

# The National Nursing and Midwifery Practice Education Facilitator Network

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Their contribution to practice learning in Scotland

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## Foreword

The Practice Education Facilitator (PEF) role was created in 2004 through a recognition that mentors – the registered nursing and midwifery workforce charged by the Nursing and Midwifery Council (NMC) with supervising and assessing learners in practice areas – required support to help them negotiate the complex decision-making processes they needed to go through to ensure learners were fit for practice. It was realised that while creating a role to provide direct support would have benefits in the short term, far greater long-term benefits would be likely to accrue from providing support to mentors and sustaining the learning environment for all nurses and midwives. The PEF model was subsequently created, with great care being taken to ensure that the role did not become isolated, but instead became deeply embedded in local, regional and national networks to enable sharing of experience and expertise.

The PEF role is about helping mentors to deliver – making sure mentors have the right support in their environment to enable learners to meet the NMC standards and have the best possible start to their careers as nurses or midwives. PEFs have consequently become a key part of the shared governance structure underpinning workplace learning.

The role has, of course, developed and matured over the years. It now reflects a multi-layered function, with PEFs working closely with mentors, learners, clinical leaders, clinical teams, service managers and colleagues in higher education institutions (HEIs) to deliver a comprehensive support service for learning in practice. Crucial to PEFs' success is the management and leadership provided by their NHS Board employers and partner universities.

Core functions outlining role parameters and key areas of practice have been created to guide and inspire PEF practice, supported by a national development programme to ensure consistency of approach and expertise throughout the country. Three PEF priorities are agreed each year by the NHS Board and HEI Practice Education Leads and NHS Education for Scotland (NES) to direct and support PEF work within NHSScotland's policy and the Nursing and Midwifery Council (NMC) regulatory context.

The main function continues to concentrate on making sure mentors are empowered to ensure learners are fit for practice at the point of registration and that mentors have the up-to-date skills, tools and confidence they need to identify and address issues raised by students who are failing to progress. Fundamentally, the PEF role therefore contributes to the delivery of safe, effective, person-centred care and the achievement of NHSScotland's quality ambitions by helping mentors to understand the wider healthcare perspective and its influence on practice. Future shared priorities for PEFs and the focus of their work with mentors, learners and clinical staff will continue to pursue this goal.

This report reviews the significant achievements since PEFs have been in post, demonstrating how well they have responded to a developing health policy and professional standards landscape. It shows the influence PEFs are having over a wide range of practice-based education areas by providing mentor development and support, enhancing the practice learning environment, facilitating partnership working, improving learner support and experience, and contributing to improvements in individual and patient experiences and outcomes.

I am proud that the nursing and midwifery PEF model has shaped, and provided the blueprint for subsequent practice education support roles, including the Allied Health Professions, PEFs, Care Home Education Facilitators, the nursing and midwifery Practice Educators, and NHS24 practice education roles and, as a result, has opened up more flexible career options. Alongside these developments, the PEF initiative has helped NHS Boards to address the need for an infrastructure to support the learning and education of the wider NMAHP workforce.

The focus now has to be on the future. We need more evidence of the effectiveness of the PEF role to add to the existing body of research and experience. We can't keep doing what we've always done, successful though that may be. We need to continue to refine and develop the PEF role to make sure it remains fit for purpose. In particular, we need to see PEFs increasing their already significant influence at strategic levels, supporting organisations to further embed and develop positive learning cultures. Initiatives are now under way to help us to gather the evidence we need to support PEFs in this aspiration and to help them achieve ambitions across all other elements of the role.

Reading this report confirms that PEFs have a commitment to ensuring the best possible practice learning experience for all learners and newly qualified nurses and midwives. As you move through its pages, I'm sure you'll agree that PEFs are making a very strong contribution to that goal and are helping to create environments in which service users can experience the best possible care.

**Dr Colette Ferguson**

*Director of Nursing  
Midwifery and Allied  
Health Professions,  
NHS Education for  
Scotland*



““ The Practice Education Facilitators have transformed the support that we can now give to our undergraduates as well as our mentors. This is resulting in more confident practitioners and improving outcomes for patients and their families. A real success. ””

**Fiona McQueen**

*Executive Nurse Director of Nursing  
Midwifery and Allied Health Professions, NHS Ayrshire and Arran  
Chair of the Scottish Executive Nurse Directors' Group  
Chair of the National Strategic Group for Practice Learning*

““ The introduction of Practice Education Facilitators was an innovative approach designed to support those who support students - the mentors. It also used an innovative funding model by sharing the costs across universities, the NHS Boards and the Scottish Government.

The Practice Education Facilitators themselves are clinical staff who are highly motivated to improve the learning environments in which they work and demonstrate a commitment to student learning in practice. We know that the experience students have on their practice placements are key to their development both in learning the right skills and attributes to be good nurses or midwives, but also in setting the benchmark for their entire careers.

Good mentoring provides the role modelling they need to set the standards for their own practice and it is therefore vital that we support mentors to demonstrate the values that are important for high quality patient care.

Practice Education Facilitators are one of our most effective tools in supporting this strong role modelling in mentors through both their own interactions with mentors and students and through the support they provide to clinical areas. ””

**Karen Wilson<sup>1</sup>**  
*Deputy Chief Nursing Officer*  
Scottish Government

<sup>1</sup> Karen Wilson is now *Director of Health Professionals and Nursing*, Scottish Ambulance Service



# 1 Introduction to the Practice Education Facilitator Role

Practice Education Facilitators (PEFs) are experienced nurses and midwives committed to the support, education and continuing professional development of staff and learners. This report reviews achievements throughout the time in which PEFs have been in post and signposts readers to aspirations and opportunities for future role development. The information and examples given draws on evidence from a number of sources including: national evaluation studies; Nursing and Midwifery Council (NMC) approval event reports; mentor bulletin articles and activity reporting from NHS Boards and higher education institutions (HEIs).

## The development of the role

The PEF role emerged as part of the 'Facing the Future' nursing and midwifery recruitment and retention initiative in Scotland in the early 2000s (Box 1). A partnership involving the then Scottish Executive Health Department, NHS Education for Scotland (NES), NHSScotland organisations and higher education institutions (HEIs) was set up in 2003 to take the project forward, backed by a Ministerial commitment to fund 100 whole-time equivalent PEF posts. An initiative of this kind, focusing on supporting learning in practice, was unique to Scotland, and the wider UK at that time.

### Box 1. Facing the Future

Facing the Future was the banner under which a range of initiatives were progressed to ensure that NHSScotland had the appropriate quality and quantity of nurses and midwives to meet the growing demands of local communities. The Facing the Future Group was charged with overseeing the achievement of the goals and objectives set out in the Facing the Future Action Plan (SEHD, 2002) with key themes that included education and training, working conditions and tools, and new roles.

Since 2004, a number of key drivers, such as the Quality Standards for Practice Placements (NHS Education for Scotland 2003 and 2008), National Approach to Mentor Preparation for Nurses and

Midwives: Core Curriculum Framework (NHS Education for Scotland 2007), and the launch of the Healthcare Quality Strategy for NHSScotland (Scottish Government, 2010) have shaped the creation, ongoing development and direction of the national PEF resource, as is shown in the 'Journey to Success' section (page 10).

