from Higher education Institutions (n=18)](image)

Question 2: Which field(s) of nursing do you represent?

Figure 2 outlines the pre-registration programmes/fields of nursing that the respondents represented. Although only 18 participants responded some were representative of more than one programme/field of nursing.

![Figure 2: Representation from fields of nursing (n=18)](image)
Question 3: What is your role within your HEI?
The survey was distributed through Practice Learning Coordinator/Lead and Programme Lead networks. However cognisance was taken of the different titles for these roles in different HEIs. Therefore an option for ‘other’ was provided. The roles of the respondents within each HEI are outlined in figure 3 however ‘others’ included:

- Lecturer (n=1),
- Senior Lecturer Practice Learning, deputy for the lead (n=1),
- Senior Lecturer responsible for BN programme (n=1),
- Teaching Fellow/ cohort lead (n=1),
- Vice Chair (n=1),
- Field lead (n=1),
- Deputy programme manager (n=1),
- Programme lead within Scotland (n=1),
- Quality & Enhancement Lead (n=1).

Figure 3: Role of participant (n=18)

3.3 Definitions and Interpretation of Statements

The Standards for pre-registration nursing education define due regard as

“Relates to student assessment in pre-registration nursing programmes. If ‘Due Regard’ is required, the assessor must be registered on the same part of the NMC register and have a mark in the same field of practice that the student intends to enter”. (NMC, 2010a, p146)

However, in Scotland it is perceived that there are a number of challenges in applying Due Regard in pre-registration programmes and inconsistencies in advice received from the Nursing and Midwifery Council (NMC). Therefore HEIs were asked to state how they defined due regard within their own programmes.
Question 4: How does your HEI define 'Due Regard'?

There were thirteen responses, a number of which used the NMC wording in their definition.

<table>
<thead>
<tr>
<th>Mentors and practice teachers normally assess others only with due regard to the parts on which they, themselves are registered. (Directly from NMC glossary).</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Due regard</strong> - mentor on the same part of the register (field) as the student to complete the practice assessment’.</td>
</tr>
<tr>
<td>However there were a number of definitions which demonstrated a lack of clarity or understanding</td>
</tr>
<tr>
<td>‘... due regard mentors assumes the accountability for the competence achieved in practice’.</td>
</tr>
<tr>
<td>‘Other professionals mentoring students’.</td>
</tr>
<tr>
<td>‘It is almost always provided by a registered nurse on the same part of the register’.</td>
</tr>
</tbody>
</table>

Question 5: R4.2.1 (NMC, 2010a, p63) states “Practice learning providers must ensure that a mentor or practice teacher is available to the student for at least 40% of the time during periods of practice learning”. What is your interpretation of 'available'?

The respondents (n=14) interpretation of ‘available’ varied slightly but on the whole suggested it meant working 40 % of the time with the student, being on the same shift or being on the same premises.

| ‘Student spends at least 40% of their rostered time with their mentor or associate mentor’. |
| ‘Working with the student’. |
| ‘... works on the same shift as the mentor for at least 40% of the time’. |
| ‘... the mentor should be on shift with the student and be accessible to them’. |
| ‘The student and the mentor are almost always on the same ‘premises’ e.g. community health centre’. |
| One respondent however demonstrated more flexibility suggesting ‘available’ could be by phone. |
| ‘To us this means either in person or by phone’. |
Question 6: R4.2.2 (NMC, 2010a, p64) states “Practice learning providers must ensure that students are supervised directly or indirectly at all times during practice learning by a mentor, practice teacher or other suitably prepared registered professional.” In addition, the NMC (Implementing the Standard for pre-registration nursing education FAQs, 2010, p2) states “Examples of other health care professionals may include other health care professionals, a teacher or social worker.” What is your interpretation of ‘suitably prepared’?

