

*Developing people
for health and
healthcare*

**Educating Practice Teachers
and
Specialist Practice Mentors
for their New Role:
Ensuring high quality
practice learning**



**Final Report from the Task and Finish Group on
Health Visitor Practice Education (October 2014)**

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CONTENTS

FORWARD	1
EXECUTIVE SUMMARY	2
1 INTRODUCTION	3
1.1 Background and Context	3
1.2 Student HV Placement Quality.....	3
1.3 Purpose and Key Aims of the Task and Finish Group.....	4
2 THE RESEARCH AND POLICY EVIDENCE INDICATING THE ATTRIBUTES OF EFFECTIVE PRACTICE LEARNING	6
2.1 Analysis of Survey to Practice Teachers, Mentors, Health Visiting Students and Senior Managers/Clinical Leads.....	9
2.1.1 <i>Health Visitor Practice Teacher Survey: Summary of Key Points</i>	9
2.1.2 <i>Mentor Survey: Summary of Key Points</i>	14
2.1.3 <i>Service Manager/Clinical Lead Survey: Summary of Key Points</i>	19
2.1.4 <i>Health Visiting Student Survey: Summary of Key Points</i>	24
2.1.5 <i>Concluding Analysis</i>	27
3 PRACTICE TEACHER AND MENTOR NATIONAL ROLE DESCRIPTORS	28
3.1 Practice Teacher Role Descriptor	28
3.2 Mentor Role Descriptor	31
4 EDUCATING PRACTICE TEACHERS AND SPECIALIST PRACTICE MENTORS FOR THEIR NEW ROLES:	34
4.1 Introduction.....	34
4.2 General Prompts for Higher Education Institutions and Lecturers	34
4.3 Key Topics to Cover – Practice Teachers	34
4.4 Practice Teacher Competency Statements	34
4.4.1 <i>Teaching, Learning and Assessment</i>	34
4.4.2 <i>Supervision and Support</i>	35
4.4.3 <i>Leadership and Teams</i>	36
4.4.4 <i>Quality Assurance</i>	36
4.5 Key Topics to Cover – Specialist Practice Mentors	37
4.6 Mentor Competency Statements.....	38
4.6.1 <i>Teaching, Learning and Assessment</i>	38
4.6.2 <i>Leadership and Teams</i>	38
4.6.3 <i>Quality Assurance</i>	39
5 HEALTH VISITING EDUCATION AND GOOD PRACTICE GUIDANCE AND RESOURCES	40
5.1 HEE Standards for Assuring Quality in Practice Placements	40
5.2 The Health Visitors' Community of Practice Evidence Hub and HEE's Technology Enhanced Learning (TEL) Programme	42
5.2.1 <i>The Health Visitors Community of Practice Evidence Hub</i>	42
5.2.2 <i>The HEE Technology Enhanced Learning Programme (TEL)</i>	43
5.3 The Why Health Visiting? Project (2012).....	43

6	COMMUNICATIONS AND ENGAGEMENT STRATEGY	45
6.1	Background and Overview	45
	6.1.1 Context.....	45
6.2	Objectives.....	45
6.3	Action Plan	46
6.4	Measurement and Evaluation	46
7	CONCLUSION AND RECOMMENDATIONS	47
8	REFERENCES	49
9	APPENDICES	52
	Appendix 1: NMC Practice Teacher Standards (NMC 2008)	52
	Appendix 2: Task and Finish Group Membership	54
	Appendix 3: Task and Finish Group Terms of Reference	56

FORWARD

The role of the Practice Teacher and Specialist Practice Mentor in the provision of a quality learning environment is without doubt, fundamental in ensuring that the health visiting profession are able to continue to deliver high quality care that meets individual and population health needs.

For the first time ever, we have a good understanding of what a good and indeed a bad practice placement looks like from the collective views of Student Health Visitors, Practice Teachers and Mentors, service managers and clinical leads. This engagement has enabled HEE to access qualitative information from every geographical area of the country that has been used to enhance the quality and consistency of student placement learning and student support through the development of common expectations and standards in this document. It also gives a clear understanding of the educational roles, responsibilities and educational preparation that will enable the best use of the educational and clinical expertise of Practice Teachers and Mentors both now and in the future.

The profile of Practice Teachers & Mentors has been raised considerably since the *Health Visitor Implementation Plan 2011–15: a call to action (Department of Health, 2011)*, which presented a real opportunity to strengthen and grow the health visiting workforce. This drive to increase health visitor numbers has placed unprecedented pressure upon health visiting practice teachers to manage the educational preparation of a greater number of students which has resulted in the emergence of mixed placement models. In addition to this, the newly expanded health visiting workforce includes a high percentage of new and recently qualified practitioners who require robust preceptorship and support. With their combined educational and clinical expertise, practice teachers and specialist mentors are best placed to deliver. This document considers the wider parameters of the role and a plan for a new and redefined role is put forward with proposals to support continuing professional development.

Practice teachers and mentors represent a group of educationalists whose clinical and educational expertise expands over a number of specialist community nursing practice disciplines and it is therefore important that any proposed changes or developments in how the roles are defined and developed are considered in this context.

Consequently, while the primary focus of this document is centred on health visiting education, the findings presented here have resonance across all specialist community nursing practice disciplines, nursing and other non-medical practice learning situations.

I am delighted to offer you a set of resources that will help you deliver placement excellence that will enable the health visiting profession to deliver services that are underpinned by access to high quality practice learning environments.



Lisa Bayliss-Pratt, Director of Nursing, Health Education England

EXECUTIVE SUMMARY

This report presents the findings and deliverables from the Task and Finish Group on Health Visitor Practice Education established by Health Education England in February 2014. Its goals were to examine current models and experience of learning in practice, review the evidence-base related to effective learning in this milieu and develop standards and recommendations commensurate with excellent health visiting practice education.

After outlining the background and context that provided the foundation for this work in section 1, section 2 of the report provides a summary of the research and policy evidence-base outlining attributes associated with effective practice learning. We believe this review may be useful to many tasked with delivering effective placement-learning in a range of health settings.

Recent policy drivers aimed at expanding the health visiting workforce mean that those engaged with learning in the health visiting field are tasked with managing the educational preparation of a greater number of students and the preceptorship of significant numbers of recently qualified practitioners. The survey of over 700 practice teachers, mentors, clinical managers and health visiting students indicated that the traditional one-to-one practice teacher student model, which had been prevalent in health visiting practice education, has been succeeded by a number of different models of practice teaching, supervision and support. The profile of practice teachers appears to have been raised considerably by the recent focus on expanding the health visiting workforce and the emergence of specialist practice mentors nationally was observed. While the survey indicated a generally positive response to the evolving models of practice learning, the expectations associated with these emerging roles and the educational preparation and support provided for them was unclear.

This report presents national role descriptors for practice teachers and specialist practice mentors offering employers a framework to inform person specification. A competency framework for practice teachers and specialist practice mentors is also described with related recommendations for future education, training and continuing professional development. Given the plethora of evidence indicating the impact of the socio-cultural learning environment on the development of professional practitioners, Health Education England have developed a number of organisationally focused standards for assuring quality in practice placements, also detailed in this report. They facilitate the strategic managing of practice learning at all levels within the host provider and have the potential to form part of the annual quality monitoring applied to all commissioned education. Finally sharing 'best practice' and using evidence as a basis for practice is an important foundation for effective practice-based learning and the potential to exploit technology to support this critical engagement across the wider health visiting community is considered in this account.

Health Education England and the Health Visiting Practice Learning Task and Finish Group would like to take this opportunity to thank the many stakeholders who have engaged with us in this work including: Department of Health, Public Health England, NHS England, NHS Employers, LETBs, United Kingdom Standing Conference for Specialist Community Public Health Nursing, Institute of Health Visiting, Health Visitor Taskforce, Commissioners, Provider Organisations, Nursing and Midwifery Council, Higher Education Institutions, Community Practitioners and Health Visiting Association (CPHVA), leading Health Visiting Academics, Practice Teachers, Specialist Mentors and Student Health Visitors. We would not have achieved the outcomes and recommendations described in this report without their expertise and their willingness to work together to ensure that all health visiting students are offered a quality learning experience in practice.

1 INTRODUCTION

1.1 Background and Context

In August 2013 Health Education England (HEE) facilitated a workshop in partnership with NHS England (NHSE), Department of Health (DH) and Public Health England (PHE). The aim of this was to engage a broad range of key stakeholders to enable an improved understanding of the challenges of health visiting practice placements and the opportunities and measures that could be put in place to ensure that health visiting students are offered a quality learning experience. The stakeholders present included representation from NHS Employers, HEE Local Education and Training Boards, UNITE/CPHVA, Service Providers and the UKSC on Specialist Community Public Health Nurse Education.

A further joint workshop facilitated by Lisa Bayliss-Pratt, HEE Director of Nursing, and Hilary Garrett, NHSE Director of Nursing, followed on the 19th November 2013 to increase stakeholder involvement. While many of the attendees were different to the ones who attended the August workshop, much of the information gathered was reiterative.

A number of action themes emerged from these events that required a strategically led endeavour to develop an appropriate response and HEE, as lead agency for this strand of work established the Student Health Visitor Placement Quality Task and Finish Group to take this forward. This report presents an account of the work, outputs and recommendations of that task and finish group.

1.2 Student HV Placement Quality

Below is an account of the themes or issues that emerged from the August and November 2013 meetings which offer a robust rationale for forming the task and finish group to review health visiting practice education.

Student Health Visitor Practice Placements:

- Models of Practice teaching have moved away from the traditional 1:1 approach (one practice teacher supporting one student) to models that generally incorporate practice mentors that are 'long-arm' supervised by a practice teacher
- There is no definitive national recommendation or guidance on the practice teacher: student ratio leaving placement providers to create the operational solutions required to meet learning outcomes related to 50 per cent of the total learning experience
- There are variations across the country in terms of the Higher Education Institution (HEI) approaches to linking academic staff with students when they are undertaking practice placements
- Placement capacity is under strain in some areas (for example, London, Kent and Medway) due to increased student health visitor numbers and a dearth of practice teachers resulting in local areas collaborating to mitigate this
- London areas have been recruiting qualified health visitors from Denmark, and their adaptation needs will further increase pressure on practice placements areas
- The success of the 'Call for Action' (Department of Health, 2011) has led to a large number of newly qualified health visitors who need preceptorship entering the system. This has put an additional strain on practice teachers and preceptors with a subsequent impact upon student health visitors
- There is a need for placement quality to be robustly monitored and assured

Practice Teachers

- Many practice teachers have concerns about:
 - i) maintaining quality and safety if they are to be expected to have a higher ratio of students than they currently do
 - ii) believe their caseload size should be reduced in order to fulfil their role

iii) Band 7 Team Leader posts appearing to be replaced by Band 6 posts

- Practice teachers across England do not share a common job description that is supported by a competency framework
- Some practice teachers are choosing to work just as health visitors. A greater understanding of their reasons for electing to do this is required
- The professional aspirations of existing practice teachers is broadly unknown and needs to be understood and championed in terms of how their skills might be used and extended in the future i.e., higher education institutions refresher programmes, internal/external leadership roles, research and development, clinical academic careers etc.
- The post 2015 role of practice teachers needs interpretation, i.e. extended role, provide internal teaching, provide study days/sessions, facilitate student nurse placements as an introduction to health visiting, inter-professional learning etc.
- Practice teachers want/need to be able to access resources such as Virtual Learning Environments and higher education institutions libraries

Practice Teachers and Higher Education Institutions

- As practice teachers have a key role in transforming the services, clear links need to be made between academic curricula and service delivery requirements now and the future
- Practice teachers generally feel that higher education institutions need to be more responsive to continuing professional development requests that meets individual and service development needs

Education and Training Needs of Qualified Health Visitors to Support Student Health Visitor Placement

- It is important to develop the existing health visitor workforce and transform services alongside increasing the health visiting workforce numbers to ensure that existing and newly qualified staff are operating cohesively
- A whole team approach to learning and development via regular appraisal is required

Draft Student Health Visitor Placement Quality Project Proposals

- Engage higher education institutions in the development of curricula to better reflect the new service requirements and changing role of the health visitor and the practice teacher
- Develop a basket of indicators/performance measures to ensure consistent high quality practice placements and support arrangements
- Further promote/raise the profile and understanding of the practice teacher role and to develop a common job description for the role to inform workforce planning
- Support the development of learning hubs and shared learning opportunities
- Improve access to learning materials, resources and evidence informed practice
- Develop a competency framework/educational expectations for practice teachers

1.3 Purpose and Key Aims of the Task and Finish Group

The Task and Finish group met on a monthly basis between February and October 2014: see Appendix 2 for the group's membership.

