Assessing the Validity of a National Assessors Equivalency Tool

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# GLOSSARY

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<tr>
<td>CHEF</td>
<td>Care Home Education Facilitator</td>
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<td>HCPC</td>
<td>Health and Care Professions Council</td>
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<tr>
<td>HEI</td>
<td>Higher Education Institution</td>
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<td>NES</td>
<td>NHS Education for Scotland</td>
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<tr>
<td>NMC</td>
<td>Nursing and Midwifery Council</td>
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<tr>
<td>PEF</td>
<td>Practice Education Facilitator</td>
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<tr>
<td>PLE</td>
<td>Practice Learning Environment</td>
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<td>SQA</td>
<td>Scottish Qualifications Authority</td>
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<td>SSSC</td>
<td>Scottish Social Services Council</td>
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<td>SVQ</td>
<td>Scottish Vocational Qualification</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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EXECUTIVE SUMMARY

Introduction

This is the second stage of a project on ‘Due Regard’. Project one explored and investigated Due Regard in practice in Scotland. Project two (this project) evaluated a pilot of the effectiveness and validity of a practice learning environment Equivalency Tool for non-nurse practice learning environments, usually non-NHS. The tool was tested in selected practice learning environments.

The aim of the project:
To promote flexibility in practice learning by which third sector and voluntary organisations can be measured as suitable for student nurse supervision and assessment in line with the NMC Standards for Pre-registration Nursing Education (SPNE) (NMC 2010a).

Objectives

1. Collect information on the preparation of non-nurse mentors.
2. Propose a draft Scottish standard for suitable preparation of non-nurse mentors.
3. Develop, through external peer review and benchmarking, a tool for measuring non-nurse practice learning environments.
4. Pilot the tool for assessing non-nurse practice learning environments.
5. Evaluate the tool for validity in identifying non NHS areas that provide good practice learning environments for undergraduate nursing students of all fields of practice.

This second stage project continued the cross-institutional work to:

- Recruit representatives from across the fields of nursing practice to support the aims of the project;
- Identify a sample of non-nurse led practice environments;
- Collect information on other professions’ (non-nurse) mentor preparation;
- Review practice learning assessment tools for suitability to be assessed by non-nurses;
- Refine and Pilot the equivalency tool within those environments;
- Collect information on other professions’ (non-nurse) mentor preparation;
- Report the findings of the project to the Scottish Collaboration for the Enhancement of Pre-registration Nursing (SCEPRN), and NHS Education for Scotland (NES) and propose a draft Scottish standard for non-nurse preparation;
- Disseminate the project findings through appropriate networks.
Recommendations

Recommendation 1: Equity for Supervisors (Non-NHS and Non-Nurse)

- Supervisors will receive ‘Suitable preparation’ for their role;
- An Annual update system will require to be implemented for supervisors;
- Higher Education Institutions will require to maintain a ‘Supervisor register’;
- A process similar to the Triennial Review will need to be developed and governed by Higher Education Institutions who manage a ‘Supervisor register’;
- Higher Education Institutions will require plans to manage the resource implications of supporting supervisor/assessor development.

Recommendation 2: Employing the Equivalency Tool

- The tool should be tested by a larger study incorporating statistical analysis to ensure the tool and the scoring is robust;
- For staff unfamiliar with the tool and the scoring system, preparation or training to prevent unreliability of scoring will need to be developed.

Recommendation 3: Recognition of Preparation Routes

A process for Recognition of Preparation Routes will require to be developed, for example, a folio noting an individual’s credentials to supervise student nurses. A distinction will need to be maintained between this specific recognition system and a University’s formal Recognition of Prior Learning (RPL) framework (for academic credit).

Recommendation 4: Managing Risk

Higher Education Institutions will continue to be accountable for the Quality Assurance of the Practice Learning Experiences to which their students are given access. Planning will be required for:

- Managing the temporary absence or leave of the supervisor to ensure achievement of the ‘40% availability’ is sustained;
- Raising concerns in a Non-NHS and Non-Nurse Practice Learning experience;
- Cause for Concern in a Non-NHS and Non-Nurse Practice Learning experience;
- Support for learning from a Higher Education Institution representative;
- Quality Assurance processes must be equitable for all sectors involved in providing Practice Learning for student nurses.
SECTION 1: INTRODUCTION

1.1 Previous Report and Recommendations

In academic year 2012/2013 the Scottish Collaboration for the Enhancement of Pre-registration Nursing (SCEPRN) group published the results of ‘An Exploration of the Interpretation and Application of Due Regard in Pre-registration Nursing Programmes’ Project (NES 2013). 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. The project provided an opportunity for Scotland to develop a position statement in relation to Due Regard which could be presented to the Nursing and Midwifery Council (NMC) in due course.

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. To enhance that process the project made four recommendations:

**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:
  - Liaison lecturing staff who support students in practice such as the Practice Education Facilitators and/or the Care Home Education Facilitators;
  - The other Registered Professional;
  - The student; to ensure that mentorship is appropriate.

1.2 What is Due Regard?

Due Regard is a principle in which 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, the NMC have not set requirements for practice assessors to be from the same field of practice that the student intends to enter until the final assessed period of practice at the end of the programme (NMC 2011a).

Providers may decide, depending on the structure of local programmes that practice assessment at progression points one or two, or at other points during the programme, will be made by nurse mentors from the same field of practice in which the student intends to qualify. 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>
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<tr>
<td>A registered nurse mentor or, where decisions are transferable across professions, an <strong>appropriate registered professional</strong>, 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>
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**Table 1: Summary of who can make assessment decisions at various stages of pre-registration nursing programmes (NMC 2011a).**
1.3 Phase 2: Aims of this Project

This is the second stage of a project on ‘Due Regard’. The aim of this new project is to evaluate a pilot of the effectiveness and validity of a practice learning environment Equivalency Tool. The tool is designed as part of a strategy of governance for non NHS practice learning environments in undergraduate nursing programmes, as HEIs seek to address the agenda for the Integration of Health and Social Care. Selected practice learning environments will be identified to test the tool. A standard for suitable preparation of non-nurse mentors will be explored and recommended as part of the findings of the pilot.

The aim of the project is:

To promote flexibility in practice learning by which third sector and voluntary organisations can be measured as suitable for student nurse supervision and assessment in line with the NMC Standards for Pre-registration Nursing Education (NMC 2010a).

Objectives:

1. Collect information on the preparation of non-nurse mentors.
2. Propose a draft Scottish standard for suitable preparation of non-nurse mentors.
3. Develop, through external peer review and benchmarking, a tool for measuring non-nursing practice learning environments.
4. Pilot the tool for assessing non-nurse practice learning environments.
5. Evaluate the tool for validity in identifying non NHS areas that provide good practice learning environments for undergraduate nursing students of all fields of practice.

This project builds on the previous 2012/13 session ‘An Exploration of the Interpretation and Application of the use of Due Regard in Pre-registration Nursing Programmes’ project recommendations to pilot an equivalency tool for non-nurse led practice learning environments.

This second stage project will continue to work cross-institutionally to:

- Recruit representatives from across the fields of nursing practice to support the aims of the project;
- Identify a sample of non-nurse led practice environments;
- Collect information on other professions’ (non-nurse) mentor preparation;
- Review practice learning assessment tools for suitability to be assessed by non-nurses;
- Refine and Pilot the equivalency tool within those environments;
- Collect information on other professions’ (non-nurse) mentor preparation;
- Report the findings of the project to SCEPRN, and NES and propose a draft Scottish standard for non-nurse preparation;
- Disseminate the project findings through appropriate networks.

The project will help fulfil the health and social care integration agenda and the NMC expectations of exploiting varied practice learning environments for student nurses. The project will enable effective governance of the development and maintenance of diverse practice learning environments.
SECTION 2: WHY DO THE PROJECT?

2.1 Preamble

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. This project builds on the work undertaken in ‘An Exploration of the Interpretation and Application of Due Regard in Pre-registration Nursing Programmes’ Project (NES 2013) and emerges from the recommendations articulated within the report.

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. 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, thus opening up opportunities for students to engage in care provision in an increasingly diverse range of practice learning areas.

With the Scottish Governments increasing focus on Health and Social Care Integration of Services (Scottish Government 2013a), it is timely to consider how students are supported to gain meaningful experience in Health and Social Care practice learning areas, out with what has traditionally been their ‘normal’ areas of practice. The integration of Health and Social Care is currently gaining huge momentum within Scotland.

The Scottish Government’s strategic direction for Health and Social Care is based on the vision that by 2020 everyone will live longer and have healthier lives at home or in a homely setting; adult health and social care services will be integrated; and services for children will be designed to ensure they have the best start in life. The 2020 Workforce Vision has been developed in recognition of the vital role that NHS Scotland staff have in supporting and driving these changes (Scottish Government 2013b).

The Chief Nurse for Scotland’s Education Review, ‘Setting the Direction’, sets out the strategic vision for the continuing development of the workforce both in terms of pre-registration nursing students and also qualified staff (Scottish Government 2014). Students undertaking current NMC approved pre-registration nursing programmes are the future workforce and it’s imperative that they are prepared to work in increasingly varied practice learning environments.