Again the respondents (n=14) interpretation of ‘suitably prepared’ varied slightly. Five respondents stated they only used registered nurses who had undertaken NMC approved mentorship training. 

| 'All mentors have undertaken an NMC approved preparation course. Our students are not assessed directly or indirectly by non-registered nurses'. |
| 'I don’t know as this does not happen in my HEI'. |
| 'We are currently not "suitably preparing other professional", other than the mentorship programme that we have for the AHP’s. If a student works with another registered professional we ensure that this is less than 2 days. If more than 2 days they need to show that they have done a mentorship programme'. |
| 'For a practitioner to act as your supervisor they must meet the following criteria:
  o Be qualified in the same field of practice as the one in which you are practising;
  o Have completed a minimum of one year’s post-qualifying experience in the same field of practice as the one in which you are practising;
  o Have completed supervisor preparation as specified in accordance with statutory/professional body standards where available;
  o Comply with any statutory body/professional standards related to continuing to act as a supervisor, where specified;
  o Have completed an induction with…’ |

Other replies demonstrated more flexibility, highlighting that if the other registered professional had completed a programme considered to prepare them to support learning in practice and are provided with specific information about the pre-registration programme and outcomes then this is acceptable.

| 'Is aware of the learning needs and outcomes that the student is required to meet. Has the equivalent preparation to that of a nurse mentor e.g. assessor/supervisor within their own discipline’. |
| 'Someone who has completed the local mentorship programme or has completed a similar programme elsewhere. Or, has evidence of having completed some mentorship education associated with his/own professional development’. |
| 'They have information about the objectives and outcomes for the student’. |
| They are recognised within their sphere of practise and their organisation as able to educate a student in practice’. |
| 'At present the school mentorship module, whatever the supervisor’s background |
| 'That they have been prepared to support students either from their own professional body ... and understand the principles of mentorship/supervision that can be used to allow them to support other students out with their speciality (student nurses)’.
Question 7: How does your HEI assess/measure that other registered professionals ‘preparation’ is appropriate?

Those who accepted ‘other registered professionals’ gave examples of how their HEI assess/measure that other registered professionals ‘preparation’ is appropriate. These included accepting discipline specific training to support learners; received prior preparation from practice education team; liaison lecturer assessment in the clinical area or specific mentorship programme for AHPs/training.

| ‘Is a teacher/assessor/supervisor within their own discipline and has undertaken education and training within this role to support their own learners’. |
| ‘Liaison lecturing staff support students in practice and are on hand to liaise with PEF colleagues to ensure that mentorship is appropriate’. |
| ‘... But in addition when students are with other professionals they would have received prior preparation from a member of the practice education team’ |
| ‘We have a mentorship programme for AHPs at the university’. |
| **One response stated they mapped their training against the NMC SLAiP.** |
| ‘They are invited to map against the SLAiP standards using our APEL tool’. |

3.4 Involvement of Other Registered Professionals in Practice Learning and Assessment

Question 8: What do you think suitable preparation for other registered professionals (not registered nurse mentors) should include?

![Figure 4: Suitable preparation for other registered professionals (n=14)](image-url)
Participants were asked for suggestions of what they considered suitable preparation for other registered professionals. Five respondents gave additional suggestions to those in the drop down menu.

<table>
<thead>
<tr>
<th>Suggestion</th>
</tr>
</thead>
<tbody>
<tr>
<td>‘A mixture of APL and study’.</td>
</tr>
<tr>
<td>Information about the specific learning requirements for the students’.</td>
</tr>
<tr>
<td>‘A mix of all of the above, achieved by RPL OR RPEL. If the student wishes to achieve academic credit for the module partial RPL is not possible’.</td>
</tr>
<tr>
<td>‘... I think it requires something between an NMC approved mentorship programme and a half day study day. Probably to include an induction to the NMC 2010 standards and with some supervised input. ’</td>
</tr>
<tr>
<td>‘Unlikely other professionals will attend Mentorship Programme/Updates’.</td>
</tr>
</tbody>
</table>

Question 9: Since validation of your new programme have you had any students assessed at progression point 1 by anyone other than a registered nurse mentor?

All respondents (n=14) said they had not had any student assessed at progression point 1 by anyone other than a registered nurse mentor.

**Figure 5: Assessment at progression point 1 by others**
Question 10: R5.7 (NMC, 2010a, p75) states ‘programme providers must ensure that student have the opportunity to learn with, and from, other health and social care professionals’. Do you ensure that students have the opportunity to learn with, and from other healthcare professionals?