Changes to pre-registration nurse education, as a result of the Nursing and Midwifery Council (NMC) Standards for Pre-registration Nurse Education (NMC 2010), places an increased emphasis on the joint responsibilities of both education and practice (programme providers), and PEFs are a key part of the infrastructure across NHSScotland that will operationalise these requirements.

Significant to the focus of PEFs' work are the NMC Standards to support learning and assessment in practice (NMC 2006 and 2008). These set out the requirements for supporting the learning and assessment of students in practice learning environments and outline the required competencies for the preparation of mentors and their ongoing development. The Standards apply to the learning and support requirements of NMC-approved pre-registration nursing and midwifery programmes leading to initial registration and to other post-registration NMC recordable and registerable qualifications.

Practice Education Facilitators have been instrumental in the interpretation and local implementation of NMC standards (NMC 2010)

in their NHS Boards. They have also supported HEIs in the NMC quality assurance processes for approving pre-registration nursing and midwifery programmes across Scotland to ensure the current and future workforce is well prepared and fit for practice. Practice Education Facilitators are therefore ideally placed to impact on the way in which mentors provide support and develop teaching for all learners (Carlisle et al. 2008:6).

### The focus of the role

The PEF role takes its place within a whole-systems approach to strengthening practice education in NHSScotland. The agreed national core functions that set the parameters for the PEF role are shown in Box 2.

The PEFs, however also have a broader remit to support learning and continuing professional development beyond registration. One example of this is their work with mentors to provide structured support for newly qualified practitioners and midwives as they develop their confidence in practice and complete the Flying Start NHS® programme.

In addition to delivering on the above core functions, each year three national priorities linked to national policy or professional regulation are agreed between NES, NHS Board and HEI practice education leads. A more detailed look at PEF day-to-day activities is provided in 'A day in the life of a PEF' (page 12). Examples of what they do are set out in the "PEFs Adding Value" section (page 15).

### Supporting the role

Key to the success of the role is the unique three-organisation infrastructure of NHS Education for Scotland (NES), NHS Boards and HEIs that support the PEF national network across NHSScotland. Since inception of the role, an agreed shared funding model has been in place, with NES contributing two thirds of the PEF salary and the remaining one third being agreed by the employing NHS Board and their HEI partner(s).

#### Box 2. Core Functions of the PEF role

- provide support for mentors to ensure effective supervision, assessment and informed decision-making in relation to learners
- assist senior nurses to enhance the quality of the clinical learning environment through ensuring education and development needs of nursing and midwifery students and registered practitioners are addressed and supported effectively within the practice setting
- contribute towards cohesive partnership working between the NHS Board, higher education institutions and Scotland's colleges
- maximise the number of learners supported within clinical practice areas while maintaining an effective learner experience
- ensure the development of both new and experienced mentors and wider practice education support roles
- contribute to the nursing and midwifery workforce and policy agenda through facilitating quality practice learning opportunities which demonstrate improvements in patient outcomes and experience
- provide support for staff participating in education programmes and continuing professional development activities

The NHS Education for Scotland Nursing and Midwifery Associate Director and the Programme Director for practice education provide strategic direction at a national level, with three regional practice education co-ordinators (PECs) who work geographically to support the wider infrastructure of practice education. The co-ordination role includes governance and quality assurance of the national network, working with



leads in NHS Boards and HEIs in relation to local practice education priorities and providing induction and ongoing development programmes for the national PEF network linked to their core functions and agreed annual priorities.

NHS Boards employ the PEFs and have a crucial role to play in supporting them to fulfil their potential. The national PEF evaluation reported that PEFs valued having a clear management structure and a line manager who understood their role (Carlisle et al. 2008:38). Strategic leads for practice education contribute to the management of PEFs and guide their work programme in a real and meaningful way to ensure that their activities align with the national priorities and support the NHS Boards' organisational objectives.

Higher education institutions have been integral in supporting PEFs in their role, ensuring they have a sound understanding of the content, assessment strategies, methods of delivery and learner journey through their pre and post-registration programmes. This programme expertise is then used by PEFs in how they prepare and support the ongoing development of mentors. Higher education institutions have also supported them in their professional development through providing opportunities to develop and enhance the educational component of their role. This has assisted the career development of a number of PEFs.

To promote partnership working a national Practice Education Leads' Forum has been established. This provides an opportunity for senior representatives from each NHS Board, HEI and the practice education team in NES to come together to discuss professional and practice education issues pertinent to PEFs, and to agree annual national priorities.

## Moving within and beyond the role

Practice Education Facilitators have a range of career development opportunities open to them that include senior practice roles in NHS Boards, integrated clinical posts across service and education settings, and education roles within HEIs. They also pursue secondment opportunities within Boards and HEIs, including clinical governance, project lead and lecturing posts.

Evidence has shown that PEFs move onto a variety of posts, taking with them a strong skills and knowledge set of practice education and learning. Some examples are shown in Figure 1.



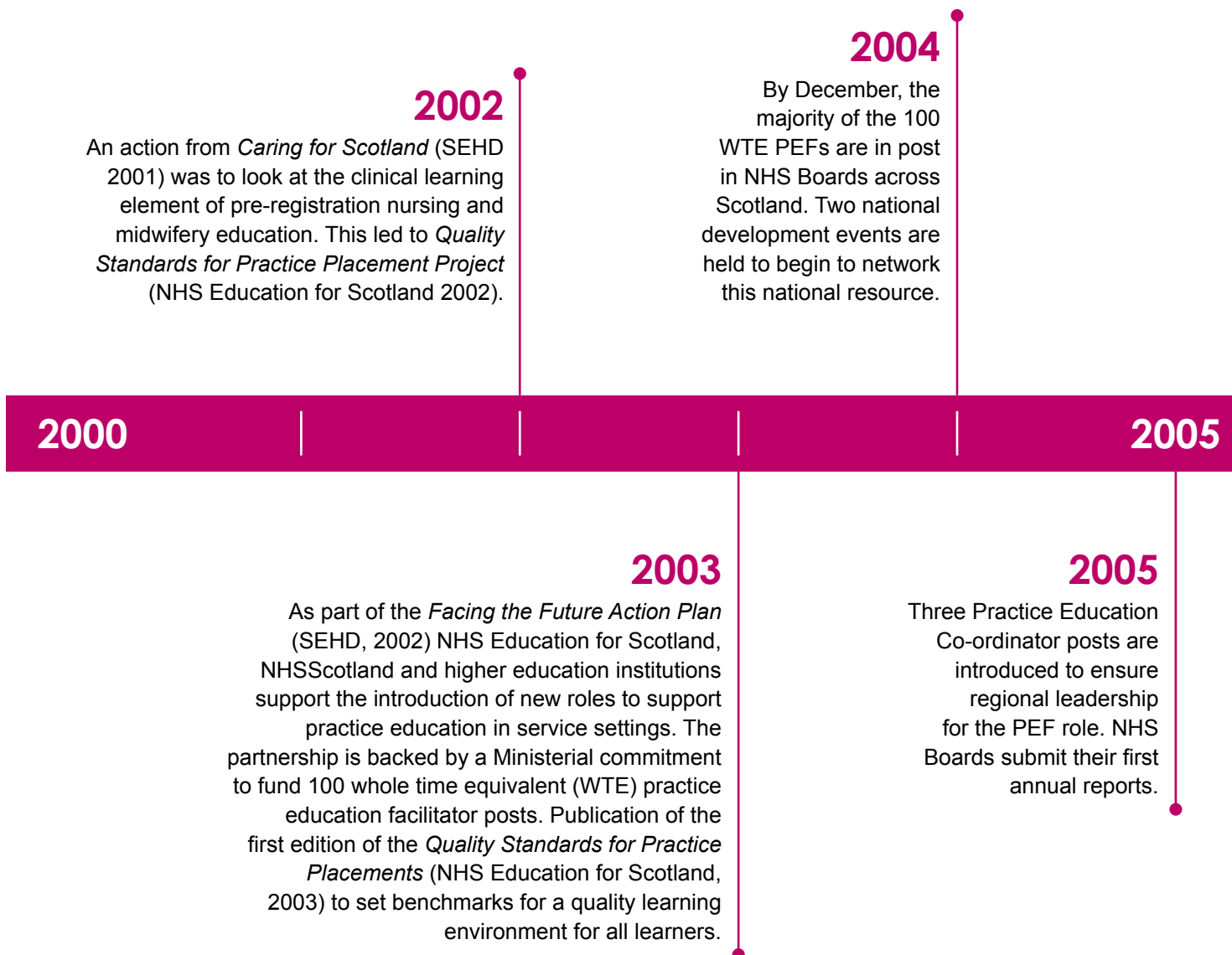
Figure 1  
**Career Moves for Practice Education Facilitators**

