

Nursing and Midwifery
Practice Education Facilitators

Annual Report
2010/2011



Contents



Introduction

The purpose of this document is to report on the findings and outcomes from the 2010/2011 NHS Board Annual Reports for the Practice Education Facilitator (PEF) initiative. It delivers our commitment to “capture the added value and benefits of practice education roles” stated in our Quality Education for a Healthier Scotland NHS Education for Scotland (NES) nursing and midwifery strategy: 2011 - 2014 (NES 2011a, p8).

This report will highlight the impact of the PEF role, the challenges faced throughout 2010/2011 and make recommendations to inform future activity, PEF national priorities for NHS Scotland and PEF development.

Governance

NHS Education for Scotland supports NHS Boards to maintain PEF Service Level Agreement (SLA) requirements through a governance process developed in 2009. Revision of the annual report template occurred in 2010 following feedback from stakeholders and in response to the outputs from the national mentorship workshop in March 2011. This has enabled us to capture, in more detail, the work of PEFs in supporting mentors and the wider clinical learning environment across NHSScotland.

The current PEF SLA governance arrangements consist of:

- ▶ An annual report, signed-off by the Director of Nursing encompassing the following areas: compliance with the SLA, PEF leadership, development and activity in relation to identified national priorities, finance, mentor profile and organisational issues.
- ▶ 6 month interim report and tracking sheet that accurately records PEF whole time equivalent (wte) throughout the year.
- ▶ Regular engagement with NHS Board leads to support and development of the PEF infrastructure.

The above processes have been beneficial for both parties, allowing early identification of problems, innovative practice and collaborative action planning to resolve or manage identified issues.

Service Level Agreement / PEF Development Programme

Service Level Agreement

Revised monitoring processes and ongoing stakeholder engagement, in conjunction with action planning during 2010/2011 has resulted in high levels of compliance with the PEF SLA across NHS Scotland. An overall shortfall of 7.29 wte is reported from the cohort of 100wte funded post as at 31st March 2011. This is a similar shortfall to that reported on 31st March 2010 of 7.1 wte, and is predominately the result of short-term absence accumulated throughout the year.

PEF Development Programme

In 2010/2011, the PEF development programme was aligned closely with the three national priorities. A national event was held in June 2010 with a focus on quality, practice education leadership (including change management and transition), role modelling and writing for publication.

The regional events also aimed to assist PEFs in their role in supporting the development of the clinical learning environment through exploring approaches to inclusive education and to enable PEFs to demonstrate the impact of their role through the use of evaluation methods.

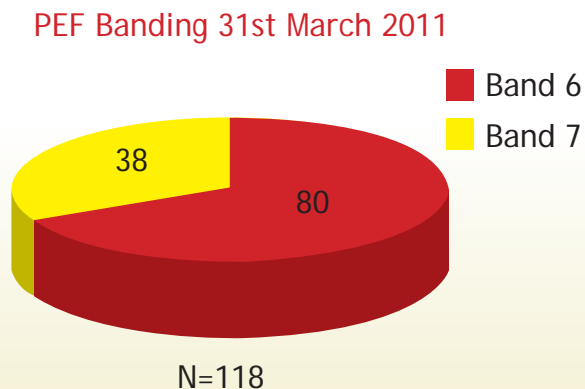
Workforce Profile

PEF Banding

During 2010/2011 there were 118 PEFs in post, with some posts covering longer term absence due to maternity leave and secondments.

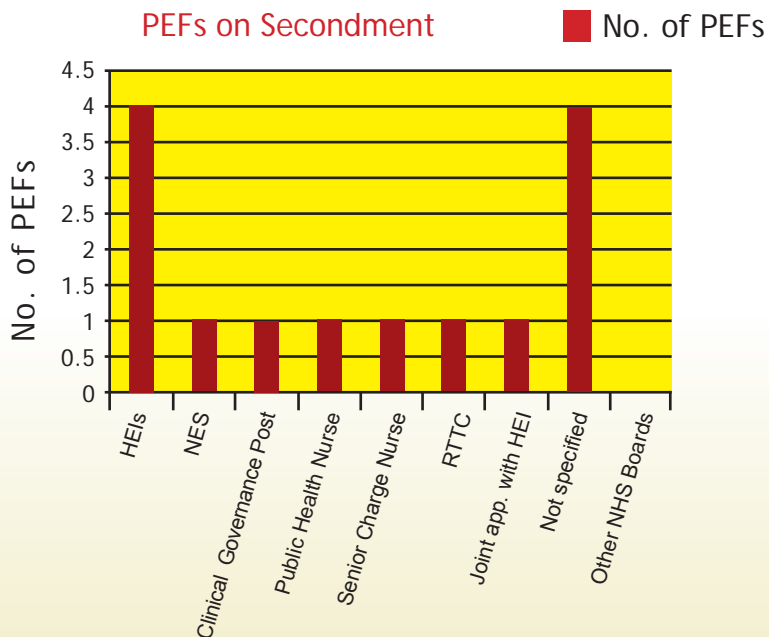
Within 7 NHS Boards, no change was reported in their PEF teams throughout the year.