Figure 6: Opportunity to learn with others

All respondents (n=13) said they did ensure that students have the opportunity to learn with, and from other healthcare professionals. However, looking back at previous responses this does not appear to include mentorship and assessment in practice. Also the examples given predominantly related to theoretical sessions.

- Within the university our students link with social work and medical students as well as those from education and a range of social policy areas’.
- Shared modules with students of other professions e.g. social work, AHPs’.
- Shared learning with medical and social care students’.
- Insight learning and pathways - spoke learning’.
- Sessions from dietician, physiotherapist, epilepsy nurse’.
- Doctors social workers health promotion people etc’.
- AHPS, dieticians/physio/occupational health/podiatry/speech language team Radiographers/medical students/consultants health promotion team/specialist practitioners, stroke liaison/MS nurse/cardiac rehab/public health team’.
- Third sector workers’.
Questions 11, 12 and 13 focused on other professionals supervising students.

**Question 11:** What other registered professionals do you currently have supervising students in part 1 of the programme?

![Bar chart showing other registered professionals supervising students in Part 1 of the programme (n=13)]

- Allied health professionals: 4
- Teachers: 4
- Nursery teachers: 2
- Nursery nurses: 3
- Social workers: 3
- None: 7
- Other: 1

It was indicated that a variety of other registered professionals were supervising students in part 1 of the programme. However additional comments suggested this was only for a few days or very occasionally rather than a full practice learning allocation. Also seven HEIs did not have any other registered professionals supervising students.

- ‘However the above would support and supervise for days not for whole placement, students always mentored by nurse/midwife/health visitor or school nurse’.
- ‘Very occasionally only’.
- ‘All students are indirectly supervised by their mentor’.
- ‘But only for a short duration, and not assessing them, but feeding back to their registered nurse mentor’.
- ‘Not supervising as such but engaging in learning experiences via the insight visits/inter-professional learning/practice teachers DN/HVs’.
Question 12: What other registered professionals do you currently have supervising students in part 2 of the programme?

Similar to question 11 it was indicated that a variety of other registered professionals were supervising students in part 2 of the programme. However additional comments suggested this was only for a few days or very occasionally rather than a full practice learning allocation. Also there was an increase to eight HEIs that did not have any other registered professionals supervising students.

<table>
<thead>
<tr>
<th>Professional Type</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allied health care</td>
<td>4</td>
</tr>
<tr>
<td>Teachers</td>
<td>2</td>
</tr>
<tr>
<td>Nursery teachers</td>
<td>2</td>
</tr>
<tr>
<td>Nursery nurses</td>
<td>2</td>
</tr>
<tr>
<td>Social workers</td>
<td>2</td>
</tr>
<tr>
<td>None</td>
<td>8</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
</tr>
</tbody>
</table>

‘However the above would support and supervise for days not for whole placement, students always mentored by nurse/midwife/health visitor or school nurse’.

‘Very occasionally only’.

‘… only for a short duration of up to 2 days and feeding back to the mentor. This is an issue especially for LD since we would like them to have longer practice experiences within the third sector’.

‘Practice teachers/same field of practice as student’.
Question 13: What other registered professionals do you currently have supervising students in part 3 of the programme?

Figure 9: Other registered professionals supervising students in Part 3 of the programme (n=13)

Again similar to question 11 and 12 it was indicated that a variety of other registered professionals were supervising students in part 3 of the programme. However additional comments suggested this was only for a few days or very occasionally rather than a full practice learning allocation. Eight HEIs did not have any other registered professionals supervising students.

<table>
<thead>
<tr>
<th>Professional</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allied health care professionals</td>
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</tr>
<tr>
<td>Nursery nurses</td>
<td>2</td>
</tr>
<tr>
<td>Social workers</td>
<td>2</td>
</tr>
<tr>
<td>None</td>
<td>8</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
</tr>
</tbody>
</table>

‘However the above would support and supervise for days not for whole placement, students always mentored by nurse/midwife/health visitor or school nurse’.

‘Very occasionally only, students on elective overseas’.

‘... only for maximum of 2 days’.