NHS Education for Scotland posts include Practice Education Coordinator, Project Lead and Practice Educator.

The PEF role is one example of a clinical education career pathway in Scotland which reflects flexibility and options for personal and professional development. The career opportunities described are also serving to make the PEF role more visible and accessible to colleagues within Scotland and wider afield, and are helping to raise the profile and importance of embedding practice learning in the new settings they move to.

# 2 The journey to success...

## Some key milestones in the development of the PEF role



## 2006

A national working group is set up to consider guidance for mentorship to align with the *NMC Standards to Support Learning and Assessment in Practice* (NMC 2006).

## 2008

The Practice Education Facilitator evaluation report (Carlisle et al. 2008) is published. The NMC revises the *Standards to Support Learning and Assessment in Practice* and NHS Education Scotland refreshes the *Quality Standards for Practice Placements* with endorsement from the NMC and Health Professions Council (HPC).

## 2010

Healthcare Quality Strategy for NHS Scotland (Scottish Government 2010) is published and NMC Standards for Pre-registration Nurse Education produced (NMC 2010).

## 2010

## 2007

*The National Approach to Mentor Preparation Core Curriculum* (NHS Education for Scotland, 2007) is published. PEF posts across NHS Scotland are made substantive and the first PEF national priorities are produced.

## 2009

NHS Education for Scotland Nursing and Midwifery Education and Workforce Development Towards 2020: Consensus Statement is published, setting the direction of travel for the future focus of work (NHS Education for Scotland 2009).

## 2011

NHS Education for Scotland Quality Education for a Healthier Scotland. Nursing and Midwifery Strategy 2011-2014 (NES 2011) is published with a core strategic theme of: 'strengthening education where nurse and midwives practice'.

# 3 A day in the life of a Practice Education Facilitator...

Catherine Stark is an experienced nurse who has been a PEF since the role was introduced in 2004. This 'day in the life of' is largely representative of PEF activity across NHSScotland on a day to day basis. Catherine works in a small team with a PEF colleague and supports the Moray area of NHS Grampian. A number of similar and larger teams feed into a larger practice education team made up of different education roles – PEFs, practice educators and clinical educators. The team has strong links with their university partner, Robert Gordon University, with a robust partnership infrastructure in place to enable education to inform practice and practice to inform education.

“My day normally starts by checking into the office to pick up any new emails or messages. A PEF colleague and I cover the whole Moray area with mentors and learners in different locations, so we are out and about a fair bit. We encourage colleagues to contact us by email – it’s often the most efficient way. We quite often get messages from mentors asking about the mentor update programme we run or receive information from the education providers we work with – Robert Gordon University (RGU), Moray College and the Highland Campus of the University of Stirling, who also have learners placed in the area.

Today I find a reminder to contact colleagues at the local hospital to arrange to meet staff working on night shift next week. Most of my work takes place between 9 to 5, but it’s really important to make sure I stay in contact with all of my colleagues in the clinical setting at a time convenient for them, so that occasionally means early-morning or late-evening meetings.

Our office is placed very close to the hospital where many of the mentors and learners we work with are sited, so it’s only a short walk to the wards.

Many of our learners have to travel long distances to their placements and need to lodge in the area. They can get a bit homesick, so attending to the pastoral side of their experience is an important part of helping them settle. Because of this, I like to meet all of the learners in Moray at least once during their placement. I think it helps to makes them feel welcome, valued and supported.

The learners tend to arrive at different times so I don’t do a formal orientation, but instead see them individually in their clinical settings. This also raises my visibility to clinical staff – they have come to know who I am, what I do and how I can help, and they’re always keen to take the opportunity to speak with me when I’m in their area. It’s a great way of gathering intelligence about what issues are concerning clinical leaders, mentors and other clinical staff and also gives me a chance to develop and maintain strong relationships with them.

It takes time, but for me it’s time well spent. Recently, for example, we have built on our strong relationships with clinical leaders to contribute to delivering sessions for them on professional values such as dignity and accountability as part of ongoing governance activity. These sessions have been well received by staff and have resulted in direct requests for more.

I get a chance today to speak to a mentor and clinical leader on one of the wards who are unclear about whether learners can or cannot take part in a particular procedure. The answer on this occasion is fairly straightforward, but I take the opportunity to explore if there are any other areas causing concern and find I’m able to pass on some helpful information about new curriculum developments at RGU and signpost the clinical leader to an information source on the university website.

I have two new learners to see today. I always try to think back to my own student days and what it felt like to be going to a new ward for the first time – fired with interest and enthusiasm, but also nervous. Meeting them face to face helps in the process of welcoming them to the ward – it shows that as a team, we're interested in them as individuals and want to make their experience as positive as possible. I go over the assessment documentation form with them and their mentor and confirm that they have satisfactory accommodation.

We have a notice board placed just outside the staff canteen in the hospital that acts as a hub for information about the PEF service. One side of the board is for learners, the other for mentors and other clinical staff who support learners. We use the notice board to highlight new resources and how they can be used, such as the Flying Start NHS® website and the Modernising Nursing in the Community Toolkit, and to draw attention to changes in the pre-registration nurse or midwifery education programmes.

Today, I'm posting advance notice of the next clinical tutorial for learners. We organise these once a month, with staff from the wards choosing appropriate topics and delivering the tutorial. Our part is to make all the arrangements around promotion, venue and technology, support clinical staff putting the sessions together and organise evaluation of the tutorials. The tutorials offer a good opportunity for staff to develop their skills in facilitating learning and we provide informal feedback to support their development. Last month's session was on triage and waiting times, delivered by a staff nurse from the accident and emergency department, and the next one is on pre-operative care by surgical ward staff, which will take place in a fortnight's time. I also make sure our contact details are clearly visible on the notice board in case any of the new learners need to get in touch or staff want to discuss how they can get involved and what support would be available for them.