Figure 1 below shows the overall configuration of PEF wte posts Agenda for Change banding as of 31st March 2011.



PEF Turnover

Between 1st April 2010 and 31st March 2011, 14 PEFs holding substantive posts have been on, or are currently on secondment. These secondments involved multiple specialities and figure 2 details the variety of these opportunities.



In addition, 16 PEFs have moved to other roles. This information is of value in relation to succession planning as well helping to understand the career opportunities available to PEFs. To capture this data, PEFs who leave are encouraged to complete a 'PEF leavers form'. Some examples of PEF career pathways include appointment as: nurse care manager with local council; clinical effectiveness post; public health nurse; senior charge nurse and staff nurse.

National Priorities

The 2010/2011 national priorities focused on innovative and sustainable approaches to existing and emerging regulatory, policy and workforce requirements. They also included suggested deliverables which were developed in partnership with NHS Board and HEI practice education leads. This information helped evidence the PEF contribution to the Healthcare Quality Strategy for NHSScotland (Scottish Government 2010).

The national priorities are:

- ▶ **Priority 1** – Supporting mentors
- ▶ **Priority 2** – Clinical learning environment
- ▶ **Priority 3** – PEF added value

Alongside the information contained in the annual reports, discussion with NHS Board and HEI practice education leads enabled a clearer picture to emerge of the practice learning issues that were important to their organisations.

These issues can be categorised into two emerging themes; supporting mentors in relation to pre-registration education and contributing to the enhancement of the wider clinical learning environment within NHS Boards. These themes provide synergy between both the national and local practice learning organisation objectives and articulate the benefit the PEF role brings to both organisations.

Supporting mentors in practice

A core function of the PEF role is to support mentors in their role of ensuring that the educational and development needs of nursing and midwifery students are enabled and supported within the practice setting. Crucially, they have a key role to play in contributing to the implementation of the new Nursing and Midwifery Council standards for pre-registration nursing education (NMC 2010) through the provision of support and development for mentors regarding the key changes and in helping employers prepare for an all graduate workforce.

During 2010-2011 the PEFs have demonstrated achievement of this element of their role in different ways.

National Priorities

PEF Action: Supporting mentors.	
Outcomes and Impact	Overcoming challenges
<ol style="list-style-type: none"> 1. Mentors are fit for purpose through local partnership processes to develop decision-making, confidence, understanding and accountability of their role. Mentors are being supported by PEFs to make valid and reliable student assessment decisions in conjunction with their education partners. 2. Development of new practice learning experiences in midwifery and enhancing practice learning experiences for mental health are evident and learning disability students through an increase in external opportunities for placements. 3. Clarifying role and responsibilities of all staff in NHS Boards in relation to mentoring, and supporting students in order to provide more effective support system. 4. Mentorship programmes updated to reflect new standards for pre-registration education. 5. An increase in PEF-mentor contacts, thus enhancing visibility of role. 6. An audit of students on placement confirmed that they were allocated to a mentor who has updated their skills in the past 12 months thus aiding them to maintain their competence. 	<p>Ensuring PEFs are familiar with new programmes to support mentor preparation of a graduate workforce.</p> <p>Limited capacity to release staff from acute and primary care settings to attend updates and development sessions. One solution is 'pick and mix' mentor sessions thus providing an alternative to traditional updates.</p>

Exemplar 1: NMC annual monitoring visits to approved education institutions.

Situation/Background:

PEF involvement in these events include: monitoring the mentor database, facilitating visits to practice areas, attendance at the monitoring event, liaising with service managers and dissemination of the monitoring report to practice area.