Its key purpose was to enhance the quality and consistency of student placement learning and student support through the development of common expectations and standards, see Appendix 3 for the task and finish group terms of reference. The goals of the project group were as follows:

- To provide a wide breadth of knowledge and understanding of current practice placements, learning environments and practice teacher roles and responsibilities to inform the development of consistent standards and recommendations for practice education

- To contribute to the development of standards and recommendations for future education, training and continuing professional development (CPD) for practice teachers and mentors
- To provide policy, practical and specialist expertise that identifies and facilitates sharing good practice, existing tools and guidance that is able to support enhanced practice education and contemporary health practice
- To support the delivery of improved clinical placements and student support by means of internal and external communications and engagement with a range of relevant stakeholders including service providers

The task and finish group utilised a number of strategies to achieve these goals including a review of the evidence-base, both policy and research, related to effective practice learning. A survey of student health visitors, practice teachers, health visiting mentors and clinical managers/leads regarding the current practice learning environment, models of practice teaching and education provision was also carried out. These data in turn informed the development of practice teacher/mentor role descriptors, recommendations for education and training, standards for assuring quality practice learning and good practice guidance.

The next section of the report presents the outcomes and products of the task and finish group congruent with its key aims of promoting excellence in practice learning. The report concludes by identifying key recommendations to support these goals, including a communication strategy developed to engage a wide network of stakeholders in the implementation of evidence-based high quality learning within the health visiting workplace.

2 THE RESEARCH AND POLICY EVIDENCE INDICATING THE ATTRIBUTES OF EFFECTIVE PRACTICE LEARNING

This section presents a summary of selected published research, national and local policy papers and recent NHS inquiry evidence related to the attributes of effective practice learning and the practice teaching and mentoring of health visiting students. It has utilised international as well as national literature and studies from a range of sectors including, but not exclusively, related to health education. The analysis of evidence and policy/inquiry recommendations suggest that the following should be in place to facilitate effective practice learning.

1. Students should be working with and alongside skilled and motivated/ enthusiastic practitioners (appears to be more important than a clinical teaching qualification), that enables them to see evidence based practice role-modelled and implemented within the real-world context of the health workplace. **There is significant evidence that students trying out in practice and assimilating what works in the real world is the fundamental mechanism that embeds theoretical learning into practical expertise.** The literature also suggests that they need to see the reality of what is practical, as opposed to ideal, rehearsed by other practitioners as a fundamental part of developing their own practical know-how (Benner, Tanner, & Chelsa, 1996; Bradshaw & Merriman, 2008; Clark & Holmes, 2007; Eraut, 2007a; Gerrish, et al., 2011; Houston & Cowley, 2002; Lave & Wenger, 1991; Lum, 2012; Moore, 2005).
2. Practice Teachers, Mentors and the wider practice community transmit the tacit knowledge and culture, i.e. the day-to-day working practices, the unwritten rules, as well as the acknowledged methods of working, often without being fully aware of these (Burton & Jackson, 2003; Cavendish, 2013; Devlin, 2014; Francis, 2013; Hodkinson & Hodkinson, 2003; Keogh, 2013; Pearcey & Elliot, 2004; Spouse, 2001a; White, 2010) Hence **the importance and attributes of a positive culture or community for effective workplace learning have been illustrated consistently in national policy and national and international work.** The attributes of good leadership, a clear management steer, partnership working and quality care have also been identified as pivotal for the creation and maintenance of positive learning environments (Henderson, Briggs, Schoonbeek, & Paterson, 2011; Mantzoukas & Jasper, 2008). Matsoukis and Jasper maintain that the significance of the practice culture as a source of knowledge helped explain the conundrum of why nursing and other theories consistently fail to capture the totality of actual practice and concluded that **attempts to integrate evidence-based practice were more likely to succeed using work-based rather than traditional pedagogy** (2008, p. 324). Not surprisingly, given theirs and others' claims that all other knowledge-types are moderated by the prevailing clinical culture, they linked a positive workplace culture with learning and knowledge enhancement and therefore an important influence on how well practitioners perform in their roles. **This literature supports a re-emphasis on a shared positive culture which has patients/clients at the centre of care delivery such as that represented by the NHS Constitution values** (Department of Health, 2013), as well as up-to-date and highly motivated practice teams and educators.
3. Given that practice teachers, clinical supervisors and/or mentors also have a key impact on the workplace culture and learning within this sphere (Brammer, 2006; Saarikoski & Kilpi, 2002; White, 2010), **the evidence supports the selection of practice teachers and mentors who have an interest in and passion for practice and practice education, have received appropriate educative preparation for their role and continue to have annual (or similar) updating opportunities** (Devlin, 2014; Spouse, 2001a; Willis, 2012). Gerrish et al's (2011) study provides an important insight into the influence of the relational aspects of the practice workplace for knowledge development, as they identify the influence of 'insider status' and the 'clinical credibility as experts',

such as that often ascribed to practice teachers, for 'knowledge brokering' or significantly shaping the understanding and practice of 'newcomers' in the field.

4. Mentors and practice teachers need to feel valued for their contribution to practice learning, feel well supported by their teams and managers, and supported via supervision or informal networking with colleagues also engaged in practice teaching and mentorship (Wenger, McDermott, & Snyder, 2002; White, 2010; Willis, 2012). A recognition of the time and resource aspects of practice teaching and mentoring in health visiting, e.g. adjusted workload, office space and computers, is less easy to locate in the empirical literature but was widely acknowledged as an issue in Willis' review of nursing education (2012). Adams (2013) found that practice teachers lacked a clear professional identity and that this affected the recognition that they were afforded for their role. Whilst practice teachers felt appreciated by their specialist practice students their perception was that employers did not value or fully understand their role. The practice teacher role was generally an addition to a full time caseload with no provision for protected time, space or resources. Haydock et al (2011) and Carr and Gidman's (2012) studies drew similar conclusions and proposed that protected time was important in effectively undertaking the PT role.
5. Enabling communities of practice are those which comprise positive and skilled practice teachers/mentors who provide a protected (from complete exposure to the complexities of practice), safe and supportive environment for students to try out new skills, experiment, question and reflect, within the wider context of an engaged, constructive and helpful team (Benner, Tanner, & Chesla, 2009; Devlin & Mitcheson, 2013b; Eraut, 2007b; Lave & Wenger, 1991; Spouse, 2001b; Wenger, et al., 2002).

Diagrammatic representations of the collated attributes of effective practice learning experience outlined above are presented in Figures 1 and 2: adapted from previous work evaluating learning in practice (Devlin, 2014; Devlin & Mitcheson, 2013a).

Figure 1 Developing professional practice and expertise requires being in practice and doing practice

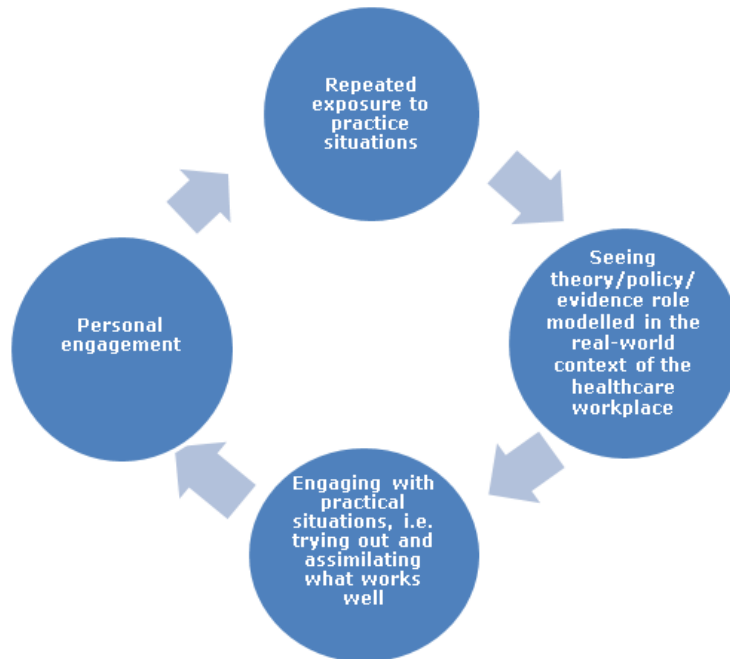
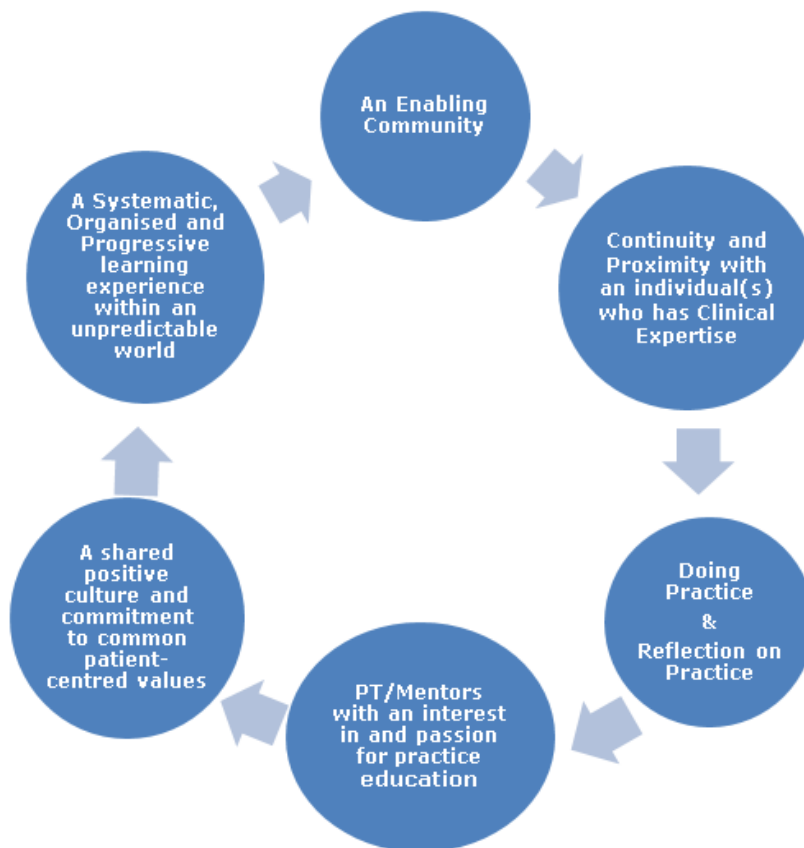


