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Foreword

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The publication of *The Report of the Evaluation of Fitness for Practice Pre-registration Nursing and Midwifery Curricula* in September 2008 marks an important stage in the development of the nursing and midwifery professions in Scotland.

The research on which the report is based, commissioned by NHS Education for Scotland (NES), aimed to find out if pre-registration nursing and midwifery *Fitness for Practice* programmes were achieving what they set out to do – that is, producing practitioners who are fit for practice at the point of entry into the professions.

That single stated aim hardly does justice to a multi-faceted research project which produced a comprehensive report of the findings. But it strikes at the heart of the key question that patients, the public, practitioners, managers, educators and policy-makers want answered – are newly qualified nurses and midwives ready to practise safely and effectively?

And the answer from the research is “yes”. All stakeholders involved in the research felt that newly qualified nurses and midwives in Scotland were fit for practice at the point of registration. That’s good news for patients and the public, and good news for the professions.

It does not mean that newly qualified practitioners have all the skills we would expect of an experienced nurse or midwife. What it means is that on registering, they have the underpinning knowledge and skills they need to practise safely and effectively and have the motivation to develop themselves personally and professionally. The senior colleagues with whom they work at that crucial point in their careers recognise the need for a supportive transition period.

It also does not mean that the programmes that prepared the nurses and midwives for registration are beyond improvement. The dynamic nature of nursing and midwifery and the wider health care policy and practice environment in which we work means there will always be new needs, new demands and new priorities to address in programme content. The report highlights strengths in current programmes, but it also signals areas which could, and should, be strengthened. We must never allow contentment over achievement to become complacency about improvement.

Having commissioned the research and received the report, the task for NES now is to identify how its findings can be taken forward in tandem with other exciting

initiatives designed to reinforce and strengthen nursing and midwifery pre-registration education, such as the Modernising Nursing Careers programme of work, including the review of pre-registration nursing education, and the Midwifery 2020 review of education and careers.

This brief response document highlights some of the key findings of the report and sets out our views on how we should move forward from here.

We do not address every report recommendation or finding in this document, and we have widened our response to take account of NES’ expertise and the intelligence we’ve gained from the context of our current workstreams. The result is a set of proposals for action on a number of fronts which we believe will provide the basis for an implementation plan to take forward with the Scottish Government, partners and stakeholders.

It is encouraging to find that the impact of much of the work already being progressed by NES to support the student experience is recognised within the report as being important. Mentor support, practice education facilitation, patient safety initiatives involving handwashing and medicines management and the positive response to the Flying Start NHS programme all feature large. We must build on this momentum to ensure pre-registration programmes continue to provide not only a challenging and engaging professional education, but also a supportive and enriching student experience.

On behalf of NES, I would like to thank all those who participated in this research project, those who designed, implemented and reported on it, and those who have brought together this response document. The challenge for us all is to honour their efforts by creating an implementation plan that is truly fit for practice.

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1. The Project

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Context

The Fitness for Practice¹ report on nursing and midwifery education was published by the-then United Kingdom Central Council (now Nursing and Midwifery Council (NMC)) in 1999.

It proposed a way forward for pre-registration education that enables fitness for practice based on health care need and set out recommendations for action on:

- increasing flexibility in accessing and exiting nursing and midwifery programmes
- ensuring students are fit for practice when they complete their programmes
- encouraging and supporting partnerships between higher education institutions (HEIs) and health services.

The report has been the basis for all nursing and midwifery programmes developed in Scotland since 2001. These programmes have been gradually evolving over time in response to emerging professional and policy priorities. They will continue to evolve as new issues come to the fore and work through to impact on curriculum design.

Transitions from pre-registration programmes in Scotland are now supported by the Flying Start NHS initiative. Flying Start provides all newly qualified nurses, midwives and allied health professionals with a web-based development programme designed to ease the transition from student to qualified practitioner. It is backed by work-based mentor support and is linked to the core dimensions of the Knowledge and Skills Framework (KSF).

