Executive Summary

Supporting implementation of the Nursing and Midwifery Council (NMC) 2018 Standards of proficiency for registered nurses:

Work Stream 2.4 Scoping Practice Learning Environment's Capability and Capacity

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1.0 Introduction

This Executive Summary outlines the key findings associated with workstream Outcome 2.4 of the Scottish Future Nurse and Midwife workplan, "*Scoping nursing and midwifery range of practice learning experiences and practice learning capacity across Scotland with an implementation plan of findings/recommendations"*. The findings presented, conclusions drawn, and the recommendations offered, reflect the pilot work undertaken in two NHS Boards to support the implementation of the new Nursing and Midwifery Council (NMC) Standards of proficiency for registered nurses (NMC 2018a). Scoping activities were undertaken between January and April 2019.

This report specifically details scoping activities relative to the Standards of proficiency for registered nurses (NMC 2018a). However, the impending release by the NMC of new Standards for midwifery indicates synergy between the two sets of Standards in terms of scoping learning opportunities and practice learning capacity planning. Consequently, the process and outcomes from this scoping activity will usefully inform and support the implementation of the new Standards for midwifery when these become available.

2.0 Scoping Practice Learning Environment Capability

Educational scoping of practice learning environments (PLE) was undertaken to provide an authentic overview of their capability to map with the expectations of the new Standards of proficiency for registered nurses (NMC 2018a) in providing learning opportunities. A capability and capacity scoping tool, incorporating NMC Annex A *communication and relationship management skills* and Annex B *nursing procedures*, was developed based on original work by NHS Wales (Hywel Dda University Health Board), who kindly consented to its adaptation to meet the needs of the Scottish Future Nurse and Midwife workplan. The scoping tool was deployed, as a pilot, across a wide range of practice learning environments within two NHS Boards in Scotland. A total of 60 participants from PLEs within both board areas were invited to complete the scoping tool on an electronic platform. Additionally, evaluation of the scoping tool was also undertaken to appraise its utility.

A total of 60 responses were received. In relation to representation from each board, NHS Board A recruited 32 participants which represented 6.7% (*n*=32/476) of their total PLEs and NHS Board B recruited 28 which represented 36.8% (*n*=28/76) of their total PLEs. Overall the largest proportion of responses was received from primary care or community settings (56.6% *n*=34). Responses from PLEs within acute inpatient settings represented over a third (36.3% *n*=22) and a small percentage of responses were received from care home settings (6.6% *n*=4).

The scoping activity invited PLEs to comment on the availability of learning opportunities relative to the NMC Annexes by selecting one of the following options: 'a*mple learning opportunities'* or 's*ome learning opportunity with the opportunity to access other health professionals'* or '*no opportunity and no opportunity to access other professionals".* Responses received from both board areas were amalgamated to provide an overview of learning opportunity capability.

The findings evidenced a high level of capability in relation to *Annexe A communication and relationship management skills* - Sections 1,2, and 4. However, Section 3 *evidence-based, best practice communication skills and approaches for providing therapeutic interventions* demonstrated marked variability across the response categories, with higher frequency reporting of 'some' and 'no' capability. Qualitative feedback indicated that PLEs found the phrasing of the majority of the nine skills within Section 3 challenging, owing to their lack of definition, to translate their potential application across a range of settings. This may have influenced PLEs interpretation and subsequent responses.

In relation to *Annex B nursing procedures,* PLEs reported high level capability in providing learning opportunities in relation to procedures denoted in Section 1. However, in response to Sections 2-11, marked variability was noted across the response categories, with areas frequently reporting 'some opportunity' and 'no opportunity'. A recurring pattern was responses from PLEs indicating 'no opportunity' in relation to higher level technical and advanced procedures. Qualitative feedback indicated that PLEs found the grouping of several distinct procedures subsumed under a single procedural item unhelpful. This may have influenced PLEs' ability to provide precise responses.

2.1 Summary: Practice Learning Environment Capability

In considering overall capability, this scoping activity illuminated PLEs' capacity to provide 'ample learning opportunity'. Consideration of this in conjunction with those confirming 'some learning opportunity with potential to access other health professionals' does reflect favourable mapping with the new NMC Standards of proficiency for registered nurses (NMC 2018a). Where findings indicate high frequency reporting of 'no opportunity', this signals the need for further in-depth scoping and local discussion by practice learning providers to creatively explore options which could be accessed to facilitate learning.

The utility of this scoping tool was endorsed via feedback received from PLEs in the context of the scoping activity and by members of the Strategic Group for Practice Learning (SGPL). This feedback confirmed the tool's ability to coherently gather data via an electronic platform. It was also deemed a useful tool that could be used as the catalyst for engagement within PLEs. This could inform discussions relating to potential learning opportunities within practice that could support students' learning in relation to the new NMC Standards of proficiency for registered nurses (NMC 2018a).