Figure 2 A model of effective practice learning in community nursing practice

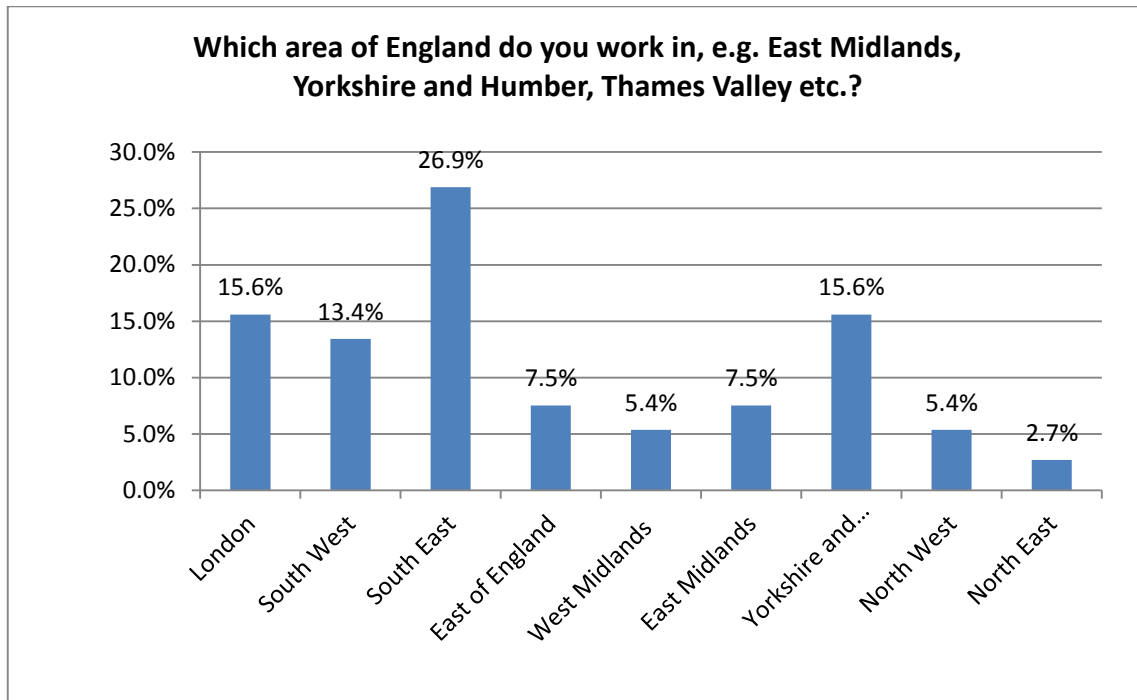


2.1 Analysis of Survey to Practice Teachers, Mentors, Health Visiting Students and Senior Managers/Clinical Leads

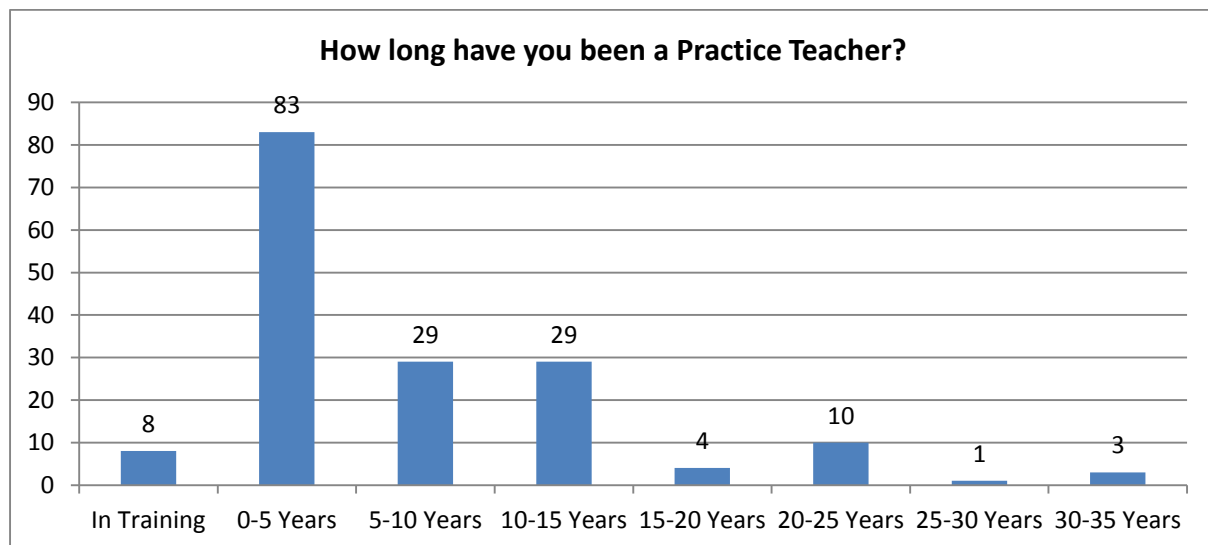
An online survey was made available to practice teachers, mentors, clinical leads/managers and health visiting students for two weeks in March/April 2014, to explore their experience and perspectives of practice education in this milieu. There were 714 responses from 10 regions in England and one response from Wales. The next sections present a summary of the key findings emerging analysis of this data.

2.1.1 Health Visitor Practice Teacher Survey: Summary of Key Points

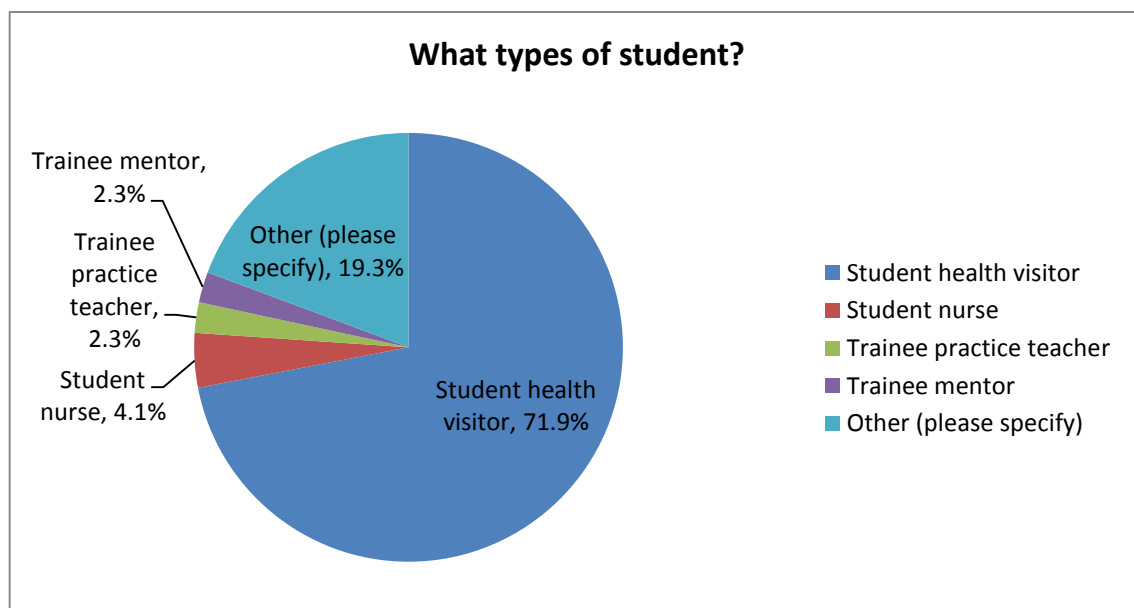
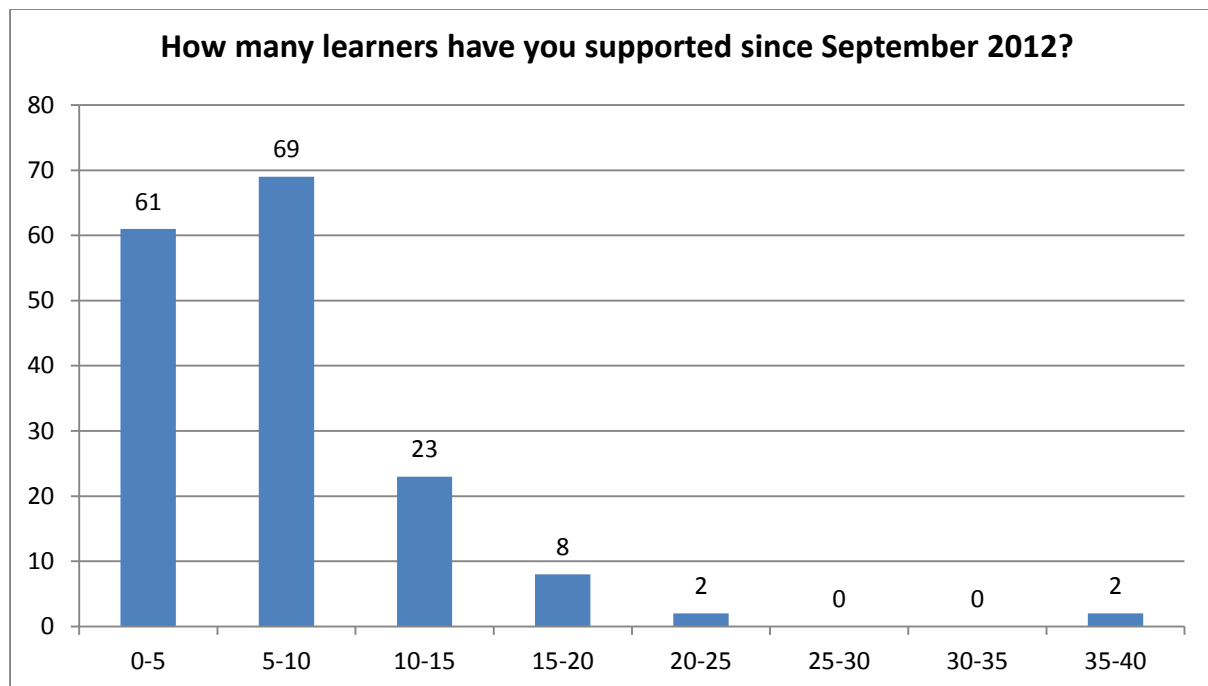
There were 192 PT respondents representing nine Regions across England.



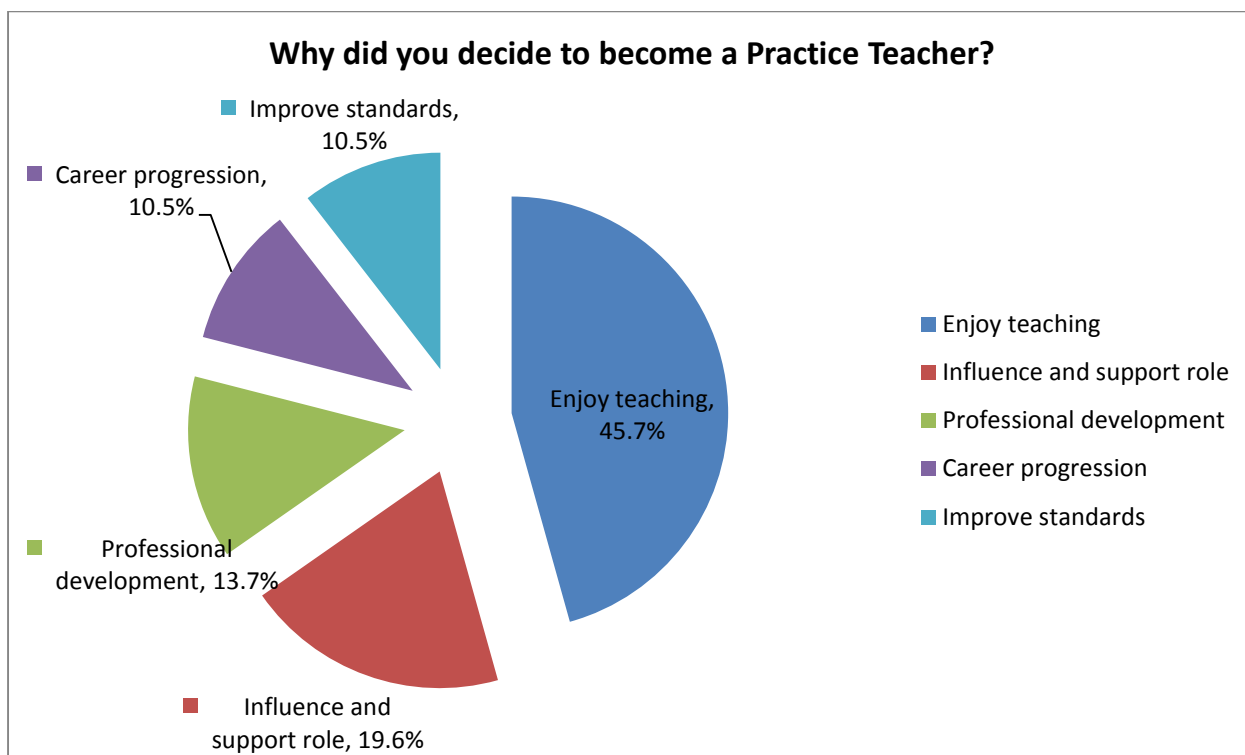
Eight of the respondents were trainee PTs with the remaining sample having between 0-20 years of teaching experience.



Student numbers were significant and 79 per cent of 165 respondents had supported between 0-10 learners since September 2012, although the majority of these were health visiting students.



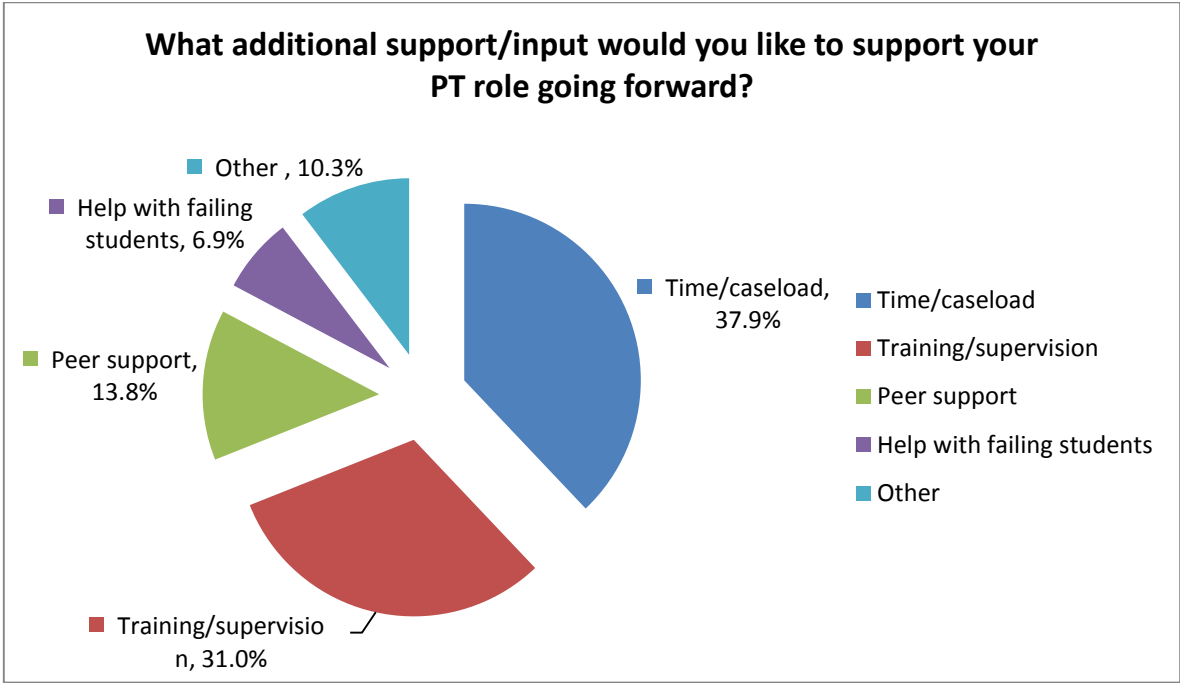
Unsurprisingly therefore, the satisfaction of seeing students develop and the recognition of the positives of this on their own as well as the profession's development were cited as the most satisfying aspect of the PT role.