However to ensure the integration agenda links with the provision of varied practice learning environments for student nurses it is necessary to ensure that there are suitably prepared mentors for supervision and assessment within these areas.
2.2 Workforce 2020 Vision

The Scottish Government’s planning of workforce requirements for 2020 are articulated in ‘Everyone Matters: 2020 Workforce Vision’, including the Implementation Framework and Plan, and is reflective of what needs to change and be done better by 2020 in the NHS in Scotland (Scottish Government 2013b,c). It recognises the challenges that NHS Scotland is facing and the Implementation Framework and Plan outlines the arrangements for planning and monitoring progress. Twelve priority areas for improvement are identified, Integrated Health and Social Care being one of these key priority areas. This includes ensuring the workforce have the necessary skills to prepare them to meet future service requirements for integrated working, which includes the student nurse population undertaking their nursing programmes within the HEI’s, currently and in the future.

Allowing student nurses to access the wealth of service delivery experiences such as voluntary, private, non NHS, community, social work, education and charitable organisations, is also part of that workforce preparation. The health workforce will need to change to match new ways of delivering services with new ways of working, including having the staff with the right skills in the right numbers in the right jobs (Scottish Government 2013b). This articulates with the NMC standards which allows greater flexibility in practice learning opportunities for student’s where requirement 6.5.2 of the NMC SPNE stipulates that ‘Programme providers must ensure that practice learning opportunities take place across a range of community, hospital and other settings’ (NMC 2010a).

2.3 Health and Social Care Integration

The vision articulated within the Health and Social Care Integration agenda is that patients should have a seamless journey of care. The integration of services encompasses innumerable areas of service delivery and the organisational processes that will be necessary for the success of such integration. However it also encompasses the integration of joint partnership working between teams of health and social care professionals coming together to share responsibility and achieve common outcomes for patients and clients. Service integration and multi-professional working requires a workforce confident and competent to cooperate at different levels whether that is at a strategic level when planning services or during face to face contact when delivering care to patients. Education and training of health and social care professionals will be key to delivering this workforce (Hubbard and Smith 2012).

The NMC SPNE (NMC 2010a) allows for greater flexibility in practice learning experiences for student nurses which has clear articulation with the current driver within healthcare in Scotland for Health and Social Care Integration. It also further connects with the Workforce 2020 Vision to ensure that the workforce of the future have the necessary skills and expertise to prepare them for future service delivery.
SECTION 3: ASSESSOR/SUPERVISOR/MENTOR?

3.1 Who are Mentors?

The ‘Standards to Support Learning and Assessment in Practice’ define an NMC Mentor as a registrant who, following successful completion of an NMC approved mentor preparation programme, or comparable preparation that has been accredited by an AEI as meeting the NMC mentor requirements, has achieved the knowledge, skills and competence required to meet the defined outcomes (NMC 2008). A mentor is a nurse ‘…who makes judgements about whether a student has achieved the required standards of proficiency for safe and effective practice must be on the same part or sub-part of the register as that which the student is intending to enter’ (NMC 2008, p21).

With the publication of the SPNE (NMC 2010a) came the requirement for the overt presence of inter-professional learning in nursing programmes. The expectation is therefore that professionals other than nurses may support student nurses to learn in practice and to assess them. Examples of others who may support and assess are midwives or nurses from other fields of nursing practice. In addition other mentors, practice teachers or teachers may be involved in supporting and assessing student nurses when they have practice learning experiences in non-traditional environments (NMC 2011b). Non-traditional experiences may be with a social worker, specialist community public health nurse or teacher. Within alternative or non-traditional practice learning environments the NMC allows for the person assessing module or programme outcomes, developed as part of the whole programme, to be the professional who has the knowledge, competence and experience in that area of practice (NMC 2007; NMC 2010a G8.2.2a). Requirement 4.2.2 (NMC 2010a) expects there will be direct or indirect supervision of student nurses in practice learning ‘...at all times ... by a mentor, practice teacher or other suitably prepared registered professional’.

Within non-traditional Practice Learning Environments there are numerous individuals who may have desirable mentor qualities and can be suitably prepared to both supervise and assess student nurses on pre-registration nursing programmes.
3.2 Desirable Mentor Qualities

The ‘National Approach to Mentor Preparation for Nurses and Midwives Core Curriculum Framework’ makes reference to non NHS mentors and how the integration of mentorship could be integrated into the appraisal process for non NHS staff (NES 2013). It describes Desirable Mentor Qualities as:

- Commitment to student nurse and midwifery education – advancement of the profession demonstrated through their willingness to educate the next generation of nurses and midwives;

- Skills to facilitate learning – being a good communicator, being able to provide feedback about performance, identifying every possible opportunity for learning, providing rationale for their practice, developing the students confidence, empowering students by allowing them to practice and being able to focus on student learning in busy environments;

- Personal characteristics and behaviours – acting as a role model, awareness of own practice, knowledge of programme and styles of learning, clinical competence, positive attitude towards students.

These qualities however were linked to the work undertaken by Robinson et al. (2012) which was a study particularly focused on nursing mentor qualities however it may be that such qualities could be transferrable to non-nursing groups of supervisors.
SECTION 4: ROUTES TO PREPARATION

4.1 Introduction to Preparation

There are a variety of different routes to preparation for mentorship, or supervision and assessment, across differing professions involved in health, social care and education in Scotland. For nurses the standards for preparation of mentors are clearly defined in the NMC (2008) ‘Standards to Support Learning and Assessment in Practice’ (see sec 4.2). However for ‘other registered professionals’ there are a wide range of workplace assessors’ qualifications. Despite this, during an initial project investigating Due Regard in nurse education (Scott et al. 2013), it was noted that although the NMC (2010a) had introduced new opportunities for other professionals to assess student nurses, such opportunities were often not explored and alternative practice learning areas were only used as short visits. The challenge for HEIs has been quality assuring supervisors and assessors who have not been prepared using an NMC approved mentorship preparation programme, but who may have attained a work place assessor qualification within the SQA framework. The multiple agencies potentially involved in preparation include:

- Scottish Social Services Council (SSSC);
- Scottish and Qualifications Authority (SQA);
- Health and Care Professions Council (HCPC).

Mentorship preparation is a complex market thus the array of preparation routes and qualifications makes a mapping of individual qualifications challenging and potentially prohibitive to complete. This section provides some examples of supervisor and assessor programmes and guidance available.

4.2 Mentor Preparation Programmes

Although there are differences in the provision of mentorship preparation programmes throughout Scotland all HEIs must adhere to the NMC (2008) ‘Standards to Support Learning and Assessment in Practice’. The NMC stipulates that mentor preparation programmes must be:

- At a minimum academic level of HE intermediate level (previously known as level 2) or SCQF level 8;
- A minimum of 10 days, of which at least five days are protected learning time;
- Include learning in both academic and practice settings;
- Include relevant work-based learning e.g. experience mentoring a student under the supervision of a qualified mentor, and have the opportunity to critically reflect on such an experience;
- Normally be completed within three months;
- Should provide a foundation for undertaking an NMC approved practice teacher programme;
- Allow AP(E)L to be applied to up to 100% of the programme, and recognise previous preparation of an equivalent nature and standard.

(NMC 2008, p29)
Whilst providing a framework for the mentor preparation programmes the standard gives little
guidance on the content of the programme and only refers to registered nurses or midwives. In
2007 NES published the ‘National Approach to Mentor Preparation for Nurses and Midwives, Core
Curriculum Framework (NAMP)’. This was developed through collaboration between the HEIs,
service providers and NES. It was refreshed in 2013 to reflect the variety of drivers that have emerged in the last five years including the updated SPNE (NMC 2010a) which promote involvement of ‘other registered professionals’ to supervise and assess student nurses as long as they are ‘suitably prepared’. The NAMP (NES 2013) includes more guidance on identification and selection of mentors and a core curriculum framework and content. There is also discussion around the role of the supervising mentor, portfolio development and a number of scenario resources. The NAMP (NES 2013) provides a clear steer for inclusion of non-nurse mentors, in the supervision and assessment process, providing examples throughout that relate to other registered professionals such as social workers. The Scottish Social Services Council (SSSC) Continuous Learning framework was also mapped against the NMC Mentor outcomes, and profiles developed (NES 2013).

4.3 Scottish Social Services Council (SSSC)

Supervision and assessment preparation for social work type roles is provided through the Scottish Social Services Council and in 2008 they produced the Framework for Continuous Learning in Social Services which provides guidance for individuals employed in social care (SSSC 2008). It should be noted that these roles vary greatly in their nature, person specification and also the level the individual should be operating at in their post. The framework concentrates on four overall key elements which are:

- **Knowledge, skills, values and understanding;**
- **Personal capabilities;**
- **Organisational capabilities;**
- **Qualifications and training.**

The element ‘organisational capabilities’ element is similar to the NMC Mentor Domains and the criteria are as follows:

- **Creating a learning and performance culture;**
- **Planning for learning;**
- **Development and Improved practice;**
- **Promoting access to learning and development opportunities;**
- **Treating people with dignity and respect;**
- **Focusing on health and well-being.**

The ‘organisational capabilities’ highlight the similarities in the ethos of learning within a health and social care environment and the personal qualities and skills needed to implement them.