On the mentor side, I post a notice about the next mentor update session and the forthcoming annual mentor event that we hold in the local education centre. We undertook a training needs analysis with our mentors before running our first annual mentor day in 2010. The feedback we received was that mentors wanted an annual event with workshops focusing on elements of their role such as teaching clinical skills, learner assessments, documentation, triennial review and the ePortfolio. It's always a great day and a fantastic opportunity to see all the mentors and encourage them to network with, and support, each other.

I now have a video conference meeting planned with staff at RGU, using the technology available in the education centre at the hospital. RGU is around two hours away, so the video conferencing facility is a real bonus.

A key part of my role is about linking with academic staff in the education settings, working with lecturers on issues such as curriculum development, clinical skills development, updating the learner assessment documentation and taking part in interviews for pre-registration programmes. We've also been involved with academic colleagues in developing and providing sessions for clinical staff to enable them to effectively teach clinical skills to learners in their areas.

I was part of a number of working groups with RGU, focusing on the pre-registration nurse education programme revalidation. I feel the added value I can bring to the process is that I'm able to reflect the views of practitioners in the clinical areas and ensure their voice influences developments in the education settings. It serves as a constant reminder to me about how important it is that I maintain really positive links with both practice and education staff, so they can see me as a kind of trusted 'go-between'.

At the close of the 'virtual' meeting, I make the short journey to a local placement area to have a meeting with a mentor and a learner to discuss early concerns about the learner's progress.

Following some discussion, it becomes apparent that the mentor is concerned that the learner is not demonstrating the right level of knowledge required for their stage of the course. Raising concerns formally about the performance of a learner is a very challenging, but very important, aspect of the mentor role. It can also be challenging for the learner involved.

My responsibility in these situations is to provide guidance, advice and support to the mentor and to oversee the formal process known as 'cause for concern'. Mentors are encouraged to raise any concerns early to allow us to work together effectively to develop a formal action plan that details specifically what the concerns are and how they will be addressed by the learner, supported by the mentor and myself. This includes dates of further meetings to allow us to assess and evaluate progress in relation to the action plan. It's also my responsibility to liaise and communicate with the HEI staff regarding the process. Depending on the outcome, it may be necessary to have further meetings with the mentor and clinical leader to reflect on and learn from the experience.

Protection of the public is always the primary objective, and we would of course not hesitate to take immediate action if we felt a learner was posing a significant risk. But the vast majority of instances such as this are not about the learner posing risks – they're about them not engaging with their new environment, or not making the mentor feel confident they will meet their learning objectives and pass the placement. My meetings with learners and their mentors are never punitively orientated or about casting blame, but are focused on exploring the issues the learner faces and seeing how the mentor, the education provider and I can work with them to make things better.

After meeting the learner and mentor, it's back to the office to check for messages, then I spend some time preparing for the next edition of the mentor newsletter.

The newsletter is emailed monthly by administration staff and is yet another vehicle to help us keep mentors updated and 'in the know' about what's happening locally and nationally. It's particularly useful for disseminating information distributed from NHS Education for Scotland, such as the Effective Practitioner resources and learning activities, and by RGU and the other education providers. We distil what's most important to the mentors and present it in short, bite-sized chunks. I also use the newsletter to flag up any relevant articles or reports that have been published in the last month and which the mentors might find helpful and, of course, raise awareness of the next mentor update session.

Time to close down for the day.”

I've worked in health services for more than 20 years now at home and abroad and in acute and community settings, but I can honestly say the PEF role is among the best I've had. I like variety, and the PEF role brings a lot of it. But the biggest kick for me is supporting the mentors and clinical staff to support the learners.

The Quality Standards for Practice Placements put a big responsibility on mentors and clinical staff. They already have very significant clinical responsibilities, and I like to believe that our facilitation makes their work with learners as easy and as productive as possible. We work hard to provide resources and information and develop innovative solutions to relieve the pressures they face. The reward is knowing that the support mentors and clinical staff provide is preparing the workforce of the future to deliver safe, effective, person-centred care.

Effectively supporting clinical leaders, mentors and learners creates benefits in developing practitioners who are skilled, confident and ready to take on their responsibilities as registered nurses and midwives. I believe I make a big contribution to that as an individual PEF, as part of the NHS Board practice education team, and as part of the national PEF network.



# 4 Practice Education Facilitators Adding Value

The PEF role is now firmly embedded within NHS Board practice education and development teams. In this section, benefits in relation to the delivery of their core functions will be highlighted, demonstrating how PEFs add value at an individual, team, organisation and national level and how their role provides a vital link between NES as a national special health board and the local territorial NHS Boards and HEIs (Figure 2).

To fulfil their potential, PEFs require a solid competency base in areas such as communication and facilitation skills, and multi-professional, inter-organisational team working to accompany their passion for, and commitment to, the value of education in improving clinical practice.

This calls for PEFs to be active, engaged, visible and positive role models for mentors, learners and nursing and midwifery colleagues. They aim to demonstrate an impact in all areas within their remit in which mentors and learners operate, which means they have to deploy innovative and imaginative ways of communicating with colleagues and ensuring they are kept updated on developments that affect the way they practise.

Examples of how PEFs are adding value and delivering on key result areas will be described in the remainder of the report under the sub-headings of:

- providing mentor development and support
- enhancing the practice learning environment
- facilitating partnership working
- improving learner support and experience
- contributing to patient and individual experiences and outcomes

## Individual

Supporting mentors with complex or challenging student assessments and in making valid and reliable decisions about student progression. Providing feedback to individual mentors.



## Team

Providing support to clinical leaders to develop, strengthen and enhance the quality of the learning environment by, for example, providing feedback at team meetings from student evaluations, contributing to audits of the learning environment and follow-up action plans, and supporting staff with continuing professional development.



## Organisational

Working closely with practice education leads in NHS Boards and HEIs to interpret NMC regulatory standards and guidelines for local policy development and support effective reporting of any trends about pre and post registration learner experience, compliance with mentor standards and placement issues within NHS Boards and HEIs, and contributing to educational governance processes.



## National

As part of the national PEF network, sharing experiences and local innovations and participating in national working groups, for example Recruitment and Retention Delivery subgroups, Mentor Bulletin editorial group and Flying Start NHS® Leads Forum.

**Figure 2**  
**Practice Education Facilitators adding values at different levels**

## Providing mentor development and support

*“...the support in things like failing students has increased greatly since this [PEF network] came into post.”* (Carlisle et al. 2008:27)

Ensuring support is available to mentors underpins everything PEFs do. They are involved in mentor preparation programmes, working with HEIs and following the national approach to mentorship. Working across practice and education settings, PEFs aim to equip mentors with the competence they need to improve learners' practice learning experience in accordance with the revised NMC *Standards for Pre-Registration Nursing Education* (NMC 2010) and the *Quality Standards for Practice Placements* (QSPP) (NES, 2008). They do this by supporting and developing mentors to understand the key changes in pre-registration education and helping colleagues to prepare for an all-graduate workforce. Their activity in this area has not only enabled mentors to carry out the very valuable roles they perform with learners, but has also increased recognition of the mentor role and its value across practice and education settings throughout Scotland.

Practice Education Facilitator activity with mentors is particularly significant in two specific areas:

- preparing mentors and supporting ongoing development
- supporting mentor decision-making.