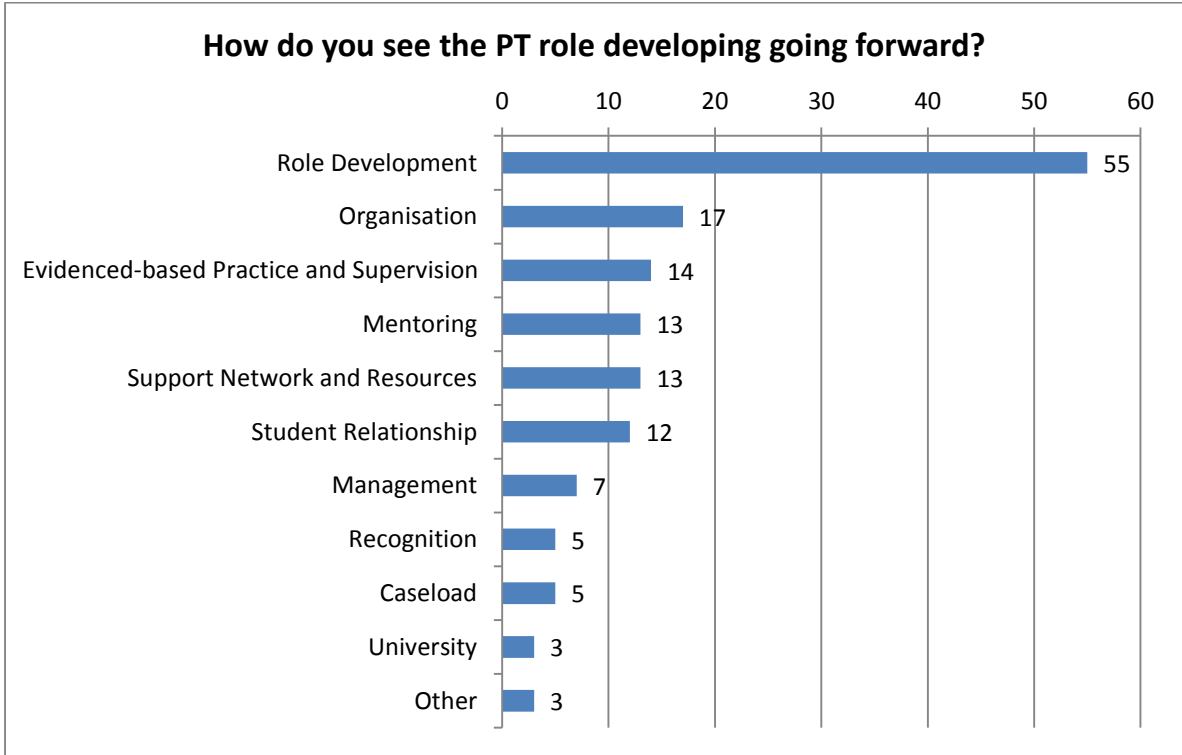
The most problematic aspects of the PT role were centred on the following key issues and these emerged strongly via several question strands:

- Workload/time management issues in terms of meeting student and clinical (and possibly additional role) requirements
- The numbers of students and reconciling clinical responsibilities with working in practice with students/travel etc., especially where the students had experienced problems, e.g. failing /unmotivated students
- Organisational issues, e.g. unsupportive infrastructure, resources within caseload/organisation, HEI support, misunderstandings of the complexity of the role, backfill or other time-pressure factors/lack of allowance for these

163 respondents indicated they had received at least one type of preparation for becoming a practice teacher with 88 per cent indicating that this prepared them well enough for the role. There were a small number of useful additional suggestions to enhance this preparation including a greater focus on practice teaching within their educational preparation rather than general teaching skills. PTs would especially appreciate further input linked with the challenges of managing a busy workload and multiple students.



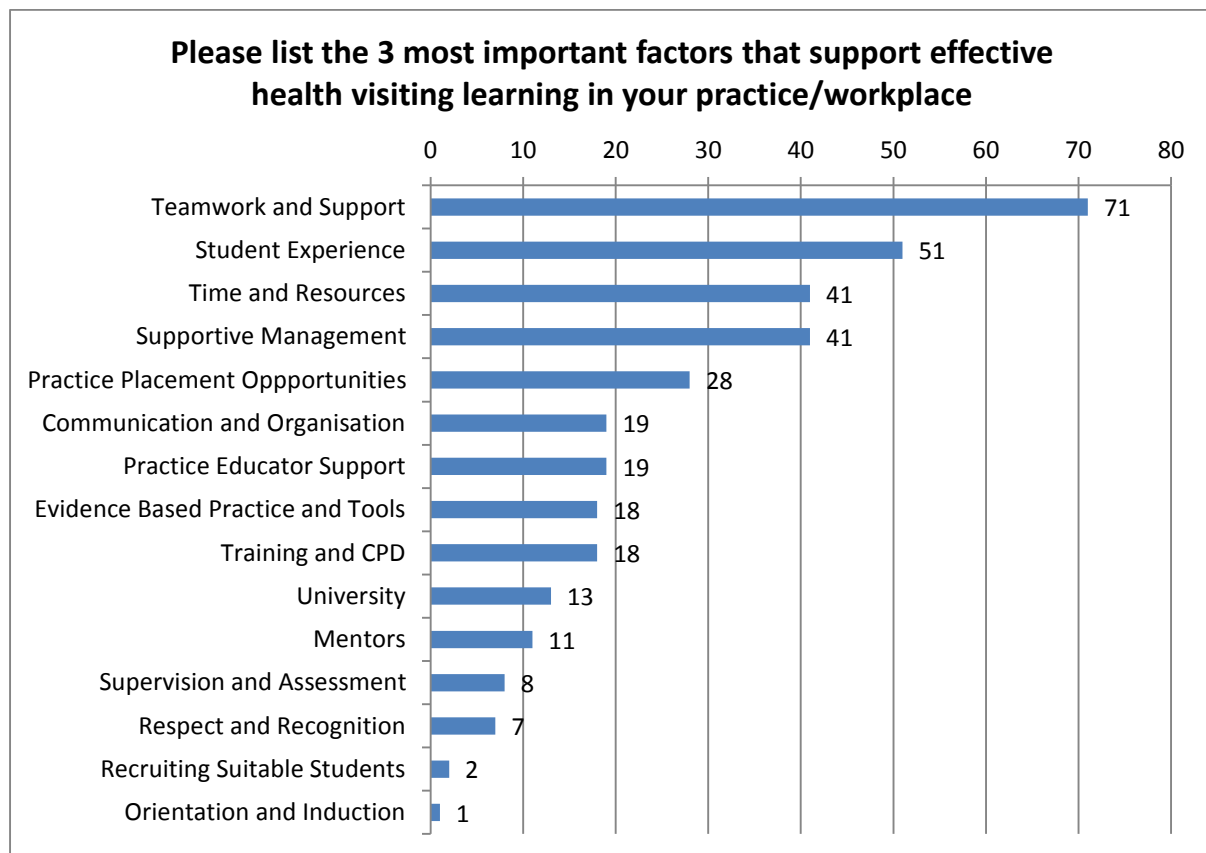
It was particularly interesting to note the PTs' view of their role going forward as 147 responses were offered on this, with the majority indicating their belief that the PT role would change to a practice-leading, education-coordinating one in the future. The return to a 1-to-1 model of practice teaching and problems associated with long-arm models of education emerged in this analysis but should be viewed in line with the number of respondents mailing these comments (13).



Many of the respondents thought that the role of practice teacher would substantially change in future years as the reduction in student numbers would mean that the practice teacher role would become more about leading teams and preparing training for the organisation employing them, doing appraisals and becoming an educator for all staff, rather than student-focused. Several felt that practice teachers should take on more of a leadership role and practice-development role, although some expressed concern that the end to the 'call to action' programme may lead to a diminution in PT numbers and reduction of their role. Their concern was linked with the large number of recently qualified health visitors with little experience who should be supported in developing their knowledge and expertise. As one respondent put it, *"We do not know what will happen after 2015, and this has been the anxiety most [practice teachers] have."*

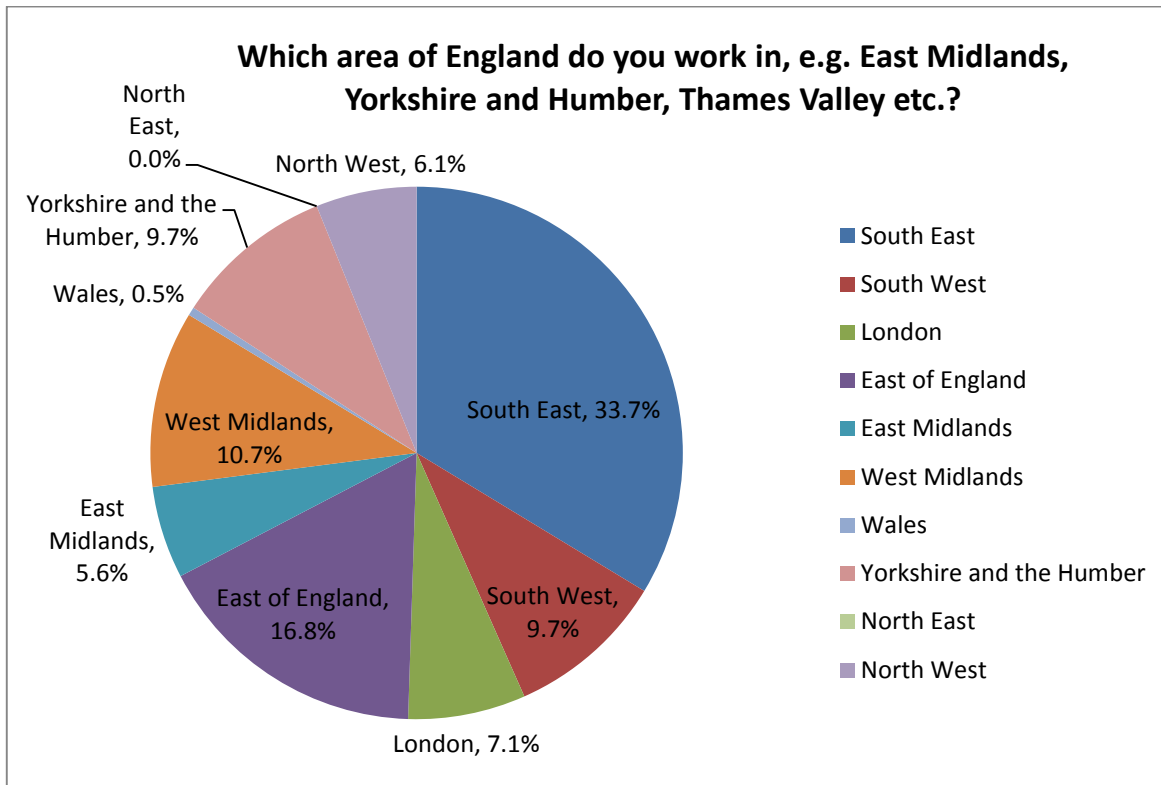
There was an excellent response from the PTs indicating their view of a positive learning environment and what presented barriers to effective learning, 348 and 461 pieces of data from the 192 respondents.

The interesting point of note is that their views reflected the wider national and international literature regarding what comprises a good workplace learning environment, e.g. the quality and positiveness of relationships reflected in 'teamwork and support' (the PTs' number one), time and resources, i.e. people and physical resources, the availability of educators and clinicians and the range of appropriate learning opportunities on offer (the PTs number 2, 3, and 4). The barrier to a good learning environment represented the opposite, PTs and clinicians with a too heavy workload and therefore lack of time to focus on students, an overcrowded working environment. The link between the data for both questions was very clear. Some concern about the respect/value accorded the role of PT also emerged from this data and is worth further consideration.