4.4 Scottish Qualifications Authority (SQA)

There are several programmes available through the SQA such as the SQA L&D9DI unit (Assess Workplace Competence Using Direct and Indirect Methods) and SVQ D32/D33. A number of mapping exercises have been carried out of the SQA L&D9DI unit to the NMC mentor domains. The rationale for this mapping was primarily to allow staff to either use evidence of current nursing mentorship to gain the L&D9DI qualification (previously A1 assessor award) or to simultaneously undertake mentorship preparation and use this to provide evidence for the SQA. To date this is still proving problematic.
4.5 Generic Guiding Principles

The NES Generic Guiding Principles (2008) were introduced to ensure that within various health care settings, there could be a set of very wide ranging principles which could be used to provide a framework to create a positive learning environment. These principles were written for institutions that did not have their own workplace principles or a development framework for staff.

4.6 Health and Care Professions Council (HCPC)

Within the Allied Healthcare Professions (AHP’s) preparation is varied and often profession specific for individuals involved in student assessment. The Standards for Education and Training Guidance (HCPC 2009) state that educators should be prepared but essentially leave these arrangements to the placement providers or employers (HCPC 2009; SET 5.8). They also state that other professionals can provide assessment for AHP students providing they have the more specialised knowledge for the particular programme outcome the student is studying e.g. a nurse can assess a radiographer’s aseptic technique (HCPC 2009; SET 5.9). The logistics of using these assessor arrangements are not explored in this guidance and are very flexible depending on profession and programme provider. There is also an emphasis on individual registrants providing evidence of their own Continuing Professional Development.

4.7 Summary

As demonstrated in these examples the breadth of information accessed for this project confirms the numerous mapping exercises that would require to be completed for each of the many assessor/supervisor preparation tools. Additionally, there is little supporting evidence establishing the extent to which these documents are used or indeed if they are routinely accessed when identifying individuals to assess. The exploratory work carried out by Scott et al. (2013) suggested that academic staff and institutions primarily recommended an NMC mentor preparation module for non-nurses and that APEL and RPL processes were complicated and time consuming.

The project group were keen that in developing the Equivalency Tool, it should be a simple, easy-to-use document which could be completed in a short space of time and that by doing so it would be directly meaningful to practice areas. The SSSC capabilities were considered similar to the SLAiP mentor domains, and there is merit in completing mapping activities particularly for significant assessor/supervisor qualifications. The timescale of the project was prohibitive and given the aim was to produce a workable tool for practice this led to the decision to discount a more extensive mapping of this framework to the mentor domains and learning outcomes of the National Approach document. It was also evident that there are too many supervisor and assessor preparation programmes within the Health and Social Care system to map them to the variety of mentorship preparation programmes available in Scotland. Table 3 (section 7) provides some further examples of the programmes available in the practice learning environments explored as part of the pilot.
5.1 Ethical Consideration

The project team discussed the possibility that ethical approval may need to be considered for the project given that the proposal was to pilot a tool within a number of practice learning areas. Although all the information would be treated confidentially and anonymously the project team consulted with the University of Stirling Research Ethics Committee. Discussion took place with the Chair of the Committee who was also formally written to giving details of the Educational Project. The Chair of the committee considered the project and did not feel that it warranted ethical approval. The letter to the Chair of the ethics committee and his response is within Appendices 1 and 2.
SECTION 6: THE EQUIVALENCY TOOL

6.1 How the Equivalency Tool was Devised

Initially the need to demonstrate equivalency of supervision and assessment skills, of ‘experienced mentors/supervisors’ within non-NHS areas, was highlighted as part of an ongoing project at Edinburgh Napier University.

In 2012 the University commenced a project to implement a Hub and Spoke model for practice learning across all fields of practice. One of the aims of this project was to explore new practice learning experiences and to widen community experiences for student nurses at a time when there were a wide range of services moving from acute settings into the community, in line with Shifting the Balance of Care (Scottish Government 2008). Furthermore the Scotland-wide plan to integrate Health and Social Care was also a factor in considering practice learning areas that were not hospital based which had clear articulation with the guidance from the NMC regarding alternative options for student nurses to be assessed in non-NHS areas (NMC 2010a).

As part of the project activity, three older people day care centres were identified as potential new practice learning areas and were audited to accommodate Year 1 Mental Health students. These areas were council funded and had registered nurses as managers, however most other staff were either registered with SSSC or had SVQ qualifications at various levels. Through this process of educational audit the Hub and Spoke project team decided to explore a process of assessing whether individuals working within a non-NHS setting had the appropriate knowledge and skills to supervise and assess student nurses.

The original equivalency tool was designed for use before the educational audit was carried out to assess whether the area was suitable for student nurses, prior to undertaking an educational audit. This original version of the tool contained two parts and assessed the risk of student nurses being placed within the area, and judged the equivalency of the assessor. An original version of the tool is available in Appendix 3. The rationale for the tool design was that a numerical result could reflect whether an area was suitable for students and that the assessor within the area was suitable to assess students. Numerical values were adjusted to ensure that a low scoring reflected an appropriate area with an assessor that was suitably qualified.

To test the numerical values, the Hub and Spoke project worker consulted with a colleague working as a Care Home Education Facilitator (CHEF) to apply the tool to a selection of care homes that he visited that currently had no registered nurses working there. This was carried out as a ‘table-top’ type exercise using knowledge of the CHEF and the tool was applied with five care homes in total. These areas had not supported student nurses before as there were no registered nurses working there. All five areas were scored at a low numerical value which gave some initial indication that the tool could be applied successfully to assess new potential areas for practice learning.

The completion and publication of the initial Due Regard project concluded that HEIs did not routinely use areas that did not have registered nurses as part of their establishment to assess students and therefore a method to ensure quality of the practice learning area would be useful to progress the recommendations of the initial Due Regard project.
The establishment of this current project group presented an opportunity to refine and pilot the tool further, and test its value in practice. As part of the development process the group discussed the tool in its original format and examined some existing audit documentation. The agreement was made that the first part of the original tool already existed as part of the HEI educational audit process. A decision was made at this stage to concentrate on the assessor equivalency section of the tool and to ensure the questions selected were pertinent to gain a clearer indication of the assessor’s qualifications and experience of supervision and assessment.

6.2 Peer review of the Tool

The Equivalency Tool, developed for this project, was sent to peers across the three universities involved in the project. However given the time constraints of the project only one person responded. Despite this it was a valuable process as it highlighted some inconsistency in the questions and the variety of choices for answers. This reviewer was an experienced lecturer who previously had a practice learning background as a Practice Education facilitator and extensive expertise working with mentors, and in the delivery of the mentor preparation programme.

![Figure 1: Process of Development of the Equivalency Tool](image)

6.3 Pilot of the Tool

In light of comments made by the Peer Reviewer some changes were made to the Equivalency Tool. The aim was then to pilot the tool in a variety of Health and Social Care areas where there were no registered nurses but where student nurses could be allocated to for a full Practice Learning Experience to achieve learning outcomes related to the health and social care integration agenda.

Information was collected by five people from three HEIs over a two week period: 25 February 2014 to 7 March 2014. The aim was to pilot the Equivalency Tool in two or more areas per HEI. After the Equivalency Tool information was collated it was organised on a ‘Case Scenario Template’ (Appendix 4) prior to being displayed in the format in Table 2. In total 10 areas were visited and the Equivalency Tool piloted with potential supervisors and assessors.
## 6.4 Pilot Areas