““ The Practice Education Facilitators appointed by NHS Tayside and NHS Fife provide excellent support. ””

**University of Abertay<sup>2</sup>**  
March 2010

### Box 3. Assisting NHS Greater Glasgow and Clyde to meet NMC requirements

*“Mentor databases<sup>3</sup> maintained by PEFs are important in enabling the delivery of effective care as they ensure that learners on pre-registration nursing and midwifery programmes are supported and assessed in practice by mentors who are well prepared and updated. Assessment decisions are therefore valid and reliable and indicate that learners are fit to practice at the point of registration.”*

*The mentor database developed by the PEF team has been pivotal in ensuring that the Board is able to meet regulatory requirements as identified in the NMC standards. The database is dynamic in nature and the PEFs continue to ensure that it meets the requirements of quality assurance reviews within the higher education sector, during which it has been highly appraised by reviewers on behalf of the NMC.”*

**Toby Aslam Mohammed**, Head of Practice Development, NHS Greater Glasgow and Clyde (Acute Services)

<sup>2</sup> Nursing and Midwifery Council UK Wide Quality Assurance Framework, *Programme Summary Monitoring Report*, University of Abertay, March 2010

<sup>3</sup> This refers to the local system developed to record mentor register (or practitioners on Flying Start NHS®)

## Preparing mentors and supporting their ongoing development

To meet the NMC Standards to Support Learning and Assessment in Practice (NMC 2008) and be placed on the local mentor register, all nursing and midwifery mentors must undertake an NMC-approved mentor preparation programme and demonstrate through a portfolio of evidence that they have achieved the NMC mentor outcomes. To remain on the local mentor register mentors must also demonstrate their mentor skills, knowledge and competence on an ongoing basis through participating in annual updating activities and have this reviewed every three years in a triennial review.

The Nursing and Midwifery Council Mentor Domains and Outcomes and the NHS Knowledge and Skills Framework (NHS Education for Scotland 2010a) guidance was developed in response to a request from mentors to align the requirements of the NMC with Knowledge and Skills Framework (KSF) development reviews. The document links the mentor domains and outcomes to the six KSF Core Dimensions

and suggests mentor activities as examples of application in practice. Practice Education Facilitators have been instrumental in enabling mentors, clinical leaders and KSF reviewers to recognise how the KSF development review process can support the mentor updating requirements of the NMC.

### Box 5. Integrating 'context of practice' into mentor updates in NHS The State Hospital

Within NHS The State Hospital PEFs deliver sessions to mentors that cover NMC Regulatory requirements, including topics related to their 'context of practice', such as values-based care and evidence-based practice, alongside promoting educational frameworks and approaches to learning.

Central to these sessions are helping mentors to understand their contribution to the Healthcare Quality Strategy for NHSScotland. In this way PEFs are ensuring that mentors are well prepared as role models for teaching and supporting learners in practice.

### Box 4. Keeping in contact in NHS Grampian

In NHS Grampian, PEFs maintain contact with mentors and colleagues, including those in remote and rural areas, through a variety of means. For instance to ensure they are kept informed and updated, a mentor roadshow was held for staff in community health partnerships. A community placement working group, consisting of community nurses and PEFs, was also set up to focus on developing the learning environment for learners in community settings across Aberdeen city. In addition, a monthly mentor newsletter is emailed across the Board area and a 'mentor update menu' has been developed, allowing mentors to select from a range of options to order an update activity that best suits their needs.

### Box 6. Mentorship preparation in NHS Borders

NHS Borders work in partnership with Edinburgh Napier University in delivering the Mentorship Preparation Programme within the Board locality. This initiative offers solutions to particular obstacles experienced by managers in releasing staff to undertake the student mentor preparation events outwith the Board area. Removing such barriers has reduced travel and associated costs for the organisation, and has seen an increase in the uptake of mentorship programme places. This in turn has had a positive effect on the Newly Qualified Practitioner development pathway and in supporting wider learning and assessment in practice.

## Supporting mentor decision-making

Carlisle et al. (2008) reported that PEFs identified supporting mentors to manage failing students as the most important aspect of their role.

The NMC *Standards to Support Learning and Assessment in Practice* 2008 revision introduced the 'sign-off' role, in which mentors affirm learners' competency at the end of their final practice placement. This sign-off role was created to enable judgements to be made about whether a student has met the required standards for safe and effective practice for entry to the NMC register. It has nevertheless created some anxiety among mentors, who recognise the responsibilities and accountability the role brings.

The PEF contribution to the process comes through supporting mentors who in turn support and assess learners. This vital core function is highlighted in findings from two national research studies. Carlisle et al's (2008) national evaluation of the PEF role for instance, reported that 'numerous accounts' of the value which was placed on the support and guidance provided by PEFs were heard, particularly in relation to supporting mentors' work with students who were having difficulties in achieving learning objectives and clinical competencies. This is best illustrated in a 'good practice' example described in a narrative of PEF impact in the national evaluation.

“ The Practice Education Facilitators continue to impressively support education in practice settings. ”

NMC quality assurance provider (Mott McDonald) feedback on PEFs following HEI programme approval processes at Edinburgh Napier University undergraduate nursing programme and their NHS Lothian and NHS Border partners, 2011<sup>4</sup>

### Box 7. Empowering mentors to make professional judgements on student competency

Susie, a full time PEF, was described as a model of good practice in a number of ways. The two mentors who described her at a focus group used the example of how she helped them to manage a 'failing' student. They felt that good practice was about helping them to improve and develop their skills as mentors, not about taking over their job and doing it for them when they needed help, nor about telling them what to do. When confronted with a challenging student situation, Susie discussed with them ways they might deal with it in a sensitive, but firm manner. They went through options together and reached a conclusion that the mentors felt the most appropriate strategy and which would also be an acceptable strategy to the link HEI. In this way, the mentors felt they had discovered a range of approaches they might use should a similar situation arise in the future, and their confidence had increased because they had been trusted to manage the situation directly...

(Carlisle et al. 2008:28)

The report also cited other participants from the mentor focus group who further reinforced this crucial function of PEFs:

“ ...you would go to your manager and say 'well, I've got a problem with this student... and I don't know what to do about it.' You wouldn't always get the appropriate advice or they wouldn't always know what we should really do and then it would come back to the tutors and that could take time as well, so having the PEFs there... you can rely on that... it works really well.”

*“...not only are they a support to us, we are also stopping students failing you know, which is very important.”*

(Carlisle et al. 2008:28)

Lauder et al. (2008) reported similar findings in their report of the national evaluation of fitness for practice pre-registration nursing and midwifery curricula project, citing a senior charge nurse identifying the support she received from a PEF when she had to fail a student on clinical practice:

*“I recently had to fail a student – first time in 26 years and I found the PEF invaluable.”*

(Lauder et al. 2008:171)

Ways in which PEFs are continuing to assist mentors gain confidence and skills in decision making and preparing them for their crucial role in ensuring the workforce of the future is fit for practice at the point of registration are given in boxes 8-10.