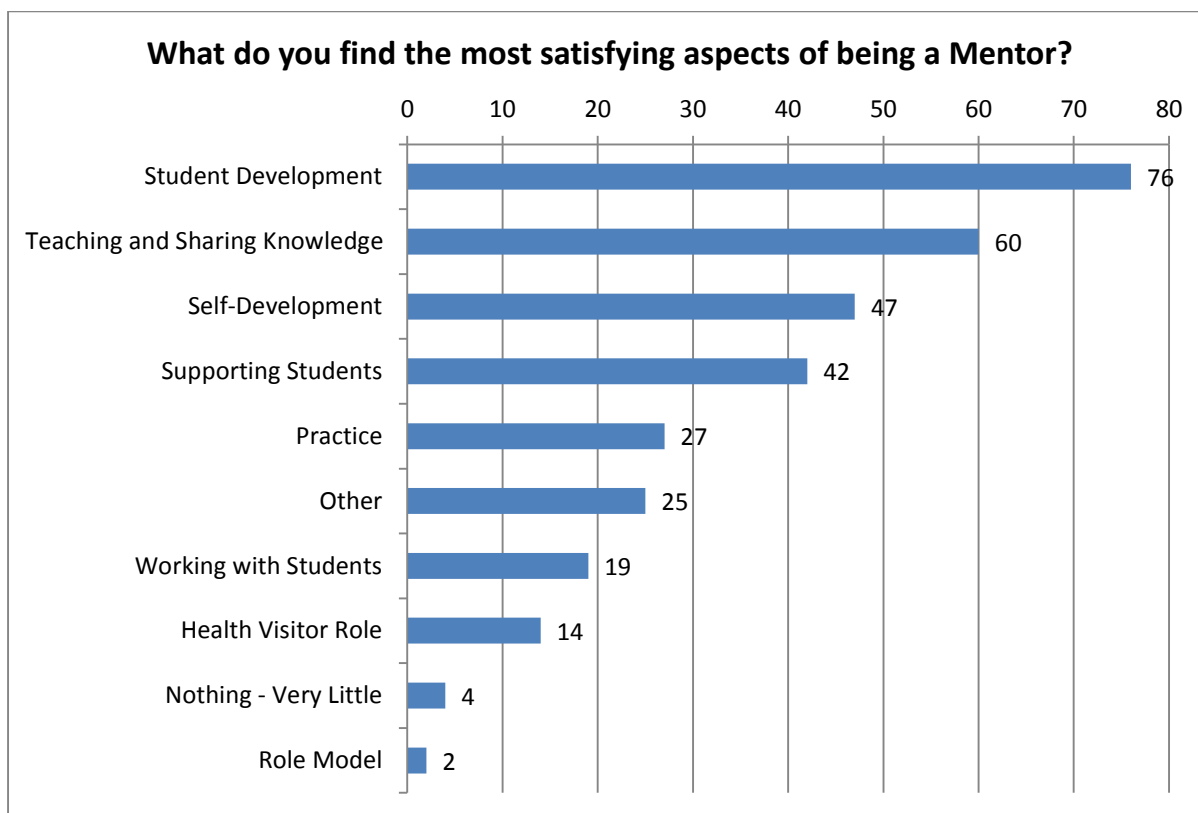
2.1.2 Mentor Survey: Summary of Key Points

205 mentors responded to the survey from 10 geographical regions.



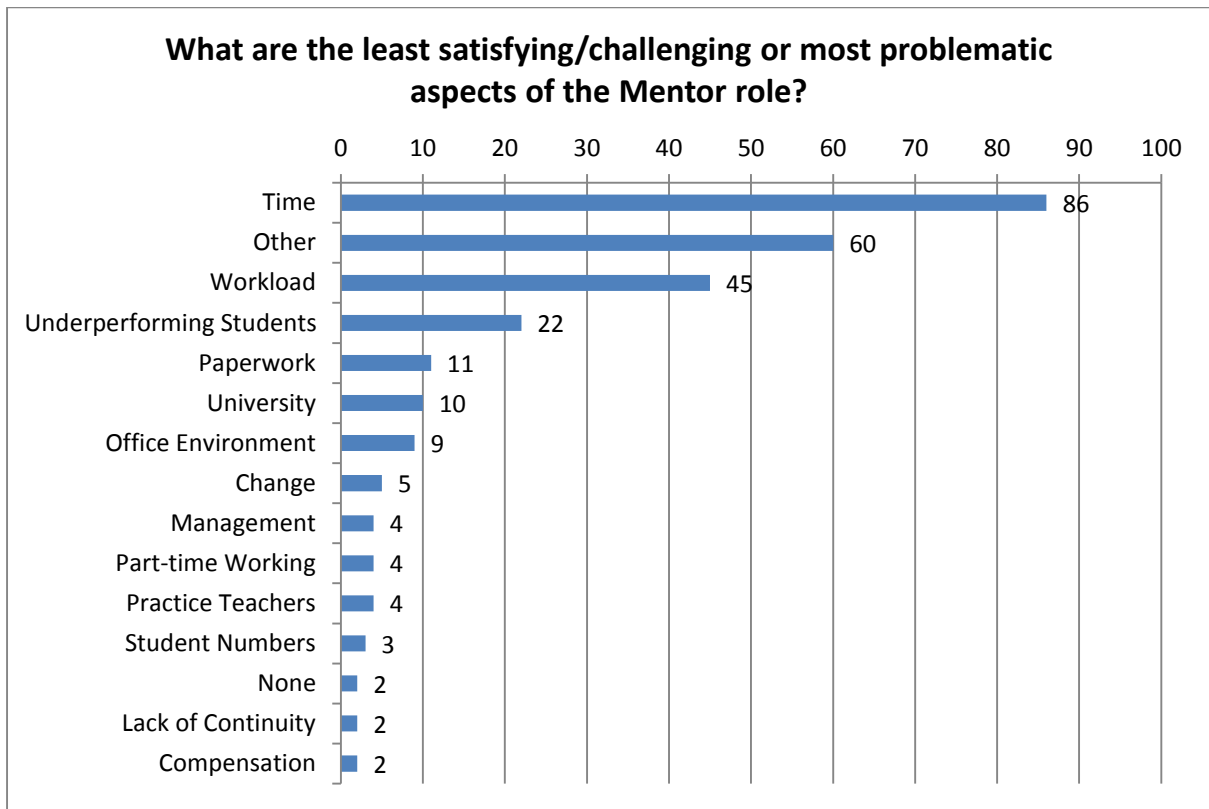
The overarching themes emerging from the survey were positive with a greater proportion opting to take the role, although almost 40 per cent of respondents had been asked or felt obliged to undertake the mentoring of HV students. Nevertheless the majority expressed satisfaction with observing students developing within the profession and feeling their own professional knowledge was also updated. 147 mentors identified why they became a mentor with 58 skipping this question. A passion for teaching (55) and for their own development (17) contrasted with feeling obliged (45), being asked to take the role (13) and feeling a responsibility to do so (7), indicating a slightly higher number seeking the mentor role but also a significant proportion of those answering feeling some obligation to take on the task. The questionnaire did indicate significant experience of mentoring with 60 of 146 indicating they had mentored for over 5 years, 45 for between 1 and 3 years. It was apparent that while mentors had considerable experience of mentoring generally, these skills had only recently been utilised for mentoring within the health visiting field. It would appear that a fairly substantive proportion of the health visiting profession with significant generic experience of mentoring and considerable clinical expertise, have only recently become substantively engaged with health visiting learners, although they have many of the attributes congruent with the educator role.

There was a rich seam of positive comment concerning what mentors find satisfying about the mentor role with the majority indicating that supporting and working with students and observing their growing confidence, competence and appreciation of health visiting were satisfying. Personal development and contributing to professional standards were also cited, particularly linked with keeping their own practice updated.

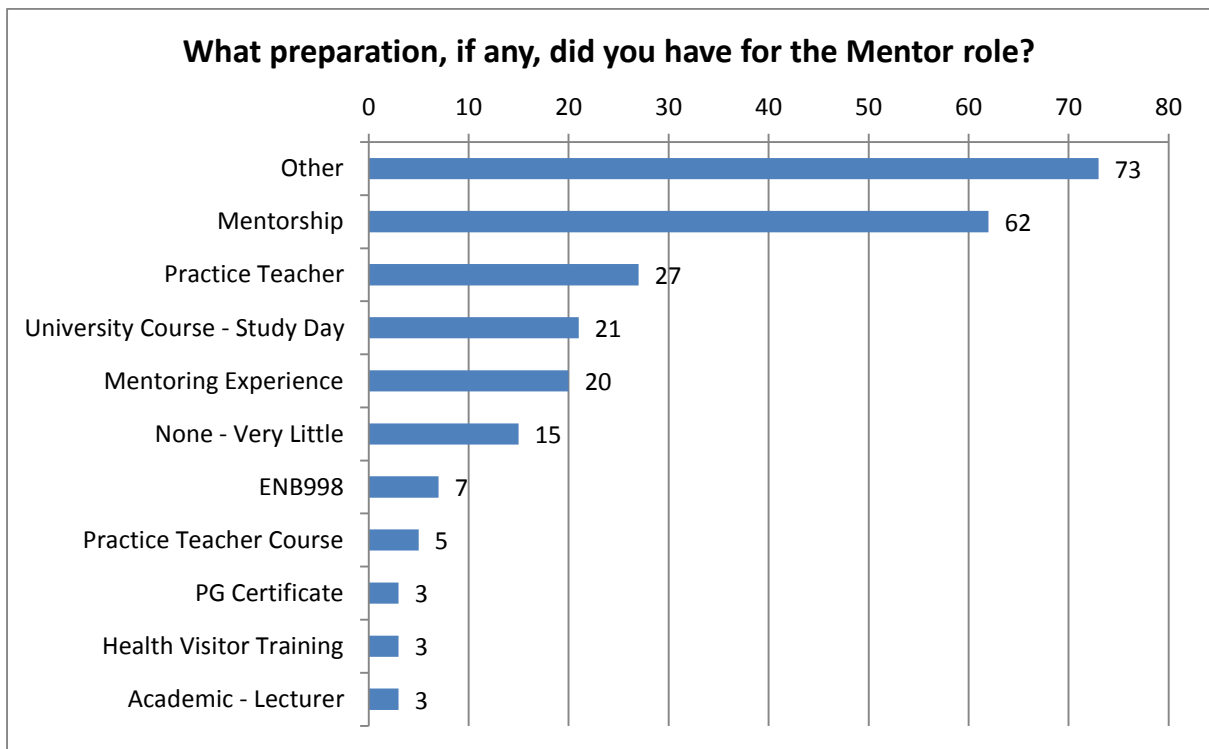


The most problematic aspects of the mentoring role resonated with that seen in the PT survey, with some minor variations. These issues emerged strongly via several question strands concerned with the perceived challenges in the mentoring role. Workload/time pressures were most frequently cited as problematic in terms of attempting to meet student and clinical requirements. Mentors referred to retaining full caseloads as well as managing the complexities of the clinical and educative role. They were unclear about the expectations of the mentor role and how best to support students' learning. Part-time mentors found this particularly challenging. Given the student numbers, reconciling clinical responsibilities with students' practice learning was made difficult by other issues seen as complicating the learning journey, such as geography and travel, diary pressures, liaising with 'long arms', communication with the wider team etc. Mentors said they often felt busy and rushed much of the time and therefore concerned about the quality of the learning they could facilitate. This was particularly so where students had problems, e.g. failing /unmotivated students. The 'paperwork' associated with the educational role was also cited frequently as a challenge in the context of their wider working role.

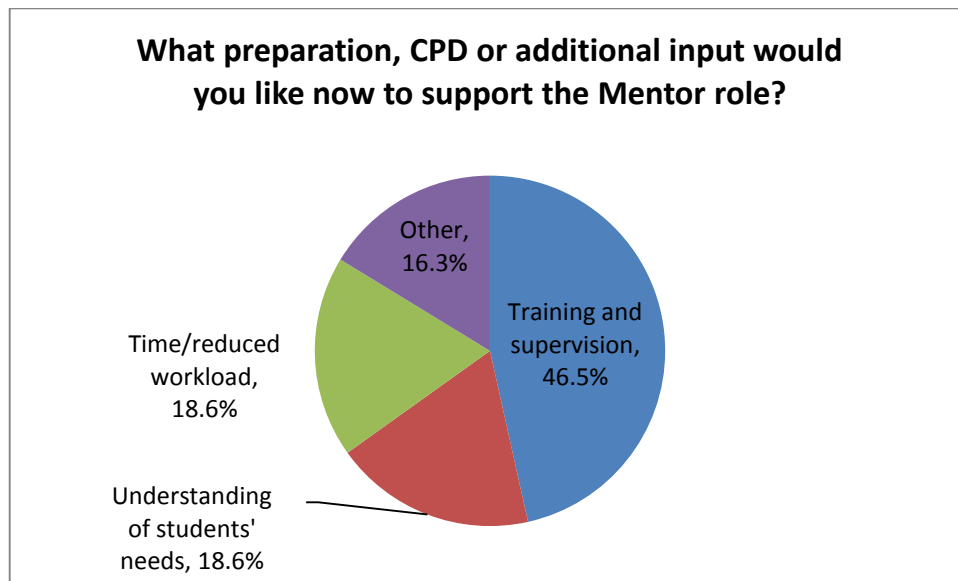
The environment was the second most cited issue for dissatisfaction with mentoring particularly cramped office conditions and insufficient IT resources. Mentors spoke about their car and time in the car as being the only learning space they were able to ascertain from a busy working schedule in an environment where time for reflection and space were at a premium. Although less frequently mentioned in terms of respondent percentages, organisational changes and varying levels of input and support from management and HEIs emerged in several responses.