‘Practice teachers/ same field of practice as student (DN’s)’.

Questions 14, 15 and 16 focused on other professionals assessing students.
Question 14: What other registered professionals do you currently have assessing students in part 1 of the programme?

Figure 10: Other registered professionals assessing students in Part 1 of the programme (n=13)

Figure 10 identifies 12 respondents out of 13 who did not have any other registered professionals assessing students in part 1 of the programme. One HEI said they had teachers and social workers but added in the comments that it was not them who actually completed the assessment - ‘They give feedback to the mentor who will undertake assessment’.

Question 15: What other registered professionals do you currently have assessing students in part 2 of the programme?

Figure 11: Other registered professionals assessing students in Part 2 of the programme (n=13)

None of the HEIs had other registered professionals assessing students in part 2 of the programme.
Question 16: What other registered professionals do you currently have assessing students in part 3 of the programme?

![Graph showing assessment professions]

Figure 12: Other registered professionals assessing students in Part 3 of the programme (n=13)

Only one HEI had other registered professionals assessing students in part 3 of the programme and this was due to an overseas elective placement.

‘overseas elective - staff prepared in advance by Work the World or via Memo of agreement with the university’.

3.5 Maintaining a Register, Annual Updates and Triennial Review for Other Registered Professionals

The NMC (2008, p.8) state:

“Placement providers were identified as being responsible for developing and maintaining the local registers and undertaking triennial review. ...however, it has become clear that some smaller scale placement providers, particularly 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”.
Question 17: Does your HEI keep a database of other registered professionals (non-registered nurse)?

Figure 13: Database of other registered professionals (n=13)

Three HEIs had a database/register of other registered professionals (non-registered nurse).

Question 18: Do you provide other registered professionals with annual updates?

Figure 14: Annual updates for other registered professionals (n=13)

Four HEIs provided annual updates for other registered professionals. Below are examples of how this is facilitated.

‘I have had a very few examples of AHPs requesting to sit in on annual mentor update sessions given at a ward/unit level - rare but has happened. Overseas elective - staff supporting elective students, many through Work the World, are supported by WtW staff who are, in turn, annually invited to a prep day within the University’.

‘3 hour preparation for practice session once yearly’.

‘Updates are provided for all staff groups to access’.

33
Question 19: Do you monitor the triennial review of other registered professionals?

Figure 15: Monitoring triennial review for other registered professionals (n=13)

One HEI stated that they monitored triennial review for other registered professionals but not for the new curriculum.

‘Same process as for all mentors but in C12 this is not necessary’.

Question 20: Are these other registered professionals supervised by a registered nurse mentor?

Figure 16: Supervision of other registered professionals by registered nurses (n=13)

Again the same university that answered ‘yes’ in question 19 stated the other registered professionals were supervised by a registered nurse but in the previous programme not the current programme.

‘Hub and spoke arrangement but not for C12’.
3.6 Policy and Audit

Question 21: Do you have a practice learning policy for situations where ‘Due Regard’ cannot be applied and students are supervised by other registered professionals?

None of the HEIs that responded had a policy or guideline for situations where ‘due regard’ cannot be applied and students are supervised by other registered professionals.

Question 22: With regards to your practice learning experience audit, what professionals do you record in the mentor numbers section?

Figure 17: Supervision of other registered professionals by registered nurses (n=12)

Figure 18: Recording of other registered professionals in audits (n=12)
3.7 Case Study Examples

Question 23: Finally we would be grateful if you could provide a short example/case study of a practice learning experience where students are supervised/mentored by someone who isn’t a registered nurse mentor.

Ten respondents gave examples of case studies where students were supervised/mentored by someone who isn’t a registered nurse mentor.

‘A student may be assessed and supervised by their nurse mentor but spoke out to an area with a social worker, the social worker would complete the insight visit form that the university has devised to allow reporting of the students learning for that period e.g. may be hours or a few days’.

‘Voluntary sector placement (often MH). Elective placement overseas’.

‘For short periods of time students may undertake spoke learning e.g. with a charitable organisation however they always remain indirectly supervised by their mentor who is a registered nurse or midwife in their hub. Any comments from these other professionals will be written directly into their student Practice Assessment document and will feed into the assessment which is only undertaken by an NMC recognised mentor.’