### Table 2: Information from each of the Pilot Areas

<table>
<thead>
<tr>
<th>Case Study</th>
<th>Nature of organisation</th>
<th>Practice Learning Environment (PLE)</th>
<th>PLE Information</th>
<th>Supervisor Professional Qualifications</th>
<th>Overall score from Equivalency Tool</th>
<th>Outcome</th>
<th>Additional Assessment/Supervision Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>One</strong></td>
<td>Social Work council funded</td>
<td>Learning Disability: Inpatient short break respite care for 5 - 16 year olds</td>
<td>Current: 1\textsuperscript{st} Year/Trimester One. Learning Disability/Child Health</td>
<td>A registered LD nurse with extensive supervisory experience.</td>
<td>2</td>
<td>Suitable</td>
<td>Professional Development Award in Supervision for Council Workers (SQA). Undergoing the D32/D33 SVQ assessor qualification. One member is registered with the NMC.</td>
</tr>
<tr>
<td><strong>Two</strong></td>
<td>Education</td>
<td>Primary School 3 – 5 year olds</td>
<td>Current: 1\textsuperscript{st} Year Trimester Two or Three Child Health</td>
<td>Teacher registered with the GTC Early Years practitioner registered with SSSC</td>
<td>3</td>
<td>Suitable</td>
<td>Regular contacts with Link Lecturer. Assessor and experience with competency based assessment.</td>
</tr>
<tr>
<td><strong>Three</strong></td>
<td>Social Work funded and others inc. council</td>
<td>Mental Health Tenancy support and outreach service</td>
<td>Current: 2\textsuperscript{nd} Year Trimester Three. Mental Health students</td>
<td>21 years’ experience as a care worker</td>
<td>3</td>
<td>Suitable</td>
<td>If placement at progression point then signed off at earlier point.</td>
</tr>
<tr>
<td>Case Study Four</td>
<td>Nature of organisation</td>
<td>Practice Learning Environment (PLE)</td>
<td>PLE Information</td>
<td>Supervisor Professional Qualifications</td>
<td>Overall score from Equivalency Tool</td>
<td>Outcome</td>
<td>Additional Assessment/Supervision Experience</td>
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</tr>
<tr>
<td>Social Work funded by a range of streams including Council</td>
<td>Eight bedded short break respite centre providing health and social care for 60-65 clients with profound learning disabilities</td>
<td>Current: 1st Year. Learning Disability students</td>
<td>Senior care manager who supports HNC and preregistration students. All care staff are registered with the SSSC</td>
<td>2</td>
<td>Suitable</td>
<td>Regular meetings with Link Lecturers ensures assessor is up to speed with programme developments.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Case Study Five</th>
<th>Nature of organisation</th>
<th>Practice Learning Environment (PLE)</th>
<th>PLE Information</th>
<th>Supervisor Professional Qualifications</th>
<th>Overall score from Equivalency Tool</th>
<th>Outcome</th>
<th>Additional Assessment/Supervision Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day Centre Third sector/social work funded for vulnerable older people</td>
<td>Monday to Friday service for 14 older adults all with a diagnosis of dementia</td>
<td>Current: 1st Year: Trimester Two. Mental Health students</td>
<td>The manager is a registered nurse with current knowledge of nurse education. She also provides supervision for the staff team and the 15 volunteers</td>
<td>2</td>
<td>Suitable</td>
<td>Professional Development Award in Supervision for Council Workers (SQA). Undergoing the D32/D33 SVQ assessor qualification. Manager and senior day care officer both registered with the NMC.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Case Study Six</th>
<th>Nature of organisation</th>
<th>Practice Learning Environment (PLE)</th>
<th>PLE Information</th>
<th>Supervisor Professional Qualifications</th>
<th>Overall score from Equivalency Tool</th>
<th>Outcome</th>
<th>Additional Assessment/Supervision Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Voluntary sector organisation providing residential/ health and social care support funded by the</td>
<td>Range of support services offered with learning disabilities</td>
<td>New placement but used previously for adult and mental health students</td>
<td>Manager currently registered with the SSSC</td>
<td>5</td>
<td>Suitable with preparation</td>
<td>Manager previously a SVQ assessor.</td>
<td></td>
</tr>
<tr>
<td>Nature of organisation</td>
<td>Practice Learning Environment (PLE)</td>
<td>PLE Information</td>
<td>Supervisor Professional Qualifications</td>
<td>Overall score from Equivalency Tool</td>
<td>Outcome</td>
<td>Additional Assessment/Supervision Experience</td>
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<tr>
<td>Case Study Seven</td>
<td>Social care organisation</td>
<td>Range of support services offered with learning disabilities</td>
<td>New placement but used previously for adult and mental health students</td>
<td>Manager currently registered with the SSSC</td>
<td>5</td>
<td>Suitable with preparation D32/33 course in 1997. Supervises HNC and undergraduate BA students as well as volunteers.</td>
<td></td>
</tr>
<tr>
<td>Case Study Eight</td>
<td>Social Care Organisation funded by Council</td>
<td>Range of support services offered for patients with Long Term Mental Health Problems</td>
<td>New placement but had been used previously for mental health students</td>
<td>Manager and Deputy currently registered with the SSSC</td>
<td>3</td>
<td>Suitable with preparation SVQ 3 Health and Social Care (Adults) SCQF Level 7. SVQ 4 Health and Social Care (Adults) SCQF Level 9. SVQ 3 Promoting Independence. RMA Registered Managers Award.</td>
<td></td>
</tr>
<tr>
<td>Case Study Nine</td>
<td>Nature of organisation</td>
<td>Practice Learning Environment (PLE)</td>
<td>PLE Information</td>
<td>Supervisor Professional Qualifications</td>
<td>Overall score from Equivalency Tool</td>
<td>Outcome</td>
<td>Additional Assessment/Supervision Experience</td>
</tr>
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<td>---------------------------------------------</td>
</tr>
<tr>
<td>School for Pupils with Learning Disabilities (High School)</td>
<td>A number of learning opportunities available for students to engage and work with pupils at all ages and levels of disability.</td>
<td>Current area used for one student nurse but has had ongoing support from link lecturer. Now re-assessed to increase capacity as familiar with the student nurse programme.</td>
<td>Head Teacher registered with the General Teaching Council as are all the teachers within the school.</td>
<td>1</td>
<td>Suitable with ongoing updates and support as required. Capacity to increase.</td>
<td>BSc Hons in Education. Certificate in Education (Supervision and Learning). ‘Mentor Preparation’ from the University prior to taking nursing students for practice learning experience. (Not the mentor prep programme - a half day session) and receives regular updates.</td>
<td></td>
</tr>
<tr>
<td>Nature of organisation</td>
<td>Practice Learning Environment (PLE)</td>
<td>PLE Information</td>
<td>Supervisor Professional Qualifications</td>
<td>Overall score from Equivalency Tool</td>
<td>Outcome</td>
<td>Additional Assessment/Supervision Experience</td>
<td></td>
</tr>
<tr>
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<td></td>
</tr>
<tr>
<td>Case Study Ten</td>
<td>Day Care Area for Older People (Privately owned).</td>
<td>Wide range of learning opportunities for years 1-3 both adult and mental health students. Operates Mon-Fri and recently extended opening hours until 9pm to allow increase in evening activities.</td>
<td>Current use for students but hoping to increase capacity as another staff member who has undertaken training at SVQ 4 Level.</td>
<td>Owner is a registered nurse. Staff employees – one is registered nurse teacher. Newer staff member just finished SVQ 4 (inc. Leadership module)</td>
<td>0</td>
<td>Suitable with on-going updates and support as required. Capacity to increase.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>MSc in Education (including NMC Teacher Qualification). SVQ 4 (inc. Leadership).</td>
<td></td>
</tr>
</tbody>
</table>

Table 2: Information from each of the Pilot Areas
SECTION 7: EVALUATION OF PILOT AREAS

7.1 Introduction to Pilot Practice Learning Areas

A selection of practice learning environments were identified by the HEI’s involved in the project and these were representative of a variety of ‘different’ non NHS areas. In the selection process some practice learning areas were currently already utilised by the HEI’s but were regarded as appropriate areas to consider as a pilot area for the tool given the nature of the learning experience, and the staff composition. However some practice learning areas were new as it was important to capture new areas as well.

The variety of areas piloted included Mental Health; Adult; Schools; Children’s Services; Learning Disabilities, all of which have previously been considered as areas that would not have ‘appropriate’ supervision for student nurse allocation.

7.2 Limitations of the Equivalency Tool

The project set out to develop and pilot a tool for measuring the ‘equivalency’ potential of student nurse non-nurse supervisor’s preparation, for the role of supervisor and assessor for student nurses in practice. It has not been possible within the timescale of the project however to measure the robustness of the tool using statistical instruments. That leaves open to debate the question as to whether or not the tool is fit for purpose. For NMC regulators it is risk assessment that is the central principle to address in the audit and preparation of practice learning environments (NMC 2013). In that sense therefore the tool may be open to criticism for lack of demonstrable sensitivity and specificity. The tool uses a simple numerical formula which may result in a lack of sensitivity (not identifying appropriate areas correctly), but potent specificity (assuring the rejection of areas which are not appropriate). If that is the case, however the outcome will be to reject appropriate areas; this is in keeping with the spirit of the NMC role of protecting the public. Thus in using the tool HEIs and the practice learning area can have a degree of certainty about why the area is not currently suitable and what might be needed to allow it to be included in the future.

7.3 Explanation of the Equivalency Tool

The tool is composed of six sections with a range of potential answers which collect a numeric value. The Equivalency Tool is available in Appendix 5.

7.4 Efficacy of the Equivalency Tool

On the whole the Equivalency Tool was reported to be easy to complete. The scoring was arrived at quickly and required no additional training for users. The scoring system however, needs to be clarified for questions 4 and 5. As there were a number of options in these questions it was decided that the lowest number would be taken as the score for example the score in Figure 2 would be 1.
Please specify which group of staff, volunteers or student/learners you supervise (tick all that apply)

- □ Student nurses doing a university programme 0
- √ □ HNC students 1
- √ □ Other learners 1
- □ Volunteers 1
- □ Professional programme students* 1
- √ □ Care staff 2
- □ None 2
- □ Other: (please specify): *(doctors, midwives, Allied Health Professionals; social workers, teachers, for example)

Comment

Figure 2: Example of Question from the Equivalency Tool.

7.5 Review of the Pilot Areas

The care environments where the potential assessors and supervisors were assessed using the Equivalency Tool were divided into broad categories: Third sector; Social work; Education; Nursing; and other. The majority of the areas piloted were in Social work areas (N=6).