2.2 Key Recommendations – Practice Learning Environment Capability

Based on these findings and feedback from other strategic stakeholders, the following recommendations are offered:

1. Using this scoping tool, all NHS Boards undertake local scoping of learning opportunities across all their PLEs to gain an authentic global overview of practice learning capability, including care home and third sector settings.

2. NHS Boards, in conjunction with HEIs creatively consider a range of educational strategies, which will permit practice education facilitators (PEFs) and care home education facilitators (CHEFs) to engage in local conversations to aid clarifying expectations regarding NMC Skills (Annexe A).

3. Liaise with the Scottish Practice Assessment Document (PAD) development group and recommend that the PAD:

    i. in relation to Annexe A Section 3 provide detailed definitions of skills with examples of potential application across a range of Practice Learning Environments;

    ii. with respect to Annexe B, review the presentation of procedures in relation to those which have grouped several different procedures under one procedural item and consider presenting these, for example, in list format to extend learning opportunity capability and aid understanding for supervisors and assessors.

4. Amend the scoping tool to reflect the recommendations regarding the articulation of 'skills' and 'procedures' to separate out "grouped" procedures prior to wider implementation.

In acknowledging the timeframe for production of the Practice Assessment Document, actions relating to point 3 have been completed.

3.0   Student Practice Learning Capacity Planning, Allocation and Building

Exploring student practice learning capacity entailed a range of activities which considered actual, as well as, potential pre-registration nursing practice learning opportunities. With a focus on planning, allocation and building practice learning capacity, scoping activities involved: direct engagement with Higher Education Institutions (HEI) practice learning allocation staff and PEFs and CHEFs; rapid literature reviewing; analysis of HEIs practice learning documentation; and analysis of data obtained from the scoping activity deployed in both NHS Boards.

Rapid Literature Reviews

The rapid literature review on practice learning capacity planning and allocation modelling confirmed a dearth of sources. Of the seven broadly qualitative studies identified, partnership working, and data sharing remain critical factors in supporting the process of managing practice learning capacity (Barnett et al 2008; Magnusson et al 2007 and Murray & Williamson 2009). Other studies indicate the combined use of bespoke tools and human resources have improved capacity planning (Currie et al 2015; Hill et al 2014). In another study, Taylor et al (2016) indicate that better use of PLEs is necessary across non-traditional, non-hospital arenas. They suggest that strategic approaches that offer oversight across locations will provide better insight into available capacity and the fluctuations of demand. However, the lack of up to date evidence exploring pragmatic approaches to modelling practice learning capacity warrants further detailed inquiry.

A literature review of practice learning capacity within the care home sector identified that, within Scotland, 10% of registered nurses work in this sector (Scottish Care 2018). This indicates a resource with significant capacity to support student learning, and therein, a potential solution to current capacity issues.

However, in 2018, practice education annual reporting on the number of approved learning environments in the care home sector, within each NHS Board area in Scotland, highlighted the substantial differences between the number of care home environments and those approved for student allocations. Whilst this signalled an underutilised resource, a lack of mentor availability and capacity were the most common reasons cited for these differences. According to the literature, underutilisation of PLEs within care homes is fuelled by well recognised nursing workforce challenges which are associated with recruitment and retention challenges (Scottish Care 2018). However, studies, such as Grealish et al (2013) are now reporting increases in capacity using mentor-centric strategies which, in tandem, are also challenging students' negative perceptions and evidencing excellent learning environments. Scotland has been sensitive to the need to address underutilisation of care home learning experiences and the potential therein to develop and build capacity. There are established short, medium and long-term recommendations as part of an SBAR: *Improve practice learning capacity in health and social care for pre-registration students*. These recommendations have been presented to the Scottish Executive Nurse Directors in 2018.

Furthermore, the changes within Standards for student supervision and assessment (NMC 2018b) also indicate that nursing students can be supervised by a range of registered health and social care professionals. Regulation, in relation to social care in Scotland, is governed by Scottish Social Service Council (SSSC). [1]To provide clarity as to the potential roles that could provide supervision to pre-registration nursing and midwifery students, in partnership with the NMC, the Chief Nursing Officer Directorate (CNOD) has produced specific guidance for Scotland[2]. This clarifies the range of appropriately prepared professionals registered with Scottish Social Service Council (SSSC) that could potentially act as supervisors for nursing and midwifery students. This provides the impetus to progress capacity building within both the care home and social care sector via robust engagement with SSSC and Scottish Care [3]to progress capacity planning and building within care homes and social care environments.