‘In a school students are supervised by the headmistress but due regard is applied by a registered nurse.’

‘During community they can spend some time with social workers, but the mentor is HV or DN.’

‘As a hub and spoke a student may go with a social worker for up to 2 days and they provide formative feedback to the hub registered nurse mentor. We do not have any example of using a non-registered nurse mentor for summative assessment. We do however have LD and MH students doing a 7 week practice experience in adult acute care with an adult nurse mentor in year 1’.

NMC Standards have precluded use of many of these areas - to the detriment of students

‘When students follow the patients journey we use a practice learning pathway that clearly identifies a possible patient journey, that includes health professionals who the patient may come into contact with i.e. unscheduled care, A & E, could include some time with, Tele-health- drugs and alcohol team/coast guard/paramedics/social work liaison/ this would be classed as insight visit/interprofessional learning. We have practice learning pathways developed for all our practice learning environments, and this is documented on a record that the students has in their on-going achievement record. This is negotiated with the students named mentor. The pathways reflect the key areas of experiences, unscheduled care, anticipatory care & community/public health’.
‘Hub and Spoke, Hub-Day Hospital, Spoke-Richmond Fellowship’.

‘Only on 2 occasions we applied due regard and these were with registered nurses. On one occasion we apply this with a school teacher and the competence is assessed by a practice teacher using due regard’.

Health & Social Care placements were acquired over many years and successfully provided learning experiences for students.

3.8 Conclusions from the National Survey

It is clear from the responses to the survey that there is indeed a degree of inconsistency throughout Scottish HEI’s regarding the definition of Due Regard; when application of Due Regard is a requirement within pre-registration nursing programmes; and the appropriate use of suitably prepared other registered professionals who can be involved in both the supervision and assessment of students.

The following analysis identifies the key constructs as currently operated in Scotland in pre-registration nursing programmes.

3.8.1 Clarity of Meaning of Due Regard

From an NMC perspective Due Regard relates to student assessment in pre-registration nursing programmes. If ‘Due Regard’ is required, the assessor must be registered on the same part of the NMC register and have a mark in the same field of practice that the student intends to enter (NMC 2010a).

However, within current pre-registration nursing programmes ‘Due Regard’ is interpreted as being applied by one who:

- Has the skills and preparation required to support the student’s practice learning outcomes;
- Is from the same part of the register and field of practice as the student;
- May be from an alternative part of the NMC register;
- May be a non-nurse professional.

This clearly demonstrates there is a lack of clarity in understanding when the term Due Regard is used.
3.8.2 Understanding of Mentor Availability

Recommendation 4.2.1 (NMC, 2010a, p63) states “Practice learning providers must ensure that a mentor or practice teacher is available to the student for at least 40% of the time during periods of practice learning”. The NMC (2011b) state ‘the standards allow for more flexible and innovative approaches to practice learning. This means that indirect supervision can be increasingly applied to students working away from their mentor with other registered professionals who may supervise and assess their learning. The named mentor must still be available to the student for 40 percent of the time and remains overall accountable for the assessment decisions. They must also be available to support other registered professionals involved in the student’s learning’.

Within current pre-registration nursing programme an ‘available mentor’ for 40% of the time is interpreted as:

- The mentor or practice teacher is available during 40% of practice learning time to advise and support as required;
- The student and a mentor, preferably his/her allocated mentor, are on the same shift (not necessarily working directly together);
- Contact is either in person, by phone or by other media.

3.8.3 Interpretation of Suitably Prepared

Requirement 4.2.2 (NMC, 2010a) states “Practice learning providers must ensure that students are supervised directly or indirectly at all times during practice learning by a mentor, practice teacher or other suitably prepared registered professional”. Registered Professionals are articulated by the NMC as:

“.... might include other health care professionals, a teacher or social worker” (NMC 2011c).

As stated above the NMC (2010a) clearly encourage the use of other registered professionals in the supervision and assessment of student nurses.