![Care Environments](image)

Figure 3: Care Environments Piloted
The Equivalency Tool consists of 6 questions. Answers to the questions were given a score of 0, 1 or 2. The lowest score was taken for the final score. Figure 3 identifies how many of the potential supervisor and assessors scored 0, 1 or 2 in each question (see Appendix 5 for the questions and answers within the Equivalency Tool).

Figure 4: Answers to Questions on Equivalency Tool

The following graph provides an overview of the overall scores for each of the potential supervisor and assessors. Only one potential supervisor and assessor was scored at 0:

Suitable to supervise and assess student nurses with the minimum recommended additional update about specific programme requirements (at the discretion of the HEI).

All other scores ranged between 1-5:
Further preparation, (at the discretion of the HEI) to supervise and assess student nurses required.

Figure 5: Overall Scoring as per Equivalency Tool
The scoring system utilised within the Equivalency Tool is demonstrated below in Figure 6.

**Figure 6: Equivalency Tool Scoring System**

<table>
<thead>
<tr>
<th>Scoring System</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>An overall score of:</strong></td>
</tr>
<tr>
<td>0</td>
</tr>
<tr>
<td>1-5</td>
</tr>
<tr>
<td>6-12</td>
</tr>
</tbody>
</table>

From the pilots undertaken it is evident that there are a variety of ‘supervision and assessment’ programmes/modules undertaken by staff within the various areas. Given that this was a very small pilot it should be noted the variety in this provision, with such a small number. The dates the potential supervisor and assessors completion of the programmes ranged from 1994 to those currently undertaking a programme. Examples of some of the various programmes are highlighted in Table 3 below.

**Table 3: Examples of types of ‘supervision and assessment’ programmes undertaken.**

<table>
<thead>
<tr>
<th>Title of Programme/ Course/ Module</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1 assessors 1</td>
</tr>
<tr>
<td>Professional Supervision Award for Managers in Health &amp; Social Care</td>
</tr>
<tr>
<td>SVQ level 4</td>
</tr>
<tr>
<td>Support for students</td>
</tr>
<tr>
<td>Professional Development Award for Supervision of Council Workers</td>
</tr>
<tr>
<td>D32/33 Assessors Qualification</td>
</tr>
</tbody>
</table>
SECTION 8: GUIDANCE INFORMATION FOR MENTORS IN NON TRADITIONAL AREAS/NON NHS AREAS

8.1 General Information

There is recognition that HEIs need to respond to the health and social care integration agenda and to do so practice learning must move from the “traditional” areas. The traditional areas tend to be within the NHS and the private sector, particularly care homes. When alternative environments are used they tend to be short length learning opportunities, and the student nurse’s practice is not summatively assessed in situ but in tandem with another (nursing) practice learning area. Such alternative environments have the potential to provide fertile new learning experiences for the students.

In developing the project it became apparent that the new learning environments would need to have information about nursing and pre-registration nurse education. To that end a guidance booklet for the voluntary, private, Non-NHS sector areas is proposed which will require a combination of generic components, and components which are specific to the local HEI provider. For a proposed draft of the booklet, Guidance Booklet for potential Supervisors in the Voluntary, Private, and Non-NHS Sector, see Appendix 6.

The booklet identifies what areas are Generic components (G) and which are HEI Specific components (S). The areas covered within the booklet are:

Background to nurse education and mentorship (G):
- Governance of nursing programmes in the UK (G);
- Looking to the future and the integration of health and social care (G);
- How nursing programmes are managed in Scotland (G).

Practice learning, supervision and assessment (G&S):
- Assessment of nursing students (G&S);
- Role of the supervisor (mentor) (G&S);
- Practice learning experiences (G&S).

Programme Requirements and Practice Documentation (G&S):
- Cause for concern (supervisor or mentor) and Raising concerns (student and mentor).

Recruitment and selection of students to the programme and their continuance (G&S):
- Good Health and Good Character (G&S);
- Good Character (G&S).

Further Risk Assessments (G&S).
Policies and Procedures.
References.
Contact Details.
Conclusions

The introduction of the NMC SPNE (NMC 2010a) allowed for greater flexibility in the use of practice learning areas to allow student nurses to gain meaningful practice experience in a wider variety of areas. Areas such as those piloted in this project provide opportunities for students to engage with staff and patients in non-traditional practice environments that are utilised by patients on a daily basis and will become ever increasingly utilised as the developments in the Scottish Governments Health and Social Care Integration Bill progress (Scottish Government 2013a).

The Practice Learning team at Edinburgh Napier University had initiated a Hub and Spoke project group to consider an alternative model of practice learning and had also encountered a vacuum of such areas that could be utilised for practice learning experience. However the opportunity for students to access such areas presents challenges for HEI’s regarding the supervision and assessment of student nurses with the recognition that the majority of such areas do not have registered nurses as part of their staff allocation. The challenge of quality assuring supervisors or assessors who have not been prepared using an NMC approved mentorship preparation programme, but who may have attained a work place assessor qualification within the SQA framework for example, formed the basis of this project.

The principle of Due Regard, and when it is required for assessment decisions of student nurse competence in practice, was considered by the project team funded by NES in 2013 (Scott et al 2013) and was a conduit for this current project to explore the area further and consider ‘Assessing the Validity of a National Assessors Equivalency Tool’. The aim of this new project was to evaluate a pilot of the effectiveness and validity of a practice learning environment Equivalency Tool designed as part of a strategy of governance for non NHS practice learning environments in undergraduate nursing programmes.

The Equivalency Tool was refined from a first provisional version which emerged as an outcome of developing new learning experiences for student nurses through a ‘hub and spoke’ approach (Roxburgh et al. 2012). It became apparent through the hub and spoke project, and the findings of Scott et al. (2013), that identifying suitable preparation of other professionals was not straightforward.

The Equivalency Tool has proved easy to apply and opened up opportunities without complex training. Scores may be calculated quickly and having that score provides a starting point for deciding if the area should be audited as appropriate for student nurses. The audit is a time consuming process if insufficient supervisors will not be available, which is crucial in maintaining public safety. Although the Equivalency Tool may be simple to apply the scoring system does have a degree of complexity and where it is possible for more than one option to be ticked, e.g. for questions four and five, an explanation of the scoring is required for users.
Although straightforward to use for this pilot, the Equivalency Tool needs to be further tested for inter-rater reliability. So far the tool has been used by staff involved in its development and although it was tested and amended after peer review the project team found that they required clarification on the scoring utilised within the tool. Importantly the project team acknowledge that they have conducted a very small pilot, with a tiny selection of areas.

This small pilot is what was achievable within the timeframe allocated. If the tool is to be considered for utilisation in a National approach then it there would require testing in a larger group of areas. This activity would require engaging the skills of a statistician to ensure the tool and scoring was robust.

In appraising the preparation programmes for assessors/supervisors it became apparent that there is a wide variety around of both old and new qualifications. The project team did consider attempting to undertake a mapping exercise of such qualifications against the NMC Mentor Standards (NMC 2008), however it became apparent that there was a multitude of qualifications available and this exercise would be futile. To construct a mapping across such a huge number of qualifications would be prohibitive and temporary as new qualifications would need to be mapped as they present. Mappings have been attempted though anecdotally it remains a challenge in practice for a mentor (NMC) to be recognised as suitable to assess for social care students without doing additional preparation, often having to undertake the full qualification (and vice versa). Thus mappings are helpful but as yet not a true solution.

This project has offered up the opportunity for supervision preparation in non-NHS areas to be investigated and for recognition of preparation routes, similar to University Recognition of Prior Learning (RPL) schemes, to be considered within clear guidelines. As yet there is no clarity about how another registered professional might claim parity with the NMC standards for mentorship (NMC 2008). An approach such as this, whereby the prospective supervisor declares their individual preparedness, has the advantage of ensuring that each individual meets the requirements. Such a process is more robust than a blanket mapping which risks inappropriate qualifications being accepted, because of the complexity of the mapping task, and qualifications being mapped which might never be encountered. Quality Assurance has the potential for being more secure as the prospective supervisor will be supported in the process by a University representative familiar with the SLAiP (NMC 2008). Furthermore as it is an individual application the individuals name may only be entered on to the University held supervisor register once the application has been accepted and approved by the HEI. It must be recalled that in using this Recognition of Preparation Route attention must be paid to its purpose. The system of recognition used for this scenario is not for the purpose of gaining academic credit, as in RPL, so the national approach to develop such a system will not necessarily be mirrored here.

Aside from the above issues to consider are assumptions made within the current process of audit and preparation. In preparing an area for student nurses the audit tool assumes that a single mentor or multiple mentors may identified within the environment. The preparation for those mentors will be to the SLAiP (NMC 2008). In this new process of using the Equivalency Tool to judge if there may be suitable other professionals, it will be relevant individuals who are scored. For example in a school with 40 registered staff would all staff be considered Supervisors, the answer would have to be ‘no’ for that scenario, as only those who had completed a compulsory level of preparation could supervise. On the other hand it may be that the tool will be applied multiple times for the differing other professionals who practice in some areas for example in social care. In that circumstance it may not be that one preparation route is the norm. What has been uncovered is a multitude of qualifications for practice learning supervision; within the ten areas where the tool was applied there were at least six different ones.
The above discussion highlights the complexities involved and underlines that Suitable preparation remains an indistinct concept and is open to wide interpretation (Scott et al. 2013). Despite the original objectives for this project including setting a ‘national standard for suitable preparation’ this has not been achievable in the timescale. There remains investigation and testing to be completed around what this might fully encompass.