#### **Box 8. Supporting mentors with the ‘sign-off’ role in NHS Forth Valley**

PEFs in NHS Forth Valley developed a range of mechanisms to enable mentors to assume the ‘sign-off’ role. These included a workshop focusing on what the sign-off role entails in terms of responsibility and accountability. The PEFs then received feedback from mentors after they had undertaken their first sign-off with a student. Mentors saw the specific sign-off role workshops and other general support activities carried out by PEFs as especially helpful in enabling them to develop strategies to undertake the role. While time and concerns about the responsibilities inherent to the role were cited as challenges, mentors also overwhelmingly reported that they had found their experiences as sign-off mentors with the first student cohort to be positive.

#### **Box 9. Scenario-based workshop for mentors in NHS Fife**

PEFs in NHS Fife worked in partnership with the University of Dundee to organise a one-day event with scenario-based workshops for mentors from acute, community and mental health settings on how to support students showing cause for concern. The workshop scenarios are based on real life mentor experiences. Half-day updates are now being organised for mentors who attended the original workshops. Anecdotal feedback suggest that the workshops helped mentors to:

- develop their confidence in the mentoring role through acquiring knowledge about systems and processes
- know who to contact at the university and within NHS Fife in relation to challenges and issues in the mentor role
- understand all roles in relation to mentoring and support in the clinical learning environment

#### **Box 10. Developing mentor policy in NHS Western Isles**

The PEF in NHS Western Isles led the development of a mentor policy to provide clarity on the roles and responsibilities of all staff involved in mentoring students and in managing the clinical learning environment. The policy includes a mentor portfolio to evidence mentor activity and updates mapped to KSF dimensions, with clear reporting mechanisms to enable the Board to support mentors when managing failing students.

<sup>4</sup> Nursing and Midwifery Council UK Wide Quality Assurance Framework, *Programme Summary Monitoring Report*, Edinburgh Napier University, 2011



## Enhancing the practice learning environment

The national PEF evaluation described 'good quality clinical placements' as those which are audited for their appropriateness for learners and for their ability in enabling them to achieve their clinical learning outcomes (Carlisle et al. 2008:32). The majority of PEFs indicated that they were likely to be involved in the identification of appropriate practice placements. Collated annual reporting from NHS Boards highlight that placement opportunities during 2011-2012 have continued to increase due to the ongoing commitment of PEFs and clinical leaders.

supporting clinical leaders in creating a vibrant, positive learning environment that reaches all learners and the wider nursing and midwifery workforce.

A key change emerging from the NMC Standards for Pre-registration Nurse Education (NMC, 2010) is an increased emphasis on the joint responsibilities of both education and practice (programme providers) in developing and delivering pre-registration programmes. Fifty percent of pre-registration programmes are delivered in practice settings, and many post-registration programmes also have significant

““ The PEFs have significantly contributed to the expansion and scope of practice learning opportunities with all care providers and have supported the development of new and established mentors. By working closely with education and practice partners, PEFs have provided an essential link between education and practice that has enhanced the student experience as well as the experience of teachers and mentors involved in the delivery of nurse and midwifery education and support of student nurses. ””

### Dr Annetta Smith

Associate Head of School  
Highland and Western Isles  
Campus, University of Stirling

Positive learning environments are crucial not only to supporting current practitioners to deliver safe, effective and person-centred care, but also to ensuring the workforce of the future adopts a lifelong-learning, improvement-orientated ethos. This aspiration is reflected in the NES nursing and midwifery strategy 2011–2014 (NHS Education for Scotland, 2011), theme three of which calls for 'strengthening education where nurses and midwives practise'. Practice Education Facilitators, with their unique knowledge of NMC standards for learning and assessment in practice, and associated regulatory requirements are a key resource to

practice components. It is vital that the opportunity to implement theory into practice is offered with the support of an appropriately prepared and well-supported mentor within a practice environment that is conducive to enquiry, discovery and learning. Practice Education Facilitators throughout Scotland are working closely with their practice and education colleagues to ensure this goal is being met, as the example in Box 11 shows.



**Box 11. Managing the learning environment in NHS Lanarkshire**

Practice Education Facilitators in NHS Lanarkshire, working in partnership with the University of the West of Scotland, have developed a programme for clinical leaders to assist them to manage their learning environments in relation to mentor responsibilities and learner requirements. Participant evaluations show that the programme allowed them to focus on their roles in supporting learning in practice and to consider how they manage practical aspects of learning in their area. This is an important support for the implementation of 'Leading Better Care'.

Practice Education Facilitators also contribute to enhancing the learning environment through supporting implementation, audit and development plans of the Quality Standards for Practice Placements (NHS Education for Scotland, 2008).

**Box 12. Quality Standards for Practice Placements (QSPP) (NHS Education for Scotland, 2008)**

The evidence-based QSPP were developed by a Scotland-wide working group and set benchmarks for a quality learning environment through which learners in the current and future workforce can access the best quality learning experience. QSPP have been created to enable learners and the individuals and organisations that support them to understand their responsibilities and expectations in relation to practice placement learning. The NMC and Health Professions Council acknowledge the contribution the standards make to enhancing the learning environment.

The original QSPP were first published in 2003 following an extensive review of literature on learning environments, and were revised in 2008 to take account of the results of a national review and to reflect:

- the continued importance of practice placements within pre- and post-registration learning
- the need for the standards to reflect the requirements of a multiprofessional audience, with allied health professionals now adopting them
- revised precepts for workplace learning developed by the Quality Assurance Agency (Quality Assurance Agency, 2007).

The QSPP audit tool was developed and launched in 2010 in response to feedback from PEFs and mentors on the need for a national template to enable practice areas to audit, evidence and action plan against the indicators in the QSPP, at an individual care setting/department, directorate or division, and organisational level (NHS Education for Scotland 2010b).

**Box 13. Development of a single educational audit tool - a partnership approach in the west of Scotland**

Up until recently, the Golden Jubilee National Hospital had two separate audit cycles with partner HEIs, one conducted annually with the University of the West of Scotland and the other biennially with Glasgow Caledonian University and the University of Glasgow. At the same time discussions in NHS Greater Glasgow and Clyde on placement capacity and cross-boundary placements identified the need for a single educational audit tool. It was therefore decided to standardise the educational audit documentation and introduce a single audit cycle. The changes were developed by a short-life working group with representatives from both Boards and their HEI partners to take this forward.

It became apparent that issues of quality related to the learning environment were not being addressed within existing documentation, so there was a need to include quality monitoring criteria in the new educational audit tool. Subsequently the NHS Education for Scotland QSPS audit tool (2010b) was selected to use in conjunction with an educational audit summary document providing key information on the nature of the care context of the placement. In addition, a practice placement profile outlining the type of placement and the key learning opportunities is also available. This educational audit tool was part of the documentation used for the NMC programme approval for Glasgow Caledonian pre-registration nursing programmes.

Feedback suggests that the new audit tool is much more robust, with the wider focus on the quality of the learning environment being welcomed.

(Nursing and Midwifery Mentor Bulletin 2012:8)

Combining different sources of information helps NHS Boards and HEIs to build up a picture of the practice learning environment and for PEFs to contribute to the future development and improvement of learning within practice areas, as the examples in boxes 13 and 14 show.

**Box 14. Monitoring positive impacts in NHS Tayside**

A group of PEFs in NHS Tayside, working with the University of Dundee, developed a learner evaluation toolkit that allows PEFs, mentors and practice staff to see the positive impact their partnership work has had on the learning environment. The toolkit consists of a template that allows comparison of consecutive evaluations, a joint working agreement and action plans. This ensures agreement is reached between the clinical leader of the placement and the PEF on how they will work collaboratively to address any issues highlighted.