Outcome:

The AEIs (Approved Education Institutions) have a good relationship with their placement partners through the national PEF infrastructure. The monitoring events provide an opportunity for feedback to be given to placement managers and staff and to highlight how the PEF input is valued. This is reflected in a quote from a NMC reviewer:

"The Practice Education Facilitators continue to impressively support education in practice settings"
(NMC 2010)

The examples given are not exhaustive and there are other activities reported in the annual reports that showcase how PEFs have embraced current changes and risen to the challenges presented.

National Priorities

Supporting the wider clinical learning environment within NHS Boards

PEFs are central to assisting senior nurses to enhance the quality of the clinical learning environment. The annual reports reflect the different ways in which this was being undertaken within NHS Boards. The actions and impact described give a flavour of the diversity around how they are contributing to The Healthcare Quality Strategy (Scottish Government 2010).

These outputs help to develop and embed individualised approaches which mentors can role model in both their clinical and education roles within the workplace.

PEF Actions: Facilitating person-centredness within the context of the clinical learning environment.	
Outcomes and Impact	Overcoming Challenges
<ol style="list-style-type: none"> 1. In one Board mentors are prioritised for attending values-based training, with 75% of student mentors now completed this preparation. 2. Promotion of a compassionate care project and increased use of 'SENSES' framework in mentorship programme. 3. Supporting the use and embedding of the Quality Standards for Practice Placements (QSP) audit tool to help staff identify areas for development and also to encourage students to feedback on their learning experience. 4. Delivering workshop for mentors and managers on a development programme for staff undergoing redeployment and promoting a culture of support for these colleagues. 	<p>PEFs are cognisant of budgetary constraints and look for innovative ways to promote and facilitate person-centredness through their role in supporting mentors and the wider clinical learning environment.</p>

Exemplar 2: Supporting the Healthcare Quality Strategy.

Situation/Background:

In order to contribute to the delivery of the Healthcare Quality Strategy, PEFs are recognising that values-based education is an important foundation on which to build person-centred approaches.

Outcome:

PEFs prioritised values-based training for mentors as an important development. To maximise the impact within this area, an online module was completed prior to attendance with the content agreed with the AEI. Completion of the module and attendance at the training promoted a deeper understanding of the concepts and encouraged application of concepts into action and activity within practice.