A prototype for information has been devised by the team, *Guidance Booklet for potential Supervisors in the Voluntary, Private, and Non-NHS Sector*, but it will need to be developed and tested for it to be operational.

There is a potential issue of equity for nurse mentors who are registrants with the NMC and supervisors in alternative non-NHS or other areas. In gathering the information and completing the tool for individuals, it became evident that the process of Triennial review and annual update required by the NMC is not mirrored in other arenas. It was apparent whilst undertaking the pilot that there was considerable uncertainty at times from staff members about, not just the name of the qualification they had undertaken, but when they completed it. In preparing the individual therefore there may be considerable support required as they construct a folio of their existing preparation. This is in the knowledge of the fact that such areas are and will not be supported by Practice Education Facilitators or Care Home Education Facilitators. This discovery has resource implications for the HEI in terms of support for new supervisors/assessors. Given that this is a new venture for all increased support will most certainly be necessary.

Finally the HEIs will continue to have to decide their own level of ‘risk’ in utilising new areas and the audit in conjunction with the Equivalency Tool need to identify areas of high risk for appropriate supervision by a suitably prepared person being available 40% of the time. For example if there is a sole supervisor in an area it would be high risk should that person not be available due to planned or unexpected leave, or other circumstances.

In applying the tool, it has been refreshing to observe the assortment of areas which may be utilised, coming from a very broad range of sectors. For example, areas such as special school provision, re-enablement projects and nurseries have been deemed accessible. This finding will fit well with the drive towards the integration of health and social care. Importantly however, it should be recognised that these areas do not need to be allocated to a specific field of nursing practice and once audited appropriately might be used for student nurses from the various fields of nursing.

**Recommendations**

**Recommendation 1: Equity for Supervisors (Non-NHS and Non-Nurse)**

- Supervisors will receive ‘Suitable preparation’ for their role;
- An Annual update system will require to be implemented for supervisors;
- Higher Education Institutions will require to maintain a ‘Supervisor register’;
- A process similar to the Triennial Review will need to be developed and governed by Higher Education Institutions who manage a ‘Supervisor register’;
- Higher Education Institutions will require plans to manage the resource implications of supporting supervisor/assessor development.
Recommendation 2: Employing the Equivalency Tool

- The tool should be tested by a larger study incorporating statistical analysis to ensure the tool and the scoring is robust;
- For staff unfamiliar with the tool and the scoring system, preparation or training to prevent unreliability of scoring will need to be developed.

Recommendation 3: Recognition of Preparation Routes

A process for Recognition of Preparation Routes will require to be developed, for example, a folio noting an individual’s credentials to supervise student nurses. A distinction will need to be maintained between this specific recognition system and a University’s formal Recognition of Prior Learning (RPL) framework (for academic credit).

Recommendation 4: Managing Risk

Higher Education Institutions will continue to be accountable for the Quality Assurance of the Practice Learning Experiences to which their students are given access. Planning will be required for:

- Managing the temporary absence or leave of the supervisor to ensure achievement of the ‘40% availability’ is sustained;
- Raising concerns in a Non-NHS and Non-Nurse Practice Learning experience;
- Cause for Concern in a Non-NHS and Non-Nurse Practice Learning experience;
- Support for learning from a Higher Education Institution representative;
- Quality Assurance processes must be equitable for all sectors involved in providing Practice Learning for student nurses.
SECTION 11: REFERENCES

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Scottish Qualifications Authority (SQA), 2012b. *SQA Approval Guidance: SCQF Workplace and Non-Workplace Assessor/Verifier Qualifications, SVQs in Learning and Development*. Glasgow: SQA. Available from:  

Appendix 1: Letter to School Research Ethics Committee

11 March 2014

Mr John Paley
Chair of School Research Ethics Committee (SREC)
School of Nursing, Midwifery and Health
University of Stirling
Stirling
FK9 4LA

Dear John

NHS Education for Scotland (NES) Educational Project

As discussed previously with you I have obtained a small grant from NHS Education for Scotland (NES) to undertake a project considering the use of an equivalency tool in practice learning areas to ascertain if staff within these practice environments have appropriate supervision and assessment skills to assess and supervise student nurses. I am undertaking the project with staff from the University of West of Scotland and Edinburgh Napier University. I am the project Lead. The project is entitled ‘Investigating the validity of a national assessor’s equivalency tool’.

This involves the development of a tool and then piloting it in a variety of practice learning environments to ensure it is fit for purpose. The information from the pilot areas will allow further refinement of the tool and allow the project team to collect information regarding necessary preparation of non-nurse mentors to enable them to supervise and assess student nurses. Staff within these areas have been informed about the purpose of the tool and the relevance to the preparation of student nurses development in ‘non-traditional’ practice learning environments. This has clear articulation with the Scottish Government driver regarding Health and Social Care Integration and the implications for student nurse learning in practice.

Undertaking this project will assist us as nurse educators to explore utilising a wider range of practice learning environments for student learning in line with the current recommendations and flexibility from the Nursing and Midwifery Council.
I understand from our previous discussion that as you considered this as an educational project this does not need to be considered by the SREC, although you wanted a record of it for your files. If you could please confirm this in writing as it would greatly assist us when submitting future papers for publications from the work.

Please let me know if you need any additional information.

Many thanks.

Yours sincerely

Julia A. Scott (Mrs)
Director of Learning and Teaching
Project Lead
Appendix 2: Reply from School Research Ethics Committee

JP/SG

12 March 2014

Julia Scott
Director of Learning, and Teaching
School of Nursing, Midwifery & Health
University of Stirling
Stirling
FK9 4LA

Dear Julia

NHS Education for Scotland (NES) Educational Project

Thank you for your letter of 11 March 2014, notifying SREC of the development of this project.

I can confirm that the project will be classified as a teaching and learning initiative, and that ethical approval from SREC is not therefore required.

Thank you for letting us know about the initiative. A copy of this letter will be kept on file should reference need to be made to it in future.

Best wishes

[Signature]

John Paley
(Chair)
School of Nursing, Midwifery and Health Research Ethics Committee

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The University of Stirling is recognised as a Scottish Charity with number SC 011159
Appendix 3: Original Equivalency Tool Pre the Pilot Equivalency Tool

Student Supervision Risk Assessment and Assessor Equivalency Tool

Advice and supporting information for implementing NMC standards for pre-registration nursing education (NMC, 2011) was released in 2011. This document’s aim was to set the context of the standards and allow programmes to have more flexibility for student placement learning and supervision.

Edinburgh Napier University have developed this tool to address quality concerns in relation to the supervision of student nurses in areas that do not traditionally employ registered nurses, have other professionals qualified to supervise student nurses or for areas that will require the application of ‘Due regard’.

In addition this risk assessment has been mapped to the Framework for Continuous Learning in Social Services (SSSC, 2008) focussing on the Organisational Capabilities. The four key elements of the overall framework are:

Knowledge, skills, values and understanding

Personal capabilities

Organisational capabilities

Qualifications and training

The Organisational Capabilities concentrate on the learning environment and personal responsibilities of workers. In order to assess student nurses or midwives, social service workers will be expected to be working at an established/accomplished level (according to their appraisal) within their organisation and be at the following stages of the framework:

Please see Appendix 1 for further information on these statements and guidelines.

| Creating a learning and performance culture | Established/ accomplished |
| Planning for learning | Accomplished |
| Promoting access to learning and development opportunities | Accomplished |
| Promoting access to feedback | Accomplished |
| Treating people with dignity and respect | Established/ accomplished |
| Focusing on health and well being | Established/ accomplished |
Supervision Risk Assessment

1. What stage is the student at?
   - Year 1 (Score 0)
   - Year 2 (Score 1)
   - Year 3 (Score 2)

2. Will the student be carrying out direct care activities?
   - Never (Score 0)
   - Infrequently (Score 1)
   - Frequently (Score 2)

3. Service user dependency level is:
   - Low (self-caring or minimal supervision) 0
   - Medium (requires assistance and supervision) 1
   - High (requires full assistance) 2

4. Has the student received good assessment reports from their previous practice placements? (Contained within the OAR)
   - Yes- all 0
   - Yes- some 1
   - No- none 2

5. Does the client or client group pose any risk of harm to the student?
   - No or minimal risk 0
   - Moderate risk 1
   - High risk 2
6. Do you consider the placement area to be suitable for the student to work:

□ Independently 0
□ Under supervision of a staff member or volunteer 1
□ Under supervision of an assessor or manager 2

7. Some organisations have specific requirements about individuals that work or volunteer for them e.g. they have to speak a specific language or have a specific religion.

Are there any local or national policies which could potentially influence student learning e.g. Care Inspectorate, volunteer organisation or charitable board?