## Facilitating partnership working

Practice Education Facilitators contribute to developing and maintaining partnerships across organisations - health, social care and education.

Higher education institutions value PEFs' input to curriculum development and NMC quality assurance and approval visits. Curricula evolve as clinical and policy needs change to ensure they remain appropriate to preparing the workforce of the future. Practice Education Facilitators are actively engaged in this process, participating in curriculum development groups and working with educators and practitioners to ensure that education input is relevant to clinical need and that clinical need drives education input.

Lauder et al. (2008) identified PEFs as a crucial link between HEIs and NHS Boards. The national report states that:

*"It was apparent that the employment of the PEFs had also changed the interface between the university and the practice based environment, mainly the mentors. This was also reported in a study... of the first year of the introduction of PEFs into NHS Tayside and Fife."*

(Lauder et al. 2008: 136)

The national study also identified a great sense of valuing of the PEFs by academic and clinical staff: academics, for instance, were quoted as commenting:

*"I have to say compared to what it was like before there was definitely a gap. PEFs have actually filled in and helped an awful lot in actually giving us support as well as the student and mentor."*

*"I feel, in my opinion that the PEFs have made a very real difference to the learning environment for students because the mentors now feel supported and they feel there's somewhere that they can go for guidance. They seem to have a more structured approach to what they are doing."*

(Lauder et al. 2008: 170)

“ There are high quality administration procedures in place, instituted by the Practice Education Facilitators, which ensure attendance at mentor updates and participation in triennial review... The Practice Education Facilitators impressively support practice learning and enhance working links between education and practice. ”

NMC quality assurance provider (Mott McDonald) comments on PEFs during HEI programme approval processes at the University of Stirling, January 2011

**Box 15. The NMC review visit to Edinburgh Napier University/NHS Lothian/NHS Borders partnership, 2011**

The PEF teams were pivotal in supporting and preparing the wider clinical workforce for the visit. They visited clinical placement areas and discussed the approval process with learners, mentors, clinical leaders and clinical managers, preparing them for the possibility of a visit to their clinical area. The PEFs were able to use these meetings to emphasise the importance of the visit, address any questions or anxieties they may have and provide positive encouragement and support to ensure the areas were prepared and supporting documents were available.

At the review, the PEFs were able to give an overview of service provision and provide personal introductions to staff before the reviewers interviewed mentors, learners, clinical leaders and/or managers. After these visits, PEFs share preliminary feedback with clinical staff.

Mentor Bulletin 2012:17

Developing a strong partnership ethos across professional groups and health and social care boundaries, in which each party to the experience feels engaged and empowered and is willing to contribute, is increasingly a significant part of the PEF role.

**Box 16. Bringing together learners across professional groups in NHS Grampian**

PEFs in NHS Grampian initiate sessions in which learners from nursing, medicine and occupational therapy come together to share perspectives and discuss their roles as a means of supporting partnerships and multidisciplinary team working. These two-hour sessions focus on a series of questions that the PEFs distribute to participants in advance of the sessions to trigger conversations that lead to greater mutual understanding of respective contributions. A variation in approach was adopted with a small group of learners on placement in a local triage department, where a patient scenario was used to enable the learners to discuss the part their professions play in providing care within a multidisciplinary context.

Practice Education Facilitators in NHS Highland have played a key part in supporting local planning and the early implementation phase of the adult health and social care integration agenda which aims to ensure that health and social care services are:

- firmly integrated around the needs of individuals, their carers and other family members
- characterised by strong and consistent clinical and professional leadership
- held to account jointly and effectively for improved delivery
- underpinned by flexible, sustainable financial mechanisms that give priority to the people they serve (Scottish Government 2012)

### Box 17. Supporting health and social integration in NHS Highland

*“PEFs supported service colleagues in identifying education and training needs for NHS Highland’s children’s service staff, who have now transferred to Highland Council. This included developing systems to ensure continued support around mentorship development, triennial review, access to the Flying Start NHS® programme and ensuring access to relevant clinical skills training. The aim is to ensure that all transferring staff are professionally supported through and beyond transition.”*

**Stephen Loch**

Senior Nurse for Education and Training  
NHS Highland

## Improving learner support and experience

Improving learner support and experience is important for many reasons. A learner who feels valued and has appropriate support during their placement is more likely to be a contented colleague and to have a more positive learning experience. Provision of the right level of pastoral care and support will also enable the learner to feel a sense of belonging and membership of the team and may help to foster their understanding of the true nature of person-centred, values-based care.

The support from PEFs and mentors from the moment the learner joins the team makes them feel welcome and valued. This may have particular relevance for those whose placements take them to places far from their home base and who have to ‘board’ during their practice placement. In these instances, the need for good pastoral care becomes paramount as the bedrock from which the learner can gain maximum benefit from the placement. This has been recognised in Orkney, and Shetland the most northerly island group in the UK and their partner HEI, the Robert Gordon University (Box 18).

### Box 18. Supporting learners in NHS Shetland and NHS Orkney

#### NHS Shetland

The PEF in Shetland recognised that while the island offers a unique and exciting experience for learners, the prospect of being on placement so far from home can be daunting to some. Learners have only one funded trip back home during their placement. As a strategy to overcome any issues arising from this, the PEF has designed an induction session that focuses not only on preparing learners to enter the clinical area, but also introduces them to the rich cultural, historical, sporting and social heritage of the islands. Maps, local information and advice on accommodation is offered and, where possible, learners are taken to the clinical areas to meet their mentors. The PEF has already ‘met’ the learners prior to the placement through a ‘preparation for practice’ videoconference session with RGU, so the initial induction session starts off on a positive footing. Pastoral support continues throughout the placement, including liaison with families should a learner become unwell, and a ‘de-brief’ session is held at the end of the placement.


#### NHS Orkney

Supporting learners in remote and rural areas and keeping them updated has also been addressed by the PEF in NHS Orkney, where learner induction involves students from different professions – nursing, midwifery, allied health professions and medicine. Students cited ‘meeting other students’ and ‘knowing what support you would get and what was expected of you’ as the most useful elements of the induction. In addition to offering induction and pastoral support in similar ways to colleagues in NHS Shetland, the PEF also uses the NHS blog and website to keep in touch with learners and mentors across this island Board area.

Other ways in which PEFs are contributing to learner support and experience are helping to prepare them for the transition from student to registered nurse or midwife.

**Box 19. Preparing students to enter the registered workforce in NHS Ayrshire and Arran**

Practice Education Facilitators work with colleagues from University of the West of Scotland on 'preparation for practice' sessions for final year students. These sessions are aimed at helping students to understand the job application process and to provide them with the opportunity to undertake a simulated interview experience, where panel members include a senior charge nurse and PEF. Feedback is given to each of the students following the interview process. The sessions also include discussion on professional behaviour and introduction to the Flying Start NHS® programme.





## Contributing to patient and individual experiences and outcomes

The nature of the PEF role is to support their colleagues who have direct patient/individual contact, rather than having direct contact themselves. It is therefore difficult to categorically attribute PEF interventions to impacts on the individual's experience and outcomes. However, the role of the PEF is to prepare and support the ongoing development of mentors who are both clinicians and assessors of learners in practice. As such, mentors are both sources of knowledge and role models for the learners they support. This part of their role is crucial to the effective preparation of the future NHS workforce, supporting newly qualified nurses and midwives and contributing to continuing professional development of staff.