A large percentage of those responding felt 'well enough' prepared for the mentoring role but there was a consistent theme of seeking clarification about the expectations of mentoring within the HV student context and how best to support health visitor students' learning in practice, especially those students experiencing difficulty.

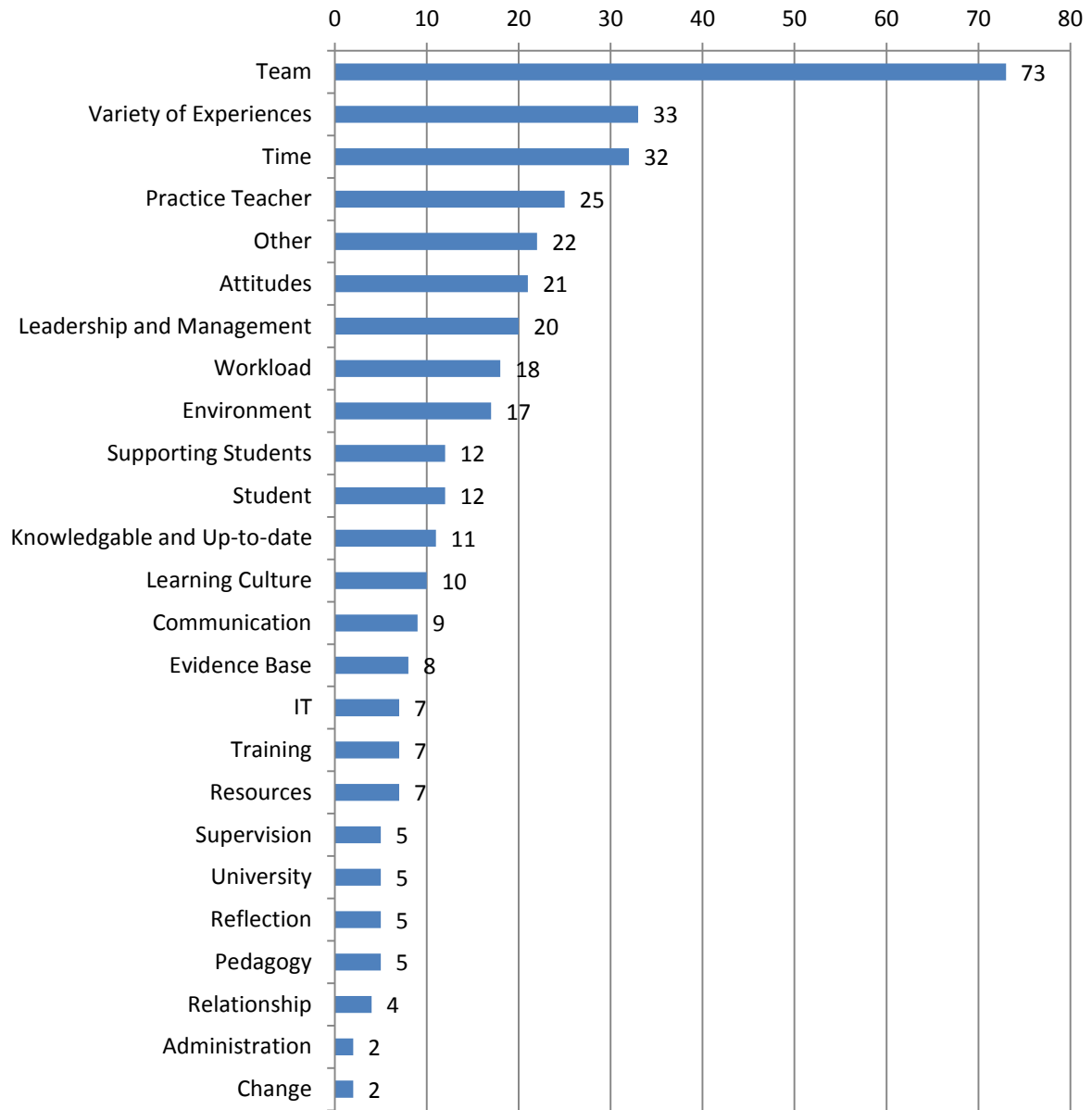


It appeared that preparation for and the actual role requirements were somewhat variable across the country, which is not surprising given the recent emergence of various PT models and related mentorship development. The respondents request for clarification about role and consistency of input and support to them from their managers and HEIs is probably a key finding of the survey, which if acted upon, would develop mentorship positively moving forward. Only 43 respondents answered the question concerning what additional preparation or CPD they would find useful but there was a consistency in their answers, with most indicating that further input about the role and expectations of mentorship and understanding the students' needs and how to support them more effectively would be useful. Supervision and support throughout the mentoring year were also mentioned.



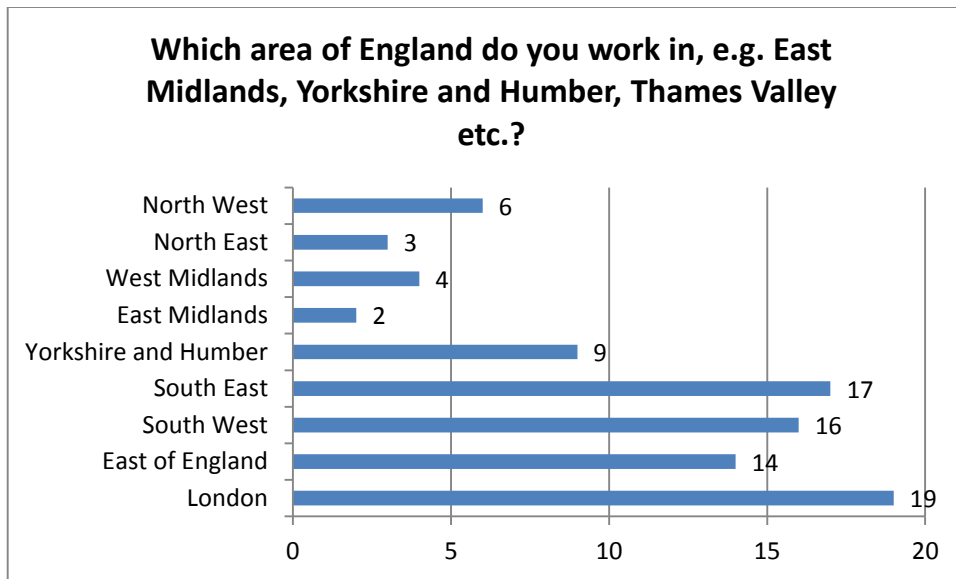
Of particular interest in the survey were the mentors' detailed responses concerning what comprises a positive learning environment, which illustrates their view that the attitudes, motivation and welcoming culture within the immediate team are as important as the diversity of experience on offer to students and the knowledge base/expertise of immediate team members.

Please list the 3 most important factors that support effective health visiting learning in your practice/workplace

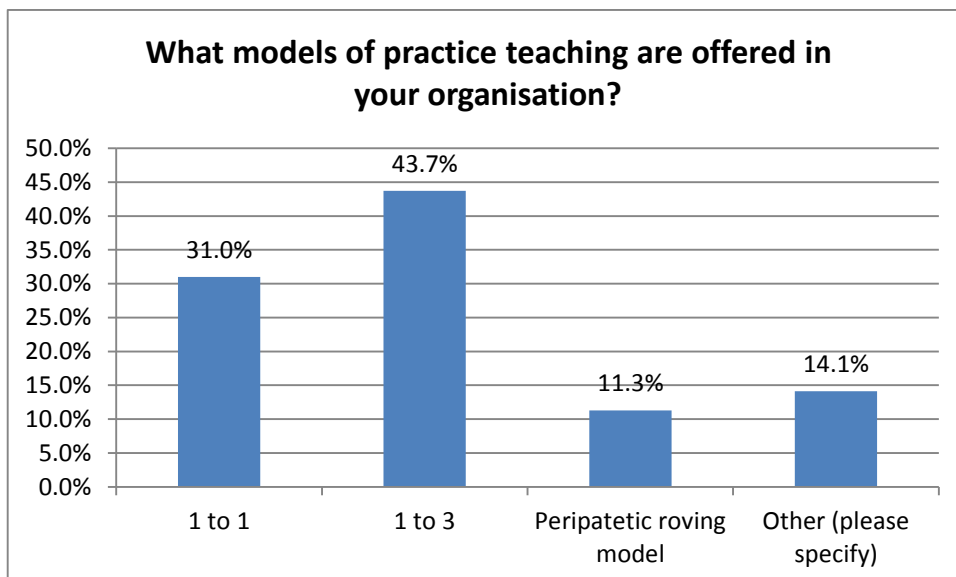


2.1.3 Service Manager/Clinical Lead Survey: Summary of Key Points

There were 96 respondents to this part of the survey representing 9 Regions across England.



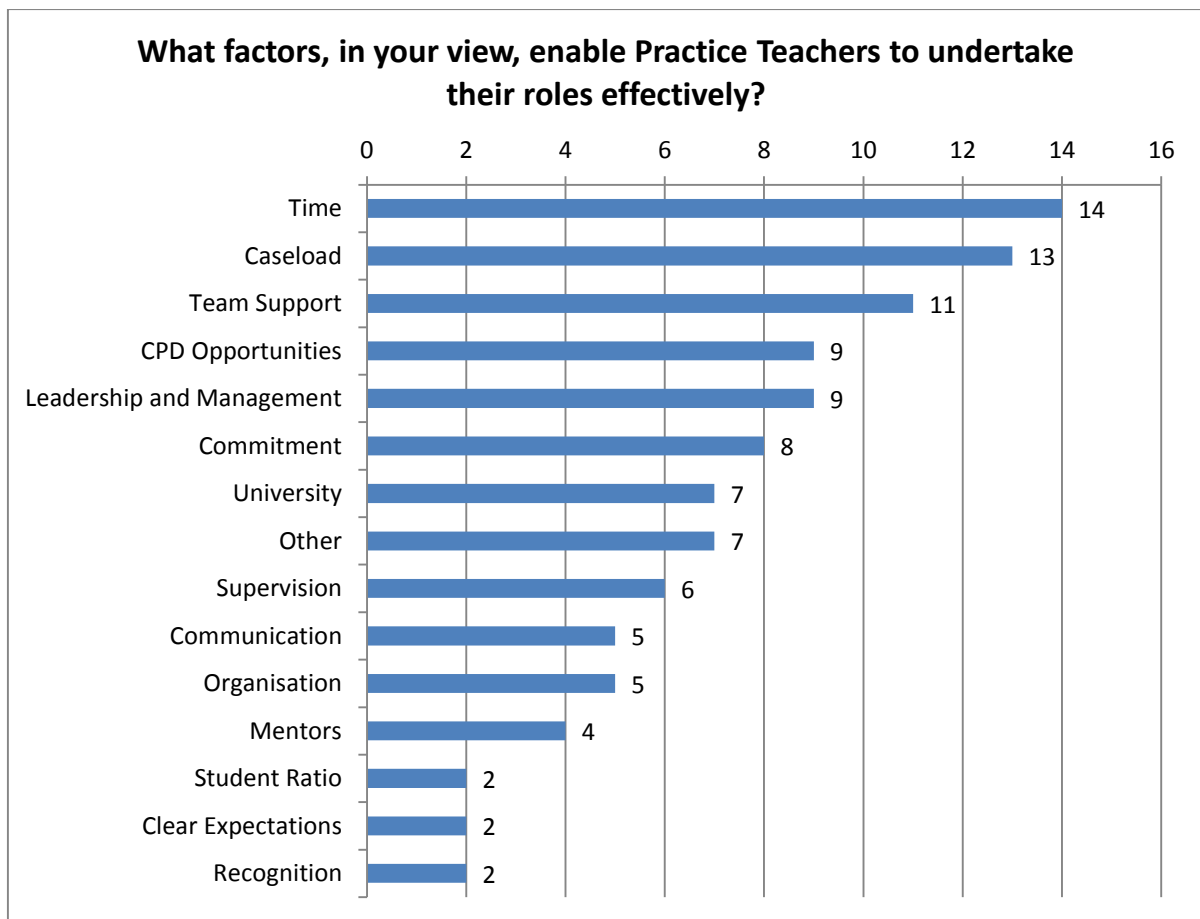
Of these, the largest group, 31 respondents (43.7%) said that the one-to-three model was offered in their organisation, followed by 22 respondents (31%), who said that their organisation used a one-to-one model. A further eight respondents (11.3%) said that they used a peripatetic roving mode while 10 (14.1%) indicated that their organisation used a different model to those specified. Six of these specified that their practice used long-arm mentoring.