□ No 0
□ Yes but can practice with further risk assessment 1
□ Yes- tasks will be restricted 2

Outcomes (initial values may need reviewed following pilot)

0-6 Suitable for student placement for full placement approval (must additionally consider Assessor Equivalency Tool)

7-10 Students can attend this placement. In addition they must have access to a registered nurse mentor (contact details and agreed visit) or an approved assessor identified by the Assessor Equivalency Tool for full placement approval. Consider also, two visits from the Link Lecturer to support the learning environment.

11-14 Not suitable for student placement.

Assessor Equivalency

1. Do you supervise staff, volunteers or students?

□ Yes, on a regular basis 0
□ Yes, now and again 1
□ No 2
2. Please specify which (tick all that apply):

- □ Student nurses doing a university programme 0
- □ HNC students 1
- □ Volunteers 1
- □ Social work students 1
- □ Student teachers 1
- □ Care staff 2
- □ Other__________________ (score pending)

3. This placement occurs:

- □ As an elective 0
- □ Prior to a progression point (Any time in Year 1 and 2) 1
- □ At a progression point (immediately prior to going into Year 2 or 3) 2

4. Within this placement, the student is:

- □ Not assessed 0
- □ Required to achieve general skills and competencies 1
- □ Required to achieve field specific skills and competencies 2

5. Are you registered with a professional body e.g. NMC, HPC, GTC or Social Work?

- □ NMC 0
- □ Social work/ social work manager/ HPC/ GTC 1
- □ Not registered 2
6. If you already assess, what preparation did you have?

- [ ] It was part of my professional training 0
- [ ] I attended a course at a college or university 1
- [ ] I completed a work-based training programme 2

7. Do you have a supervisor or assessors qualification? e.g. D32/D33 assessor’s qualification, mentorship or preceptorship, workplace assessment?

- [ ] Mentorship (within 5 years) or D32/D33 assessor/ SVQ assessor/ A1 assessor/ LD9 0
- [ ] Mentorship (over 5 years)/ ENB/ Teaching qualification/ Other 1
- [ ] None 2

8. As part of being an assessor or supervisor do you have to do any of the following?

- [ ] Train other staff in assessing and supervision 0
- [ ] Have regular meetings and updates 1
- [ ] Take part in any quality visits e.g. with SVQ 2
- [ ] Other ______________________________

0-8 Can assess following university programme information and assessment paperwork guidance (see information below).

9-13 Will require standard information (see below) plus additional guidance in relation to issues identified within equivalency tool. Please complete action plan within educational audit documentation.

14-20 Not suitable to assess. Consider mentor preparation.

As part of supporting an Edinburgh Napier University nursing student, your placement area must comply with NMC (Nursing and Midwifery Council) requirements.
To ensure this the university will provide you (and relevant staff members) with information in the following:

- An overview of NMC standards in relation to nurse education
- The differences between assessment and mentorship and how this applies to nursing
- Guidance and support in completing any relevant placement documentation
- Information and supporting materials about how your placement area is relevant to the programme
- How to raise concerns if you are worried about a student’s performance
Appendix 1 for Original Equivalency Tool Pre the Pilot Equivalency Tool

**Statements to support student nurse supervision in areas where there are no registered nurse mentor.**

**Advice and supporting information for implementing the NMC standards for pre-registration nursing education (NMC, 2011)**

The framework for continuous learning in social services (SSSC/IRISS, 2008)

NMC standards for pre-registration nursing education have introduced greater flexibility in the supervision and assessment of students in order to reflect current healthcare provision. According to the NMC (2011):

‘This 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, programme providers will need to consider the best ways to provide support and ongoing development to those who will be involved’.

The following table looks at each of NMC key considerations, illustrates the framework level that a social service worker will be in order to carry out supervision and assessment and sets out the responsibilities of Edinburgh Napier University to support the assessment process.

<table>
<thead>
<tr>
<th>NMC</th>
<th>SSSC</th>
<th>Edinburgh Napier University</th>
</tr>
</thead>
<tbody>
<tr>
<td>An understanding and application of the standards for pre-registration nursing education</td>
<td>Planning for learning, development and improved practice (Accomplished)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>▪ Have access to a range of resources to support them to plan for learning, development and improved practice</td>
<td></td>
</tr>
<tr>
<td></td>
<td>▪ Work with a line manager who is confident, knowledgeable and capable of engaging in supervision and performance management processes which lead to continuous learning and improved practice</td>
<td></td>
</tr>
<tr>
<td></td>
<td>▪ Feel involved in the planning and evaluation of learning and development in the organisation</td>
<td></td>
</tr>
<tr>
<td>NMC</td>
<td>SSSC</td>
<td>Edinburgh Napier University</td>
</tr>
<tr>
<td>--------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------</td>
<td>----------------------------</td>
</tr>
<tr>
<td>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</td>
<td><strong>Promoting access to learning and development opportunities (Accomplished)</strong>&lt;br&gt;  - Be able to engage in learning opportunities which are evidence-based, involve people who use services and their carers and are fully integrated into organisational culture  - Be encouraged and enabled to support the development of others  - Be actively involved in sharing good practice and learning within organisation and with other disciplines</td>
<td></td>
</tr>
<tr>
<td>Their area of practice expertise and its suitability for supporting the outcomes of nursing programmes</td>
<td><strong>Creating a learning and performance culture (Established/Accomplished)</strong>&lt;br&gt;  - Have opportunities to regularly reflect on their practice and work with others to find ways to learn, innovate and continually improve (Established)  - Have opportunities to act autonomously and take some of their ideas forward (Established)  - Be encouraged to be innovative and share their ideas and insights with others (Accomplished)  - Have access to research evidence and opportunities to work with others to foster innovation and creativity (Accomplished)  - Feel that they are actively encouraged and supported to take a leadership role (Accomplished)</td>
<td></td>
</tr>
<tr>
<td>NMC</td>
<td>SSSC</td>
<td>Edinburgh Napier University</td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>------------------------------------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td><strong>Practice documentation and record keeping</strong></td>
<td><strong>Promoting access to feedback (Accomplished)</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>▪ Work with a line manager who feels confident in their ability to gain, give and receive feedback in a way that supports learning, development and improved practice for all employees</td>
<td></td>
</tr>
<tr>
<td></td>
<td>▪ Have access to resources that enables them to gain, give and receive feedback fairly and with dignity and respect</td>
<td></td>
</tr>
<tr>
<td><strong>Safe and effective ways of managing and coordinating practice learning</strong></td>
<td><strong>Creating a learning and performance culture (Established/Accomplished)- see above</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Processes for raising concerns about student practice</strong></td>
<td><strong>Promoting access to feedback (Accomplished)- see above</strong></td>
<td></td>
</tr>
<tr>
<td><strong>How that period of practice learning fits into overall programme</strong></td>
<td><strong>Planning for learning, development and improved practice (Accomplished)- see above</strong></td>
<td></td>
</tr>
</tbody>
</table>
Appendix 4: Due Regard Equivalency Pilot Project, Case Scenario Report

*Personal data will be processed only for the purposes of this pilot and in accordance with the Data Protection Act.*

Name of Supervisory/assessor:

Date of Meeting:

Third sector/Social Work/Education/Nursing/Other:

In the space below, provide a brief description of the organisation, including details of the service provision, the client group and the potential learning opportunities for student nurses. Consider the detail from the equivalency tool.

Summarise the supervisor and assessment qualifications of the provider:

Outcome:

Name and date:

Signature:
Appendix 5: Supervision Risk Assessment and Assessor Equivalency Tool

The School of .............. is currently investigating a quality process in which third sector and non NHS care settings can be used to provide learning experiences for undergraduate student nurses. Student nurses who may be either studying for a learning disability, mental health, adult or child health nursing currently spend fifty percent of the a three year undergraduate programme in the care settings before exiting with a degree in nursing. The School is keen to incorporate non-traditional health and social care settings in response to the increasing health and social care policy developments.

The project is funded by NHS Education for Scotland and is a collaborative project between Edinburgh Napier University, the University of West of Scotland and the University of Stirling.

The Nursing and Midwifery Council, the regulatory body for nurses and midwives in the UK, (NMC 2010), recommend that all mentors\(^1\), should be ‘suitably prepared’ before mentoring student nurses in practice. To ensure this the NMC developed *Standards to support learning and assessment in practice* (NMC 2008) which includes a framework of the knowledge and skills required by mentors to support and assess students undertaking NMC approved education programmes. These programmes lead to the student nurse gaining a degree and registration as a nurse.

All mentors details are held in a local register by the Higher Education Institution (HEI) or University. To gain entry to this register and to enable the HEI to allocate student nurses to your practice learning area you must be able to demonstrate certain criteria. These criteria are that you have the appropriate qualifications and experience in your own area of professional practice that can be transferred to supervision of student nurses.

This assessor equivalency tool is about your current qualifications and experience as a mentor.

*Personal data will be processed only for the purposes of this pilot and in accordance with the Data Protection Act.*

Many thanks for taking the time to take part in this project. We will keep you informed of the outcome.