Protection of the public

Fitness for practice is first and foremost about protection of the public. It is about ensuring that students emerging from pre-registration programmes can practise safely and effectively within NHS services as registered practitioners. Without that assurance, the public may be at risk from practitioners whose practice is incompetent, outdated or uninformed.

But any three- or four-year preparation programme cannot give students all the knowledge, skills and competencies they will need for careers in nursing and midwifery. Experience and expertise must be garnered over time.

In addition, constantly evolving understandings of health and illness mean that the professions must regularly adjust to reflect new knowledge and changing priorities. It is therefore accepted that the aim at point of exit from a programme is not to produce practitioners who possess everything they will ever need to know, but to ensure they have the fundamental professional underpinnings they need to practise safely and pursue professional development opportunities throughout their working lives.

The research

The regulatory, education, practice and assessment frameworks in place for nursing and midwifery pre-registration programmes aim to ensure that students develop the right knowledge, skills and competencies to practise safely and effectively as registered practitioners. They are also designed to help students develop a professional mindset that sets them on a route to career-long professional development. In Scotland, Flying Start NHS is providing the extra support newly qualified practitioners need in their first posts.

But the question of whether students are fit for practice as they leave their programmes has, until now, not been comprehensively explored. NHS Education for Scotland (NES) commissioned a research project in 2006 that aimed to examine students' fitness for practice and increase the evidence base on which nursing and midwifery pre-registration programmes are built.

NES commissioned a research team from the University of Dundee, University of Salford, University of Sheffield and NHS Fife to carry out one of the largest reviews of pre-registration education ever undertaken.

The team used a combination of qualitative and quantitative methods to investigate:

- how increased flexibility, fitness for practice and partnership working have affected the skills and competencies of newly qualified nurses and midwives
- how Flying Start NHS is supporting new practitioners
- what other areas need to be researched.

The project sought the views and experiences of a wide range of individuals from the education and service sectors, from students and from NHS Scotland service users.

The findings

A full report of the two-year project, presenting 27 recommendations for action, was published in September 2008.² Among its main findings were that:

- Fitness for Practice has, on the whole, been a successful curriculum model in Scotland, but there are significant variations in the way the model is being implemented by HEIs
- there is an overwhelming consensus among stakeholders, including students, that newly qualified nurses and midwives in Scotland are fit for practice at the point of registration
- clinical nurses and managers are clear that pre-registration education is only the first part in a career-long journey of learning
- partnerships between HEIs and the NHS are well developed and there is a shared responsibility and vision for pre-registration education
- mentors are a mainstay of pre-registration education and provide a high quality service
- Flying Start NHS is well regarded and is seen as a valuable initiative, with practice education facilitators (PEFs) playing a major role in promoting and supporting the programme

- senior charge nurses and managers actively manage the development of core and specialty-specific competencies within the Flying Start NHS programme.

The task

Our task has been to analyse the report and come up with a series of proposals for action.

We want to acknowledge the significant contribution students, mentors, PEFs, nurse directors and user and carer groups have made to this research. We also acknowledge the work the research team put into the project and in producing the final report. Together, their efforts have created a rich data source on pre-registration curricula, student competencies and fitness for practice, partnership working and the Flying Start NHS programme.

The research has undoubted strengths but, as with any complex study, there are also some limitations; these are acknowledged within the report. Consequently, we would urge a degree of caution around generalisation of some of the findings, particularly in relation to the “OSCE” (Objective Structured Clinical Examinations) and skills element of the research – this part of the report was based on findings from a group of self-referring students and may not be representative of the overall population.

The report nevertheless provides *indications* on how we might best move forward in pre-registration education in Scotland. We feel we will be able to feed many of the findings from the report into ongoing NES work on issues that are of central importance to the patient safety agenda in the NHS. This includes initiatives related to healthcare associated infection (through, for instance, the “Cleanliness Champion” programme of education, which has been embedded in all pre-registration curricula) and safe administration of medicines (in the Numeracy in Healthcare project). The report also provides important new information to inform the ongoing development of the Flying Start NHS programme.