Future Developments

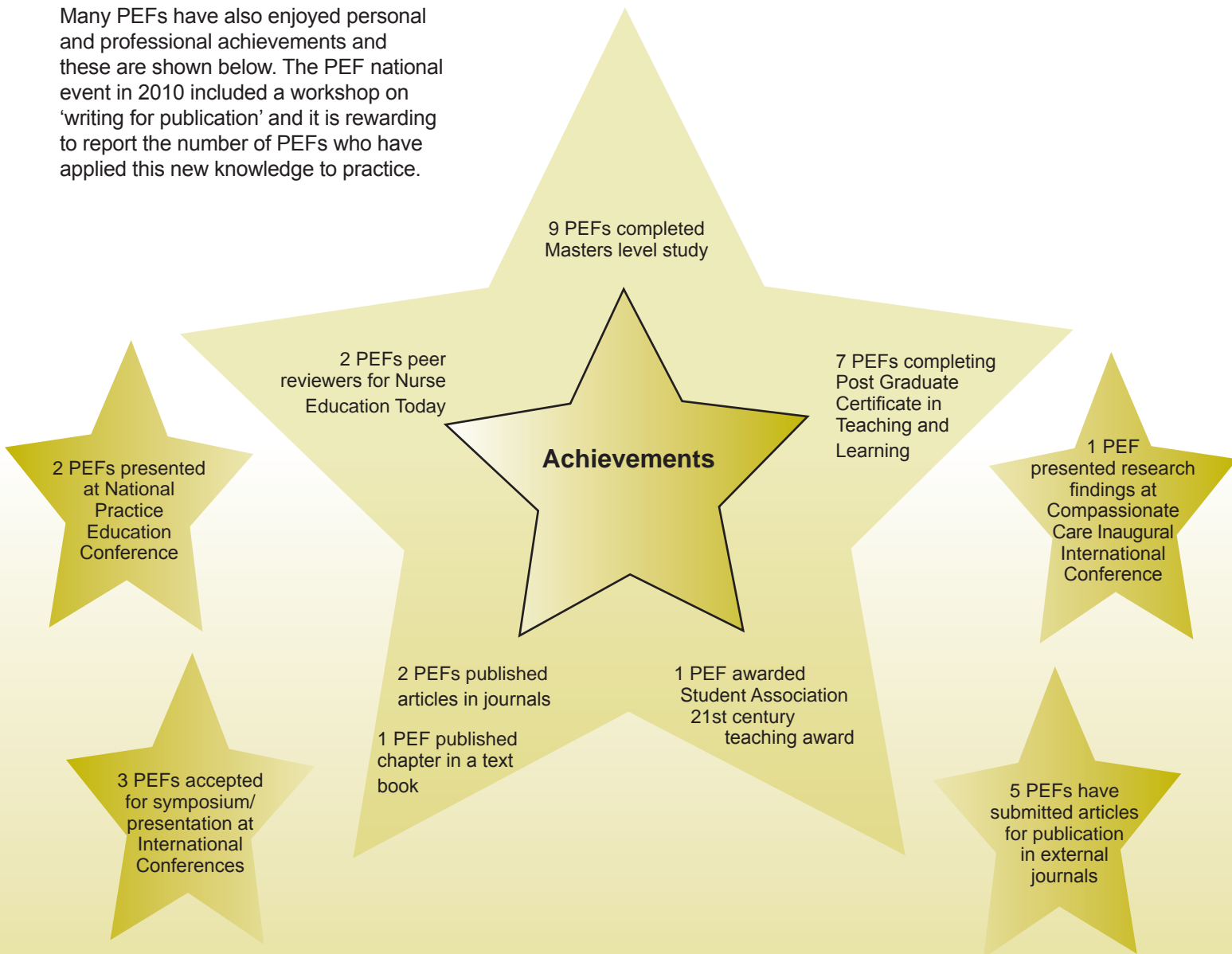
PEFs across NHSScotland have identified areas for further development. This demonstrates their commitment to using a continuous improvement approach to enhance their practice and evaluate the impact of their activity and key projects. Thinking differently about mentorship and core PEF activity, which has involved creativity and innovation, has been a key theme this year and identifying outcomes has been important to demonstrate evidence of success within practice.

In addition, other proposed developments include:

- Auditing of portfolio usage to inform mentor updating activity and evaluating mentor preparation programme delivery.
- Supporting nursing and midwifery mentors during changes to delivery of pre-registration education programme.
- Continuing to integrate compassionate care into mentorship programmes.
- Exploring existing services to identify potential for new and innovative learning experiences for students.
- Promoting and aiming to continue to raise completion rates of Quality Standards for Practice Placements (QSPP) to support the enhancement of the clinical learning environment.
- Currently, the SWISS database is being used to record mentor names, but in the future PEFs wish to develop this to include placement information, mentor capacity and mentor workforce profiles.
- Further development of workshops for final year students to prepare them for job application process and selection interviews and preparing clinical staff to participate in interviewing of candidates for pre-registration programme.
- Utilising national resources to support reasonable adjustment in practice.

PEF Achievements

Many PEFs have also enjoyed personal and professional achievements and these are shown below. The PEF national event in 2010 included a workshop on 'writing for publication' and it is rewarding to report the number of PEFs who have applied this new knowledge to practice.



Summary

This year has brought considerable challenges in relation to NHS Education for Scotland, Approved Education Institutions (AEIs) and NHS Boards.

Despite the challenges encountered, PEFs can be seen as motivated individuals working within teams who consistently find innovative and creative educational solutions to support the nursing and midwifery workforce.

The current financial climate requires that the 'added value' of PEFs be clearly articulated to show their impact across practice and education. The next year will be challenging due to these continued demands, in conjunction with service redesign and changes across pre-registration education programmes.

New ways of working are being explored in many aspects of healthcare and this is seen as a positive approach within practice education. Thus, different ways of working for PEFs may be explored to ensure maximum benefit for NES, NHS Boards and their respective AEI partners. Examples of this operationally may include; encouraging the use of work plans for PEFs to show both national consistencies and local innovation around delivering the core function of this role.

References

NHS Education for Scotland (NES) (2011). Quality Education for a Healthier Scotland NES nursing and midwifery strategy: 2011-2014. Edinburgh: NES.

Nursing and Midwifery Council (NMC) (2010). NMC UK Wide Quality Assurance Framework Programme Monitoring Report. Edinburgh Napier. London NMC.

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