Teaching development, student and mentor support and assessment comprised their main expectations of the PT role, with leadership, role modelling and caseload work, in terms of modelling best practice and acting as change agents, also identified. It is important to note what 'teaching development' refers to within the survey, to clarify how the PT's and mentor's

roles are distinguished by the clinical lead/manager respondents. Teaching development applied to the PT role involved a wide remit including, remaining competent to teach throughout their time as practice teacher; able to identify the learning needs of all students; providing high quality placements to students; leading on evidence-based practice and staying up to date in practice. Several respondents mentioned managing the quality of the learning environment and the need to highlight any training issues within the service. Others expected practice teachers to ensure learning and teaching took place across the workforce and not just with students, and expected PT engagement with the recruitment process.

Practice teachers were expected to ensure that adequate time was spent with each student in order to balance student needs with the demands of the service, assist students to make the links between theory and practice; to maintain fortnightly oversight of their students' diaries and provide feedback on written work and evidence. Overall it was their role to ensure that the students' education met the aims and objectives of the relevant higher education institution and developed practitioners fit for contemporary service requirements. They were also expected to identify any early issues with students' learning and performance and be able to assess clinical practice and sign off learners as competent. In addition to liaising with the university their role in supporting those mentoring and supervising students as well as directly supporting learners was highlighted.



There was an interesting resonance with the PT and Mentor surveys in relation to the factors that enabled PTs to undertake their roles effectively or not and many of the themes from the two previous accounts are replicated in this analysis. Designated time, reduced caseload and team support were seen as the most influential on effective practice teaching, with support from managers, good communication, joint working with HEIs, as well as personal commitment from the PT acknowledged as key factors. Two responders suggested national

service specifications around the role would be useful, which is interesting in the light of the task and finish group mandate.

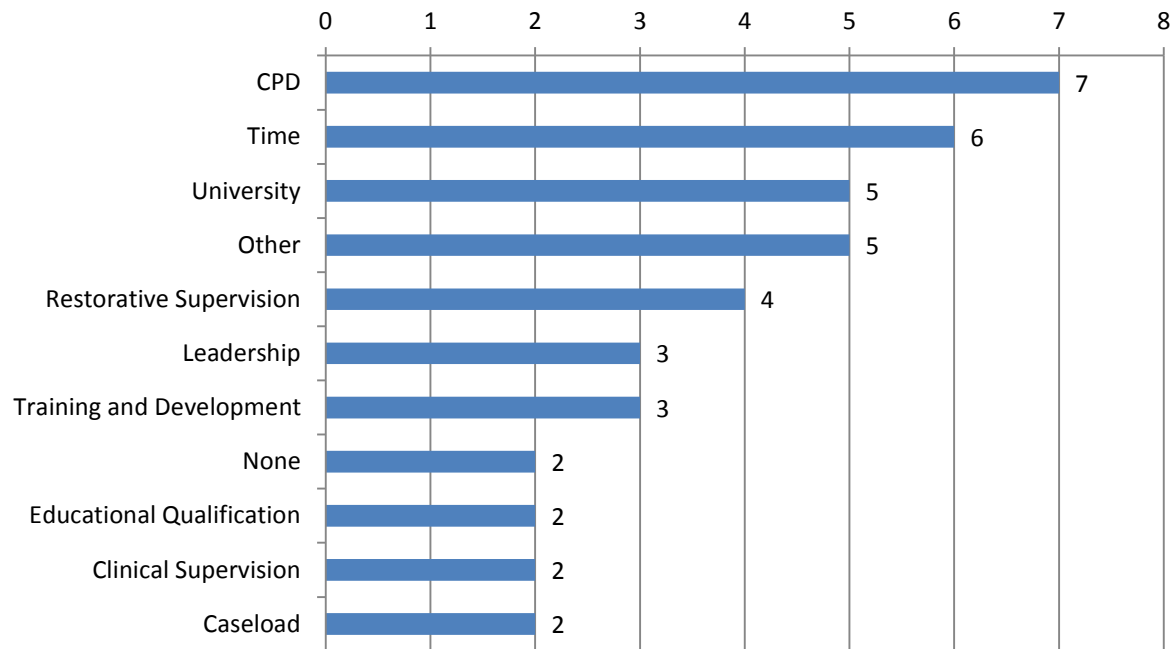
Just over 55% (43) indicated that that these expectations were fully met, with a further 26% suggesting they were mostly or partially met. Workload/caseload pressures, high student numbers, lack of resources including space and poor IT support and lack of designated time for the education role were the most cited reasons for less effective practice teaching, alongside the pace of service change, lack of support from managers and/or HEIs. Only 5 respondents specifically mentioned the development of the mentor with 'long arm' role as detrimental to student learning and under-performance was often linked with pressures within the system rather than with individual PT's competence or motivation.

44 respondents gave a view about the PT future role development and some interesting ideas emerged from this which was very pertinent to the task and finish group's task. Many suggested that they saw the role of the practice teacher as encompassing a much wider range of training and development than health visitor students, including supporting learning across the service, showcasing innovative practice and managing continuing professional development. It was suggested that the role would have to involve supporting the large numbers of inexperienced and newly qualified staff moving through the service in the next few years. 14 respondents saw PTs supporting the development of practice as a whole, including performance management and as project leads to move forward good practice. Developing specific initiatives, such as developing integrated working in children's and young people's services, or translating policy and legislation into good practice and community development projects were all mentioned as opportunities for PTs to utilise their educative skills and drive forward professional practice and cascade knowledge and expertise to the HV workforce.

Educational and clinical leadership roles were suggested as respondents felt that a plan had to be set in place for the role of the practice teacher beyond 2015 to ensure robust development of the workforce in future years. Respondents suggested that the PT role had to be valued as a *"key to quality in clinical practice, leadership and practice education and not just about having students"*, and that national guidance regarding roles and responsibilities was now required as these varied widely across the country. Respondents also noted that joint working strategies were being explored to help roll out total integration of the healthcare profession and that the effectiveness and usefulness of this should be shared more widely. Finally it was proposed that practice teachers needed to take on the role of health consultants to help develop better integrated services which are outcome focused for children, and to transfer knowledge to the School Nursing Service to support staff undergoing the same transformation.

The clinical managers/leads input to further develop effective practice teaching informed the task and finish group agenda well. Their suggestions included continuing professional development, such as high level research seminars and study days facilitated by higher education institutions, as well as support to attend conferences and other training opportunities. Respondents spoke of specific practice educator qualifications as well as a mandatory requirement to be working towards Master's level qualifications. The role of the university was mentioned several times; not just in terms of regular updates, but having a say in the curriculum taught as well as regular contact and discussions with university colleagues. Leadership and management skills were also proposed, i.e. the opportunity for practice teachers to understand more strategic operations. Several respondents mentioned restorative supervision and coaching, as well as opportunities for reflection. One respondent said that the introduction of this into their service aimed at enabling PTs to better manage their commitments and aimed at achieving a healthier and more proactive emotional response to the role. Other suggestions included building better links with public health teams, setting up externally facilitated sessions to allow practice teachers to explore their roles, links to research and competency assessment tools, annual observation of PT practice and regional support groups.

What additional support/input, including CPD do you think Practice Teachers require to support them to deliver their role effectively?



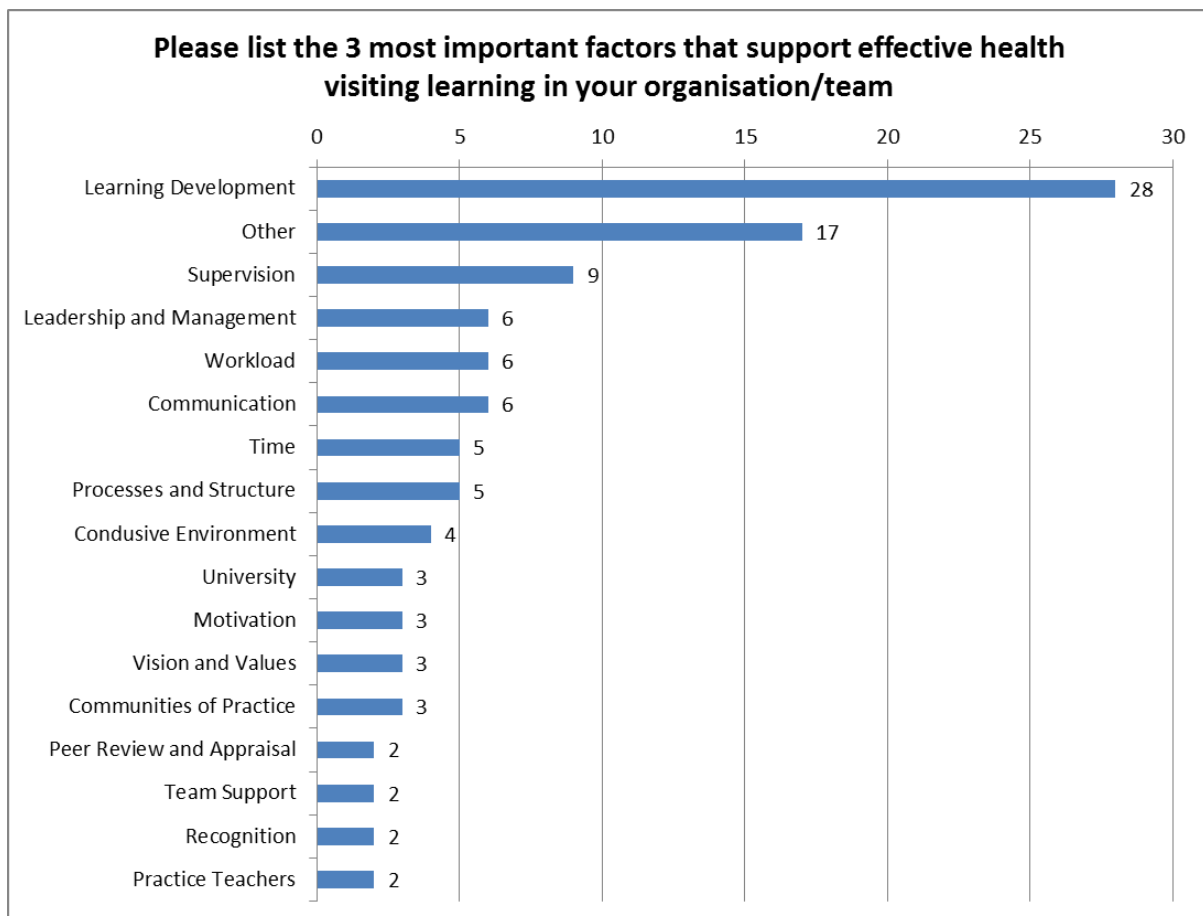
In contrast with the PT role the clinical manager/lead respondents (43) perceived the mentoring role be focused more directly on day-to-day student support and teaching, including seeking out learning experience for the students that met their objectives, facilitating their learning, giving them regular constructive feedback with clear areas of development and monitoring their progress. Having clinical expertise, keeping up to date and role modelling were seen as part of the expectations for a mentor, as it was for the PTs, but the focus of the mentors role appeared to be on the individual student within their team rather than the more strategic educative management associated with the PT role. Liaising with the PT was the second most cited response indicating an expectation that mentors support the clinical practice teachers in their role to provide a quality placement for students, act on advice and guidance from the practice teacher but also receive support from practice teachers in areas such as assessing the clinical competence of students and maintaining records of feedback, learning plans and achievements. Only 12 respondents represented a broader role for the mentor including maintaining tri-annual reviews, developing training packages for staff members, induction of new staff and developing learning tools and information for those new to their posts. Most respondents who answered suggested that their expectations of the mentor were fully met (40) with a much smaller number indicating they were only partially met (17).