² Lauder W et al. 2008 *Nursing and Midwifery in Scotland: Being Fit for Practice. The Report of the Evaluation of Fitness for Practice Pre-registration Nursing and Midwifery Curricula Project.*

In the sections that follow, we have set out our responses to key issues raised by the research, followed by some proposals for action. We have prioritised the issues and actions by the scale of their significance to the future of pre-registration education in Scotland and by the strength of related evidence from the report. In addition, we have looked at the findings in the context of current policy and practice in both health and education.

The responses summarised in Section 2 are designed to help us work with partners and stakeholders to build on the strengths and address some of the clear issues identified from the research in developing a targeted implementation plan.

2. Our Responses

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Support for students and newly qualified practitioners

An interesting and reassuring finding from the research was that service managers do not have an expectation that newly-qualified nurses and midwives will “be able to do everything and know everything” on qualifying. They are clear that there is a transition need for newly qualified staff, during which they will gain extra competence and confidence.

There is also recognition that the vast majority of the learning students will need over the course of their careers is not, and cannot, be compressed into a three- or four-year programme.

The research found that students exiting the programmes were competent to this level, but not necessarily confident in their ability to perform as registered nurses and midwives. This is as it should be, and indicates a positive awareness of personal and professional accountability; newly qualified practitioners should be aware of the limitations of their knowledge and experience, which will ensure that they continue to seek advice from experienced staff and test their judgements through, for example, clinical supervision and preceptorship.

The challenge in moving forward, therefore, is to continue to provide and enhance support for students’ and newly-qualified practitioners’ development in the workplace and consequently build not only their experience and expertise, but also their confidence.

We note that the research indicates Flying Start NHS is highly valued by students, mentors and services in providing support, as are other work-based initiatives such as mentor support and the practice education facilitator (PEF) initiative. The research also indicates that commitment at organisational level to support mechanisms such as these is crucial to their success. We will continue to work with our partners to support and further enhance Flying Start NHS.

Mentorship

The value of mentorship to students and newly qualified practitioners was strongly emphasised in the report. It speaks of the crucial importance of mentorship as a determining element of the quality of students’ practice

placements and reports very positively in favour of the mentorship strand of the Flying Start NHS programme.

The report suggests that the positive impact of mentorship is so strong that further means of recognising and rewarding mentors should be considered. We believe the best way to encourage and support mentors in the NHS is by providing appropriate preparation and development opportunities, and by offering ongoing support.

Explicit valuing of the mentor role within the NHS, backed by investment in development opportunities, sends out a strong message of support for the concept and practice of mentorship. Work NES is currently taking forward within the *Modernising Nursing Careers* initiative³ is looking to determine how mentorship can be recognised within a structured clinical education career framework.

NES, in partnership with HEIs, has published a *Core Curricular Framework for Mentor Preparation*⁴ which addresses many of the mentor issues raised in the report. PEFs are now in place in all NHS board areas to provide active support for mentors and other staff. The research found very positive perceptions of the PEF role from both service and education settings.

PEFs had particularly positive impacts on the motivation of mentors and may be contributing to persuading more staff to come forward to take mentor preparation. In doing so, they are having a significant effect on the capacity and quality of student mentorship.

We believe the model that has been put in place through the PEF initiative is the right one to support mentors and develop positive learning environments in the NHS.

The report, however, also highlights some concerns that the emergence of the PEF role may be altering the role of the Link Lecturer. PEFs now seem to be assuming some of the responsibilities for mediating between service and education sectors that have traditionally been part of the remit of link lecturers. This is not a formal part of the defined PEF role, although PEFs naturally have responsibilities in building and sustaining partnerships between the NHS and HEIs.