Flying Start NHS® aims to address the issues faced by newly qualified practitioners in the transition from student status to becoming capable, confident, registered practitioners. It is a web-based learning programme developed by NHS Education for Scotland for newly qualified nurses, midwives and allied health professionals in Scotland. The programme is delivered through a dedicated website that promotes work-based learning activity aimed at supporting the individual's learning journey, building their confidence and assisting them in making a successful transition.

The Flying Start NHS® programme is built around a mentorship model. The contribution of PEFs has been recognised in an evaluation study into the key characteristics that support the completion of Flying Start NHS® in NHSScotland (Upton et al. 2012). The findings showed that PEFs played an integral role in increasing the numbers of newly qualified nurses and midwives completing the development programme. One strategic nurse is quoted as saying:

*“Well we use our mentors obviously to support the Flying Startees and we use practice education facilitators, and they really drive the completion both*

*directly with the newly qualified nurses and midwives and indirectly through the mentors.”*

(Upton et al. 2012)

### Box 20. Celebrating Flying Start NHS® in Dumfries and Galloway

*“The PEFs in Dumfries and Galloway are crucial to supporting Flying Start NHS®, providing a consistent link to support the transition from student to newly qualified practitioner.”*

**Alice Wilson**, Associate Nurse Director

The supportive relationship starts with a PEF- led information session in Years 1 and 2 when student nurses and midwives at the University of West of Scotland are introduced to the Flying Start NHS® programme. This builds on their knowledge of the programme. In Year 3 PEFs deliver a more in depth session that ensures they have an understanding of their development requirements during their transition from student to newly qualified practitioner, and shows how completing Flying Start NHS® will support this process. Further information is provided during the Board's corporate induction programme. The Board provides each newly qualified practitioner (NQP) with some protected time to support their ongoing engagement and completion of the Flying Start NHS® programme. PEFs maintain the database for NQPs on the programme, ensure that they have key information, run group progress sessions and provide support to clinical areas where mentors and NQPs are working.

To celebrate completion, NQPs, their mentors and managers are invited to the annual Flying Start NHS® achievers' award ceremony, where everyone is thanked for their contribution and achievers are presented with a certificate and badge by Hazel Borland, Executive Nurse Director.

Practice education facilitators also contribute meaningfully to the one-year job guarantee internships programme in Scotland. Internships offer an option to newly qualified nurses and midwives to help consolidate and develop their clinical experience through part-time rotational fixed term employment in clinical practice in the NHS Boards across Scotland.

**Box 21. Supporting Internships across NHSScotland**

*“We should acknowledge that PEFs have been influential in supporting learning in practice well beyond the pre-registration context. I know, for instance, that the PEF network has played a key part in supporting the establishment of opportunities for the one-year job guarantee internships. That link between NHS Education for Scotland, education and service is so important to ensuring that our future nursing and midwifery workforce have a strong foundation within practice upon which their future careers can be established.”*

**Mike Sabin**, Associate Director  
Nursing and Midwifery  
NHS Education for Scotland

Each year, PEFs in NHS Boards submit reports to NES which show how they have responded to the three national priorities. As part of these annual reports, information is being collected on PEF outcomes to inform the emerging evidence base of the role. The annual reports also highlight their contribution to the three quality ambitions set out in the *Healthcare Quality Strategy for NHSScotland* (Scottish Government, 2010) of providing care that is safe, effective and person-centred. Some examples of this activity are given in Figure 3.



**Figure 3**  
**Contribution to Healthcare Quality Strategy**

# 5

## Opportunities for the future...

This report has aimed to give a flavour of the contribution that the national PEF network is making across NHSScotland. The ways in which PEFs are delivering on their core functions are diverse and reflect how they are able to adapt to meet local as well as national priorities. Much of the work of educators can appear invisible, however by having a national model which has shared ownership across NHS Education for Scotland, NHS Boards, and HEIs, it is possible to see the benefits that the PEF network brings to all three organisations and the healthcare learning environment in NHSScotland. This unique supporting infrastructure has enabled the national network to grow and develop in response to changing health and education environments.

The context of education, practice and professional regulation across NHSScotland continues to evolve and will be further influenced by the Chief Nursing Officer's Review of Nursing and Midwifery Education, the *Integration of Adult Health and Social Care in Scotland* (Scottish Government 2012) and legislative changes in the way health professionals are regulated. Practice Education Facilitators in collaboration with clinical leaders and senior colleagues in NHS Boards and HEIs are uniquely placed to ensure that practice education and practice learning environments are of a high quality, are valued, reflect contemporary healthcare and are underpinned by a robust evidence-base.

It is also important to remember the reason why the PEF role was introduced – *to support mentors with complex decision-making to ensure the future nursing and midwifery workforce are fit for practice at the point of registration* – is still highly relevant. Practice Education Facilitators have been instrumental in implementing the *NMC Standards to support learning and assessment in practice* (NMC 2008), and they will need to continue to maintain, embed and sustain these standards within and across changing healthcare environments and organisations to help ensure provider partners continue to meet their regulatory requirements. Crucially, these standards also help to develop and strengthen learning in the workplace for all nurses and midwives.

Moving forward and working with their partners in NHS Boards and HEIs, PEFs across NHSScotland have significant opportunities to further develop their influence and effectiveness in; supporting mentors and other clinical leaders to create positive learning environments for student nurses and midwives during their pre-registration education and, supporting life-long learning of staff throughout their professional career. The national network of PEFs can do this through:

- building on existing successes by the continued focus on the PEF core functions whilst remaining adaptable and flexible in relation to delivery approaches and emerging education priorities
- contributing to quality by building a profile of practice learning and education in their areas, to highlight both strengths and opportunities for improvement and development through drawing together information from different data sources, including the quality standards for practice placement
- using an enquiry-based and improvement approach to demonstrate the benefit of their role to all stakeholders
- strengthening their contribution to the Healthcare Quality Strategy, role modelling professional behaviour, and working in innovative ways with mentors

In reviewing the PEF role, we have been able to look back on what has been achieved, and also reflect on the recognition from other UK countries and the NMC and on the benefit of the national network to the quality of mentorship within our healthcare environments, supporting not just learners but the professional development of all nurses and midwives in Scotland.

It has also provided an opportunity to reflect on the impact this national approach has had on stakeholder willingness to support and endorse other related national programmes of work, and to acknowledge the role that PEFs have had on supporting these initiatives. The national PEF network, whilst influencing parallel developments such as the Care Home Education Facilitator role is also an exemplar of emerging roles across practice education which open up more flexible career options and sit within a wider clinical academic infrastructure.

The review has demonstrated that the PEF role was not a coincidental but a carefully designed role accompanied by robust implementation, development and continuous evaluation. Overall there are clear indicators from a range of sources that it is not only a necessary but an essential infrastructure development that is growing in importance, output and outcomes. The role is of local, regional, national and professional significance in supporting today's nurses and midwives.

In looking to the future, continuing to build a robust and positive learning environment and preparing a safe and effective nursing and midwifery workforce of the future whilst supporting life-long learning remains fundamental to the PEF role.

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