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\(^1\) The term mentor is used by the NMC to identify the person who will supervise and assess the student nurse.
Assessor Equivalency

1. Are you registered with a professional body (examples may be the Nursing and Midwifery Council, HCPC, General Teaching Council; or the Scottish Social Services Council)
   □ NMC 0
   □ Social work/social work manager/ HCPC/ GTC 1
   □ Not registered 2
   □ Other (please specify): .............

   Comment:
   ..............................................................................................................

2. Do you supervise staff, volunteers or students/learners?
   □ Yes - students/learners, a minimum of two of the above in three years 0
   □ Yes - staff or volunteers, or less than two students/learners over the last three years 1
   □ No - never 2

   Comment:
   ..............................................................................................................

3. Do you assess staff, volunteers or students/learners?
   □ Yes - students/learners, a minimum of two of the above over the last three years 0
   □ Yes - staff or volunteers, or less than two students/learners over the last three years 1
   □ No - never 2

   Comment
   ..............................................................................................................

---

2 This is a generic term for the lecturer from the HEI who will support your practice learning area. Individual HEIs may use a different name.
4. Please specify which groups staff, volunteers or students/learners you supervise (tick all that apply):

- Student nurses doing a university programme 0
- HNC students 1
- Other learners 1
- Volunteers 1
- Professional programme students* 1
- Care staff 2
- None 2
- Other: (please specify):

*(doctors, midwives, Allied Health Professionals; social workers, teachers, for example)

Comment

5. Please specify which groups of staff, volunteers or students/learners you assess (tick all that apply):

- Student nurses doing a university programme 0
- HNC students 1
- Other learners 1
- Volunteers 1
- Professional programme students* 1
- Care staff 2
- None 2
- Other (please specify):

*(doctors, midwives, Allied Health Professionals; social workers, teachers, for example)

Comment

………………………………………………………………………………………...

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3 Score a maximum of 1 for HNC students; other learners; volunteers; professional programme students

4 Score a maximum of 1 for HNC students; other learners; volunteers; professional programme students
6 Do you have a supervisors or assessors qualification? (Such as D32/D33 assessor; SVQ assessor; A1 assessor; L & D9I; teaching qualification or other)

- Yes 0
- No 2

If yes, please provide the details on the table (Please include a copy of the certificate, and transcript if possible, from the awarding institution).

<table>
<thead>
<tr>
<th>Title of programme/ course/ module</th>
<th>Name of awarding institution</th>
<th>Date of completion</th>
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</tbody>
</table>
Outcomes

The liaison/link lecturer will add up the scores to determine the level of further preparation that is required.

0  Suitable to supervise and assess student nurses with the minimum recommended additional update about specific programme requirements (at the discretion of the HEI).

1-5  Further preparation, (at the discretion of the HEI) to supervise and assess student nurses required.

6-12  Not suitable to supervise and assess students nurses.

TOTAL SCORE:

Many thanks for your support in completing this questionnaire.
Appendix 6: Guidance Booklet for the Voluntary, Private, Non-NHS Sector areas who have student nurses accessing practice learning in their area

Background to nurse education and mentorship

- Governance of Nursing Programmes in the UK

The regulatory body for nursing is the Nursing and Midwifery Council (NMC); they register nurses (and midwives) to allow them to practice as registrants within the UK. They also oversee educational regulation, the re-approval of nursing programmes, set the standards for education and Higher Education Institutions (NMC 2010). Nursing has four fields of practice: Adult, Child Health, Learning Disability and Mental Health. Midwifery is a separate profession. In 2010 the NMC introduced 'Standards for Pre-registration Nurse Education' (NMC 2010), referred to as 'The Standards' from now on; these Standards respected the need for nursing education programmes to be reflective of current healthcare provision.

- Looking to the future and the integration of health and social care

Scottish Government, NMC and HEIs are conscious of the need to provide practice learning of a much broader range, across primary, tertiary and palliative care, and in partnership with statutory, voluntary and private sectors providers. Current healthcare provision is changing nationally, with health and social care integration and reorganisation of key services. This provision focuses on keeping service users and clients at home and accessing various services as they require them over their healthcare journey. The majority of these services are not hospital based and are run by social work, voluntary or charitable organisations. These areas are not consistently used by student nurses but offer very valuable learning experiences.

- How nursing programmes are managed in Scotland

Nursing programmes in Scotland are delivered within Higher Education Institutions (HEIs) and practice learning areas. Both are essential to achieve the programme learning outcomes and practice learning is provided in negotiation with a range of providers of health care. Within nursing education, students spend 50% of their programme within practice and this learning time is supported by nursing mentors, other healthcare staff and by staff from their HEI. In the past the practice learning environments generally revolved around NHS areas.
Practice learning, supervision and assessment

○ Assessment of nursing students

All of the NMC (2010) pre-registration nursing education standards have to be assessed in practice and student nurses have an Ongoing Achievement Record (OAR). The OAR has been devised to enable an assessor to have a record of all the assessments of the student’s competence in practice. Note that student nurses must give permission for assessors to have access to this information.

○ Role of the supervisor (mentor)

Practice learning for student nurses has to be overseen by a suitably prepared professional, the objective of the role being the personal and professional growth and development of the student nurse. With the support of this role the student's learning is facilitated through organising and co-ordinating (with the student) their planned learning experience. The role involves welcoming the student, helping to socialise them into the environment and acting as a role model or coach. The supervisor assists the student in developing her/his practice competence, assesses her/his progress, provides constructive feedback and will make decisions about whether the student has achieved her/his expected learning outcomes. Within the voluntary and other non-nurse led settings the term supervisor would be used, mentor is used in nursing led environments.

○ Practice Learning Experiences (PLE)

Practice learning experiences, previously known as placements, for student nurses are organised by the university. They are organised to provide the practical experience required to reflect the education programme e.g. students will learn about community healthcare provision and thus their PLE will be with a community nursing team. The type of experience student nurses may access in your environment will bring a variation to their learning not usually accessible in care organised through or in large institutions.

Programme Requirements and Practice Documentation:

Student nurses have strict stipulations placed on them by the NMC and have to successfully pass the competencies within a module and be passed as able to continue on to the next stage of the programme (normally at the end of a year of study5). Within the Standards are generic standards for competence for all nurses, to enable registrants to meet all people’s essential needs. There are also field-specific standards for competence which enable registrants to develop basic and complex skills in their chosen field of nursing practice.

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5 NMC, (2010). NMC (2010) Standards for Pre-Registration Nursing Education R7.1.1, R7.1.5, G7.1.5a, G7.1.5b, R8.2.2, R8.2.2b, R8.2.2c, G8.2.2a, G8.2.2b, R8.2.3,
The Standards provide Requirements and Guidance for HEIs about who can make assessment decisions and when they may be made. Where the supervisor is a non-nurse the person must be:

- “A registered professional competent in the skill or aspect of competency in which the student is being assessed.
- Suitably prepared – the registered professional has undergone training and development that has enabled them to be competent to support and assess students.”

Relevant preparation for the role of supervisor will be provided by the most appropriate HEI concerned and will address essential areas.

- Cause for concern (supervisor or mentor) and Raising concerns (student and mentor)\(^6\)

The local HEI or provider of nursing education will have processes in place approved by the NMC to help supervisors manage these complex situations. The former refers to supporting a supervisor if a student is not managing to perform at the relevant level and may not be able to pass the module should their performance not improve. The latter refers to situations where there is a concern about the practice in an environment.

**Recruitment and selection of students to the programme and their continuance**

All candidates must be numerate and literate, with Reasonable Adjustments in place where applicable, and achieve the local provider of nursing education requirements for entry to the programme.

- Good Health, Good Character

The NMC requires that all candidates for nursing programmes, including those already on the NMC register, must provide evidence of Good Health and Good Character on admission, and at the end of each stage of the programme. There is guidance for student nurses ‘Guidance on professional conduct for nursing and midwifery student’ (NMC 2011) [http://www.nmc-uk.org/Documents/NMC-Publications/NMC-Guidance-on-professional-conduct.pdf](http://www.nmc-uk.org/Documents/NMC-Publications/NMC-Guidance-on-professional-conduct.pdf).

- Good Character

In the context of Fitness to Practise the general behaviour of a future registered nurse is important and encompasses all aspects of the student nurse’s life. All students, both UK and overseas, are required to undergo an enhanced criminal records check by Protecting Vulnerable Groups (PVG) scheme in Scotland, prior to commencement, and if there is any change recorded within the ‘Good Health Good Character’ system. A positive result will be reviewed and the student’s position on the programme must be approved within Fitness to Practise procedures.

**Further Risk Assessments**

Examples of additional risk assessments for student nurses in practice may include: anyone who is pregnant, new or breast feeding mothers; those under 18.

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Policies and procedures

Please insert links to the appropriate sites on local HEI platform e.g. uniform policy (if appropriate), health and safety,

References


Nursing and Midwifery Council (NMC) 2010. *Standards for Pre-Registration Nursing Education.* London: NMC http://standards.nmc-uk.org/Pages/Welcome.aspx


Contact Details

Please list the contacts for your programme and the local HEI contact system, e.g. Mentor information site or other.