The link lecturer role is a valued and respected one, and we would not wish to see it eroded. We would, however, encourage and support:

- clear recognition of the complementary roles of PEFs and link lecturers

- the exploration of new ways of working to support education in practice
- the development of clinical education career pathways.

Placements

The direction of health and social care policy in Scotland is firmly rooted in developing services that are primary care-based and focused on health improvement. Yet the report shows that students' practice placements still tend to reflect a secondary care, illness-orientated focus.

Our experience is that HEIs have worked hard with NHS boards over a significant period of time to create a greater number of appropriate community based placements for students, but the research evidence suggests their success in this area so far has been limited.

We would hope to work with NHS boards and HEIs to strengthen their efforts to create these much-needed placements so that students' practical experiences can more truly reflect the shape of the NHS they aspire to work within.

The curriculum

The NMC sets the standards, proficiencies and outcomes for all pre-registration nursing and midwifery programmes. HEIs have a degree of freedom in how they structure individual programmes, but each has to demonstrate evidence of how the NMC requirements are being achieved, evidence that is closely monitored in Scotland by agents on behalf of the NMC.

Programme variability

One of the key findings in the report is the variability found between the programmes individual HEIs have designed to meet the NMC requirements, particularly in relation to their duration, the structure and length of placements and the volume of student assessments.

The report suggests that this may present a good example of flexibility, with HEIs deciding on a particular structure in the light of HEI-specific factors such as the numbers of student intakes, student profiles and availability of placements. The variation, however, is resulting in lengthier programmes and larger volumes of assessments in some HEIs, and the report questions whether there are any educational or cost benefits attached to this.

The research particularly raises concerns about student assessments (both practical and theoretical) in terms of consistency and volume.

It seems clear that there is significant variation in the numbers, length and character of assessments undertaken by students from different HEIs, leading to inequities in student workloads. It may reasonably be assumed that diversity in workload expectations across HEIs may be influencing student choices of which institution to attend, with a tendency for students to favour those that have a less-demanding assessment schedule.

The diversity of assessment methods is also creating problems for supervising clinical staff and mentors. Some may be supporting and mentoring students from three different HEIs, each of which issues different assessment documents and defines different expected outcomes.

The notion of local flexibility in assessment development has traditionally been viewed positively, but based on the evidence and recent discussions with stakeholders, we believe it is the right time to support the idea suggested in the report of developing a national approach to student practice assessments and practice assessment documentation.

By exploring the feasibility of creating this kind of consistency in approach to practice assessment, we may enhance the experience of high numbers of students; this consequently may have a positive impact on recruitment to some HEIs, and retention rates within others. It would also have a very positive impact on the workload of workplace mentors.

NES has no locus in terms of theoretical assessments, which rightly remain the preserve of HEIs, but we recognise the potential implications highlighted in the report of the variability in volume of theoretical assessments set by HEIs. NES would be very happy to broker work across the HEIs to review this issue and its impact on the student experience.

We believe NES can also work with partners and stakeholders to support initiatives aimed at improving consistency in student assessment nationally. In particular, we would be keen to facilitate further work to examine the links between assessment volume and related issues around student workload and recruitment and retention rates.

Programme revisions

The report demonstrates that there has been a tendency to modify programme designs over time as individual HEIs respond to local and national drivers for change. The view within the HEIs involved in the research, however, is that programmes need time to bed-in and mature before definitive decisions about their merits can be made.

Part of the process of “bedding in” a programme is to identify and quickly remedy faults of detail, meaning the programme strengthens and improves with the passage of time. But precipitate calls for radical change can lead to inappropriate – and possibly unnecessary – changes being made.

There will always be room for modification of programmes to reflect policy and service change, and there is clearly a need to respond rapidly when professional developments, new evidence or educational initiatives drive changes in practice. The report finds that *Fitness for Practice* has on the whole been a successful model in Scotland that has created nurses and midwives who are fit for practice at the point of registration, but acknowledges that this does not mean there is no room for improvement in curriculum development and delivery. Our view is that any future curricular changes need to reflect and build on the very positive messages about the current curriculum evidenced in the report.