Practice learning allocation modelling

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[1] https://www.sssc.uk.com/

[2] Detailed in section 3.2 of the National Framework for practice supervisors, practice assessors and academic assessors in Scotland. Access at https://www.nes.scot.nhs.uk/education-and-training/by-discipline/nursing-and-midwifery/practice-education/scottish-future-nurse-and-midwife-programme-board/national-framework-for-sssa.aspx

[3] http://www.scottishcare.org/

Feedback from academic partners indicated variable approaches in HEIs in relation to managing practice learning allocation. Whilst many of the HEIs confirmed they did not operate a numeric PLE capacity model, some indicated current approaches are determined by the expectations based around a 'flexible mentor model'. Further, depending on geographical location, the numeric modelling used within practice learning calculation tools also varies. However, those HEIs who do not currently use a calculation tool have expressed it would be helpful to do this.

Apparent in the feedback from HEIs are barriers which prohibit the straightforward management of practice learning allocation. Firstly, irrespective of Service Level Agreements (SLA) is the unilateral local decisions by PLEs to accept or decline a student based on their 'year' of study and the type of learning experience (e.g. specialist), fluctuating mentor/staff resources and the learning environment accommodating too many other students from other health disciplines. Further, decision making of this nature is variably and inconsistently applied across different clinical settings and geographical locations. Secondly, HEIs are often advised by individual PLEs of a reduction in their SLA 'in year' and often within seven days of the students being due to commence practice; thus, negatively impacting on the student experience. Stakeholders confirm a lack of high-level strategic oversight and governance contributes to these complexities. Whilst HEIs have individual SLAs with practice learning providers who may be serving several HEIs, it appears that the individuals with oversight are PEFs and CHEFs who are not responsible for making allocation decisions. As part the scoping exercise undertaken in the two NHS Board areas, participants provided information on the number of student(s) currently in practice and their SLA complement. Of the 56 PLEs who supplied PLE allocation data, 32.1% (n=18) demonstrate a shortfall against their SLA agreement; this equated with 48 potential practice learning experiences being underused at the time of reporting.

Practice Learning Capacity Building
Exploring untapped resources illuminated the potential of capacity building within the well-established discipline of general practice nursing (GPN), of which, according to the Scottish Practice Nurse Association, there are approximately 1000 practice nurses. Unlike district nursing and health visiting, GPN is not traditionally used for pre-registration practice learning experiences beyond 'insight visits'. This is due to long standing challenges in securing learning experiences via general practitioners, who as employers of practice nurses, would require financial remuneration. There is however some evidence of pre-registration PLEs emerging within practice nursing, but these numbers are small compared to the overall potential availability. There are also a small number of NES funded initiatives that are supporting the establishment of pre-registration learning environments. Other potential sources of building capacity may exist within Occupational Health Nursing, which although contextual within industry/organisations may be worthy of further exploration. Other potential avenues exist in progressing interprofessional practice learning exchanges and bespoke PLEs, examples of which are currently being operationalised within NHS Ayrshire and Arran and NHS Shetland.

3.1 Summary: Practice Learning Capacity Planning, Allocation and Building
Within Scotland both practice partners and HEIs work together to ensure there is adequate capacity of quality practice learning experiences for the increasing numbers of both pre and post

registration nursing and midwifery students. The expectations of the new Standards of proficiency for registered nurses (NMC 2018a) underscores the need to ensure excellence in planning and managing practice learning capacity. However, the scoping activities undertaken identified wide ranging challenges related to; the inconsistent and variable practice learning allocation processes in operation across Scottish HEIs; Service Level Agreements being subject to 'in year' alteration by providers; and underutilisation of care home sector PLEs, all of which currently impede the ability to optimise practice learning capacity. Nonetheless, evidence does suggest that there is potential to exploit nursing resources in other nontraditional nursing arenas and build on good practice examples of building capacity.

3.2 Key Recommendations – Practice learning capacity

In response to the capacity scoping activities undertaken, the following recommendations are offered:

1. Establish a short-life working group, chaired by a Nurse Director, to explore a national coordinated approach and oversight of practice learning capacity planning, allocation and building.

2. Explore with medical colleagues, the untapped potential practice learning opportunities within general practice nursing could present. Additionally, consider other untapped nursing disciplines which currently do not facilitate pre-registration nursing PLEs, such as, occupational health nursing.

3. To support increased use of care home learning environments, build on existing current short, medium- and long-term strategies to increase capacity by robustly engaging with professional bodies, and in particular SSSC to support new practice supervision arrangements. Additionally, HEIs and care home partners should actively engage with nursing students to promote the value of learning experiences within the care home setting.

4. Creatively explore interprofessional learning opportunities, which should also include robust engagement with professional bodies SSSC and HCPC in respect of emerging learning experiences and therein, the practice supervisor role by non-nursing health professionals.