Within current pre-registration nursing programmes a mentor who is ‘suitably prepared’ is interpreted to be one who:

- Is aware of the learning needs and outcomes that the student is required to meet;
- Has completed the local mentorship programme or has completed a similar programme elsewhere; or has evidence of having completed some mentorship education associated with his/own professional development;
- Has information about the objectives and outcomes for the student;
- Has been inducted into the student’s programme, their module, or practice learning outcomes, and the practice assessment documentation to be used to assess the student;
- Must have undertaken an NMC approved preparation programme.
Although all respondents stated that they provided student nurses with the opportunity to work with other professionals, examples given were predominantly about theoretical sessions. Those who did include practice learning with other professionals did so for a few days at the most and identified that student nurses would always be supervised and assessed by a registered nurse mentor. None of the respondents had other suitably prepared registered professionals supervising or assessing students in any part of the programme.

It therefore appears that the lack of updating, provision of a register and monitoring triennial review of other professionals, as surveyed in questions 17-20, is a result of the non-use of suitably prepared other registered professionals in the supervision and assessment of student nurses.
SECTION 4: RECOMMENDATIONS

4.1 Introduction

The preceding literature review, and the outcome of the online questionnaire of Scottish HEI’s, have not indicated any flexibility in the interpretation and application of Due Regard. Nor have there been clear explanations provided of ‘suitable preparation’ of ‘other registered professionals’ to act as mentors. The principles for supporting nursing students in the SPNE (NMC 2010) remain the same under the new standards as their predecessors in that providing sufficient support for students is crucial to successful completion of nursing education programmes. However, they also offer greater flexibility in how this is achieved through greater flexibility in mentorship; more flexible and innovative approaches to practice learning; utilising broader approaches to direct and indirect supervision; and the use of other professionals in the supervision and assessment of students throughout the programme.

One of the main elements to consider in this approach is a precise understanding of the principle of Due Regard.

4.2 Due Regard

If ‘Due Regard’ is required, the assessor must be registered on the same part of the NMC register, and have a mark in the same field of practice that the student intends to enter (NMC 2010).

Table 1 indicates that Due Regard is actually only required for entry to the register, i.e. at sign off of NMC Competencies at the end of the pre-registration nursing programme.

<table>
<thead>
<tr>
<th>Throughout each part of the programme</th>
<th>At the first progression point</th>
<th>At the second progression point</th>
<th>For entry to the register</th>
</tr>
</thead>
<tbody>
<tr>
<td>A registered nurse mentor or, where decisions are transferable across professions, an appropriate registered professional, who has been suitably prepared</td>
<td>Normally a mentor who is a registered nurse from any of the four fields of practice.</td>
<td>A mentor who is a registered nurse from any of the four fields of practice.</td>
<td>A sign-off mentor who is a registered nurse from the same field of practice as that which the student intends to enter.</td>
</tr>
</tbody>
</table>

Table 1: Summary of who can make assessment decision at various stages of pre-registration nursing programmes (NMC 2011a).
Recommendation 1: Due Regard

*Due Regard is only required at sign off, however individual HEI’s may specify other points in their programme where they would want the principle of Due Regard to be applied. These specific points should be clearly articulated in programme specifications and approval documentation.*

4.3 Suitable Preparation for Other Registered Professionals and Flexibility in Practice Learning

With the introduction of greater flexibility, and wider opportunities in the supervision and assessment of students during each part of the programme, mentors should now be *available* for at least 40 per cent of the time during periods of practice learning, compared to the previous standards where mentors *must* be available 40 per cent of the time. This allows for a new approach to mentorship with flexibility in the ‘availability’ of the mentor allowing other registered professionals, such as other health care professionals, teachers or social workers, to supervise and assess students.