The general direction of health and social care policy in Scotland must be clearly reflected in programme design, as policy priorities have a significant impact on the kind of workforce needed by services. We believe that what is required is a strategic, planned, long-term approach to integration of policy and reflection of local and national service targets in the curriculum. NES can play a key role in this by working with HEIs to strengthen or enhance their engagement with policy priorities and key service targets.

Workforce planning

The report also provides an opportunity for us to consider links between curriculum design and workforce planning.

While workforce planning in the NHS has become much more clearly defined at national, regional and local levels in the wake of the *National Workforce Planning Framework*⁵ introduced in 2005, it remains an evolving and as yet inexact science. The *Nursing and Midwifery Workload and Workforce Planning Project*⁶ has made significant progress in terms of establishing tools and methods for defining and meeting nursing and midwifery workload and workforce planning needs.

Workforce planners have a vital role in defining the nature of the workforce the NHS needs now and in the future;

their work inevitably has a significant impact on the shape of education programmes. They comprise a new set of stakeholders with whom education providers must engage to ensure nursing and midwifery pre-registration programmes prepare practitioners who not only meet the statutory requirements for registration, but who also present as attractive and appropriately prepared potential employees of NHS boards.

We acknowledge that many HEIs have established links at local and regional workforce planning levels. NES can play a key role in brokering and enhancing links between NHS workforce planning and education providers to ensure the effective sharing of information.

Engagement with service users and their carers in curriculum design

The involvement of carers and service users is at the heart of the Scottish health care policy, *Better Health, Better Care*⁷. Some good practice in relation to service user and carer involvement in curriculum development was evident from the report, but more work needs to be done to improve their meaningful engagement in planning and delivery of programmes.

Partnerships

While the research and NES’ experience suggest that service–education partnership working is generally strong, it would be overly optimistic to suggest it was working to maximum mutual advantage throughout the country.

One of the most positive manifestations of partnership working is the presence of clinical staff in education settings and the presence of education staff in service settings. Our experience suggests that while examples of this type of cross-fertilisation of skills and knowledge can be found across Scotland, the route of travel tends to be more commonly from clinical to education than vice versa.

This is to be regretted, as we feel services would benefit greatly from a more integrated approach that enables clinical settings to have greater access to the knowledge and experience of educators. We support the report’s suggestion that further research into the issue of transferability of skills between service and education settings is required in supporting clinical academic careers.

⁵ Scottish Executive. *National workforce planning framework*. Edinburgh, Scottish Executive, 2005.

⁶ Scottish Executive. *Nursing and midwifery workload and workforce planning project*. Edinburgh, Scottish Executive, 2004.

⁷ Scottish Government. *Better Health, Better Care: action plan*. Edinburgh, Scottish Government, 2007.

3. Our Proposals for Moving Forward

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The research provides a solid basis for forward movement in promoting the student experience and in preparing nurses and midwives who are fit for practice and fit to be part of the NHS workforce.

We believe that, as a priority, action is required in the following areas. We need to:

- identify the clinical and learning experience of students in relation to the range and length of practice placements
- review assessment workloads and their impact on students' experiences
- create consistency in practice placement assessment documentation
- develop and promote patient and carer involvement in pre-registration education and inter-professional learning
- explore the need for clinical skills support in areas such as medicines management
- facilitate ongoing engagement between education providers and local and national policy makers to inform programme revisions and curriculum development.
- create personal development opportunities for mentors to support them in developing their roles
- build on the strong foundation of trust and confidence in PEFs to further support mentor development
- identify opportunities to create a greater number of appropriate primary care practice placements for students.

NES will now work with its partners in higher education and Scotland's colleges, NHS boards and other service providers, the Scottish Government Health Directorates and other stakeholders to progress actions in these areas.

Notes

This publication is available in alternate formats.
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