Increased flexibility provides more opportunities for other professionals to be involved in supervising nursing students in practice. However, to ensure that students are safely and effectively supported by individuals from other professions, it will be the responsibility of programme providers to consider the best ways to provide support and ongoing development to those who will be involved. The key aspects that need to be addressed are:

- The understanding and application of the standards for pre-registration nursing education;
- The differences between NMC mentor preparation programmes and the way in which other health care professionals have been prepared to support learning and assessment in practice;
- The professionals area of practice expertise and its suitability for supporting the outcomes of nursing programmes;
- Practice documentation and record keeping;
- Safe and effective ways of managing and coordinating practice learning;
- Processes for raising concerns about student practice;
- How that period of practice learning fits into the overall programme. (NMC 2011a, p.24)

There are various ways to support individuals from other professions who will be acting as supervisors for nursing students. These may include taught sessions in the HEI’s and small informal discussions, and peer support in practice settings. It could also mean that regardless of the approach taken, nurse mentors and individuals from other professions supporting and assessing nursing students are likely to benefit from joint activities that increase their opportunities to learn with and from each other (NMC 2011a).

An understanding of ‘suitable preparation’ of other registered professionals to undertake this supervisory and assessment role is also a crucial point in accomplishing this flexibility and programme providers must establish a process on how to suitably prepare such individuals.

What is clearly articulated within the NMC SPNE is that detailed processes should be in place where a professional, who is not a registered nurse, is designated to make assessment decisions at progression point one (R8.2.2b and G8.2.2b) (NMC 2010a).

To make assessment decisions at progression point one, the other registered professional must:
Recommendation 2: Suitable Preparation

To fulfil the NMC requirements to act as a mentor, the ‘suitably prepared’ other registered professional must:

- Be aware of the learning needs, objectives and outcomes that the student is required to meet;
- Have evidence of completing preparation for supervision or coaching associated with his/her own professional development;
- Have evidence of professional assessment skills and competencies from non-nursing professions;
- Have participated in the assessment and supervision of students within their own profession;
- Have been inducted into the student nurses programme, their module, and the practice assessment documentation to be used to assess the student.

Recommendation 3: Flexibility in Practice Learning

To promote flexibility, a process is developed by which third sector and voluntary organisations can be measured as suitable for student nurse supervision and assessment. An action from this would be that the SCEPRN should develop a national assessor’s equivalency tool for these environments.

4.4 Measuring Suitable Preparation

If HEI’s intend to utilise other registered professionals to mentor and assess nursing students how will HEI’s measure that the ‘preparation’ has been appropriate?

Recommendation 4: Measuring Suitable Preparation of the Person to act as a Mentor

Suitable preparation may be assessed/measured by:

- Use of an APEL/RPL tool, such a tool to be developed for use by all HEI’s nationally in Scotland;
- Quality assuring the process using a tripartite relationship of:
  i. Liaison lecturing staff who support students in practice such as the Practice Education Facilitators and/or the Care Home Education Facilitators;
  ii. The other Registered Professional;
  iii. The student; to ensure that mentorship is appropriate.
4.5 Summary of Recommendations

In summary, the principle of Due Regard, as articulated in the NMC (2010a) SPNE, allows for increased flexibility in practice learning within pre-registration nursing programmes. However, for HEI’s to gain benefits for their students they must have clear processes in place to ensure that other registered professionals involved in both the supervision and assessment of students, at various stages throughout the programme, are suitably prepared for that role, and similarly have robust processes to measure that preparation to ensure ultimately that it is working for students, and the patients they care for.

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SECTION 5: REFERENCES


Nursing and Midwifery Council (NMC) 2011a. *Advice and supporting information for implementing NMC standards for pre-registration nursing education. 2nd ed*. Available from: [http://standards.nmc-uk.org/PreRegNursing/non-statutory/Documents/Advice%20and%20supporting%20information%20for%20SPNE%2020110325.PDF](http://standards.nmc-uk.org/PreRegNursing/non-statutory/Documents/Advice%20and%20supporting%20information%20for%20SPNE%2020110325.PDF) [Accessed 20 January 2013].

Nursing and Midwifery Council (NMC) 2011b. *Application of the Standards to support learning and assessment in practice to the Standards for pre-registration nursing education*. Available from: [http://standards.nmc-uk.org/PreRegNursing/non-statutory/Documents/Application%20of%20SLAiP%20to%20SPNE%2020110325.PDF](http://standards.nmc-uk.org/PreRegNursing/non-statutory/Documents/Application%20of%20SLAiP%20to%20SPNE%2020110325.PDF) [Accessed 20 January 2013].