Training, practice teacher and team support were seen as the most important factors in enabling mentors to undertake their role effectively, i.e. regular updates, a good mentorship programme within the higher education institution, training days, annual mentorship updates and workshops with peers. Support from practice teachers was seen as vital as they understood the pressures on mentors and some respondents also wanted to see mentors included in planning and interviews, regular meetings including those with students and restorative supervision. While workload pressures were cited as the main reasons for ineffective mentoring (27) lack of support and/or preparation for the role were also seen as

important. Role specification was identified as an important factor in promoting effective mentoring, or where there were unclear expectations, ineffective mentoring. There was a limited response to the question about the future mentor's role (34) with some suggestion that the role with students should be retained and could be extended beyond students to new and other staff, staff training and development and could be perceived as part of a pathway to becoming a practice teacher.

Preceptorship was managed variably and respondents (37) discussed their approaches with 16 stating that experienced staff were allocated the role supported by managers and service leads. One respondent said that preceptors needed to have at least one year's experience post-qualification, but that this was becoming harder given the number of students. Elsewhere, newly qualified staff had an identified preceptor who was an experienced health visitor from another base as well as an identified mentor from within their own team. There were examples of preceptorship which were planned and delivered centrally by a manager with lead responsibility for this and several respondents described group sessions delivered by practice teachers, management teams or locality clinical managers, including input from health visitors who have trained in recent years. Some team preceptor provision identified a supervisor, a preceptor and buddies for each newly qualified HV and an organised programme of learning, regular supervision and appraisal for the preceptors. The programme in these cases was planned in partnership with the preceptees. Protected time was given to those attending and an expectation of attendance communicated to everyone.

In listing the 3 most important factors that support HV learning within their organisations respondents revisited many of themes that have emerged above and in the other surveys i.e. education and training, leadership, management and supervision, good communication with HEIs, peers and other networks and a positive culture conducive to learning.

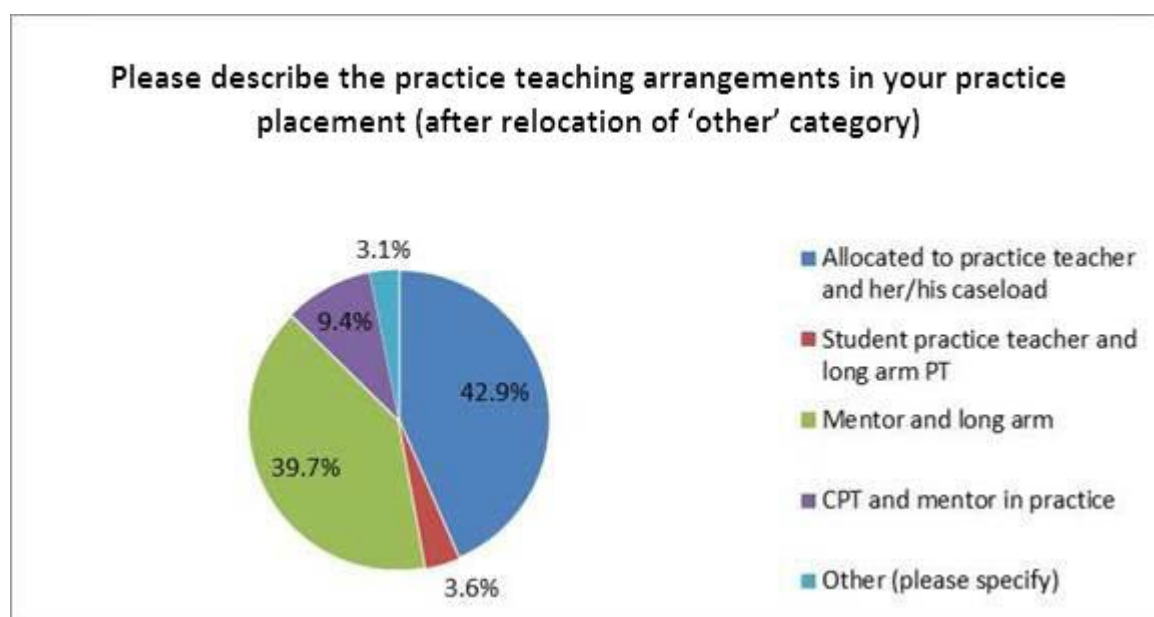


Learning development was by far the biggest category, and spanned a number of sub-categories. Respondents wanted good access to high quality relevant training, a workforce analysis of gaps in learning; designated professional development leads; commitment from the organisation to the importance of training staff; and efficient organisation of such training. Continuing professional development available both internally and externally was seen as key for many respondents, including inter-agency training but also regular updates on 'bread and butter' issues. Respondents also spoke of the culture conducive to all members of the health visiting team supporting learning, where there is engagement and passion throughout the organisation from the board downwards, and where the environment is safe, open and proactive. Teams, in particular clinical practice teachers, needed to be well trained, experienced, and crucially, highly motivated with a clear service vision, shared objectives, and shared respect and values. Good communication and liaison with the higher education institution was seen as key by several respondents, with others wishing to see communities of practice with regular forums and management support

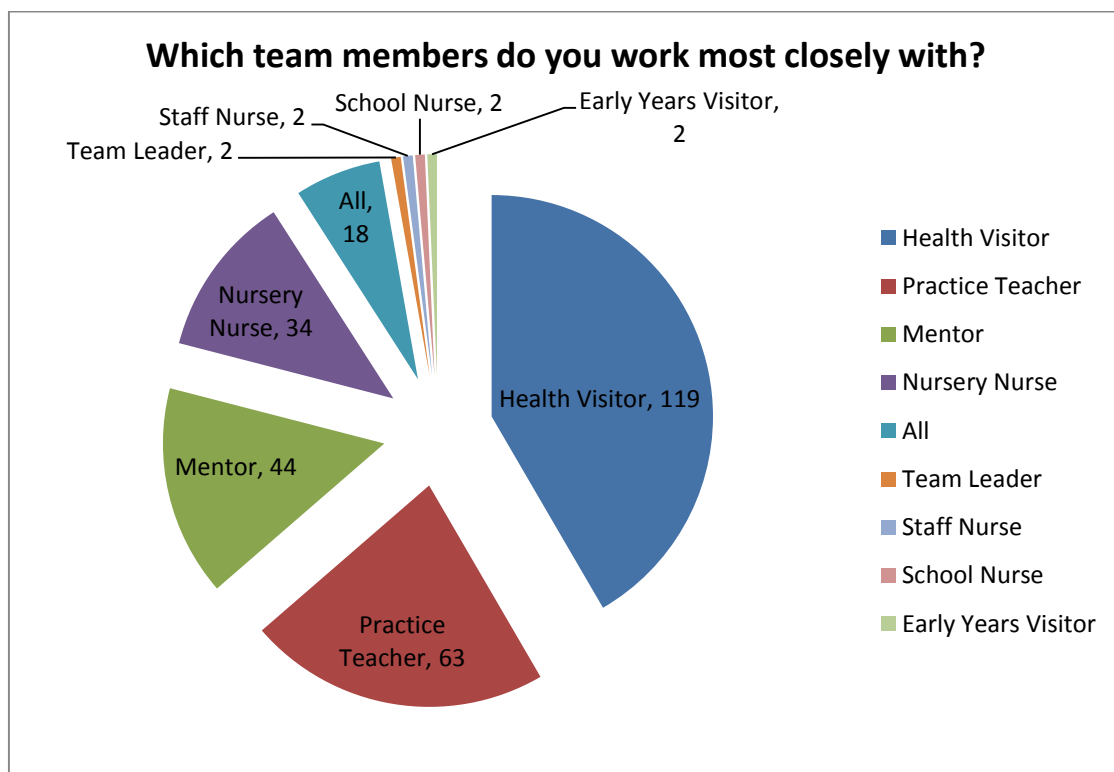
The biggest conflict cited in managing the learning and clinical agenda was that of workload. Balancing the needs of all staff involved was seen as a key conflict, with team members having to be accommodating enough to allocate suitable work for students to complete their competencies, while picking up everything else to support their practice teachers. One respondent claimed that the needs of students were being prioritised, and the 'practice teacher freed up', but at the expense of other members of the team. However, they added: *"Managers are looking at supporting those teams in a number of ways, including re-structuring teams to bring them together and using staff from other teams to give temporary support"*. One manager noted that *"all staff know that this is the final year of large student numbers and that once these cohorts are through we will have increased the HVs numbers significantly and that all teams will benefit from this increase in numbers. Knowing this has motivated most teams."*

2.1.4 Health Visiting Student Survey: Summary of Key Points

Of the 221 student respondents, 54 had been qualified in nursing and midwifery for 3 years or less and the remaining 155 for 3 to 10 plus years (8 did not respond). 113 had been mentors in their previous role and 102 had not (10 did not answer). The majority commenced their HV course in September 2013 or January 2014. 96 were allocated to a PT, 110 had a mentor/PT arrangement, 8 had a student PT and long arm and a further 7 had more complex arrangements.



The contact with their PTs was very variable from weekly to monthly or longer, often depending upon geographical proximity, and also included more than one type of contact, e.g. email and telephone as well as face-to-face contact. The number of students supervised by their PTs also ranged widely from 1 to 6 or over students. The activities PT/students engaged in were those normally associated with the PT role and linking well with meeting NMC standards, e.g. discussion of learning plans, clinical experience, support and assessment, but students also identified joint visiting and specific activities in addition to the categories offered by the questionnaire. Students represented the full range of locations offered in the questionnaire from urban/city, NHS clinic/GP practice and rural locations. Only 28 described their caseload as corporate. When asked which team members they worked most closely with, 119 identified 'health visitor' and 63 their PT. The most popular description of their placement was supportive, friendly, interesting and busy. PT/Mentor/HV knowledge, availability, enthusiasm and support were cited as the most important factors to support practice learning, and this included a supportive, motivated and friendly wider team/working environment also. The range of experience offered, a well organised placement that enabled reflection, good communication and a positive approachable attitude were also frequently listed.



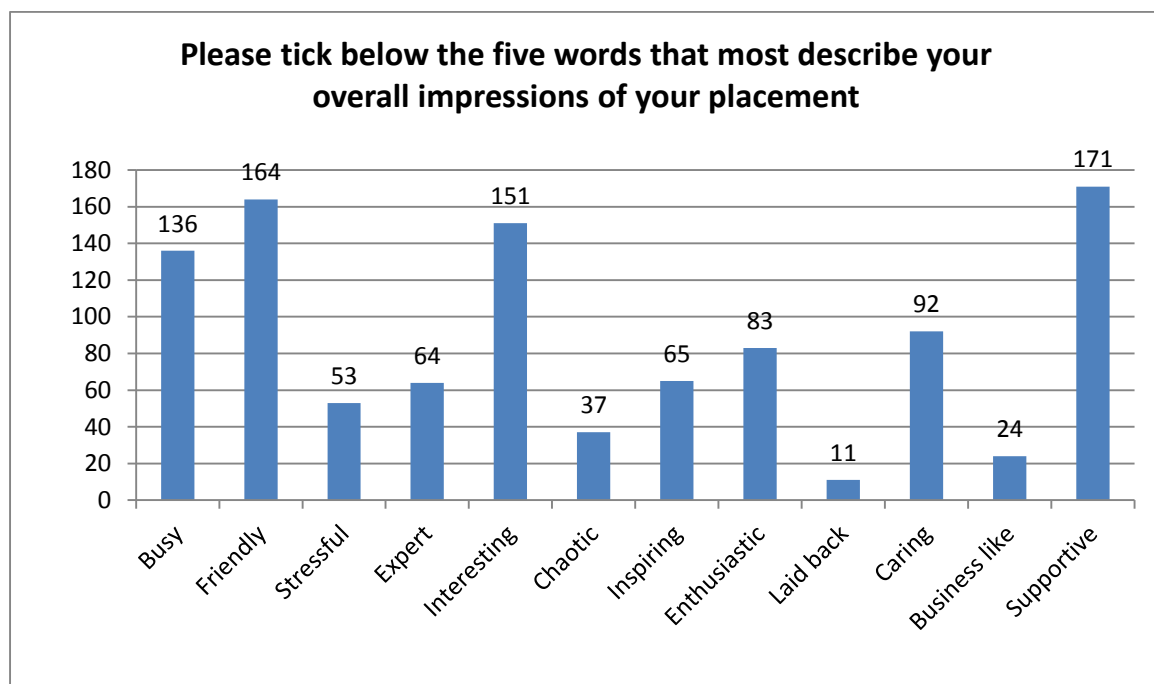
The top 3 barriers to learning were:

- organisation, communication and logistics, referring to a range of difficulties in organising time with PT/mentors or being moved around the placement circuit
- relational difficulties with PT/mentors or perceived limitations in their practical knowledge and expertise
- limited time either in practice, or to reflect on practice, or because of the impact of university workload/curriculum.

29 students commented on staff being 'too busy to explain things' and 17 on the number of students being 'a hindrance to learning'. Physical resources, e.g. office space and computers were also identified as problematic. Only 162 respondents answered the

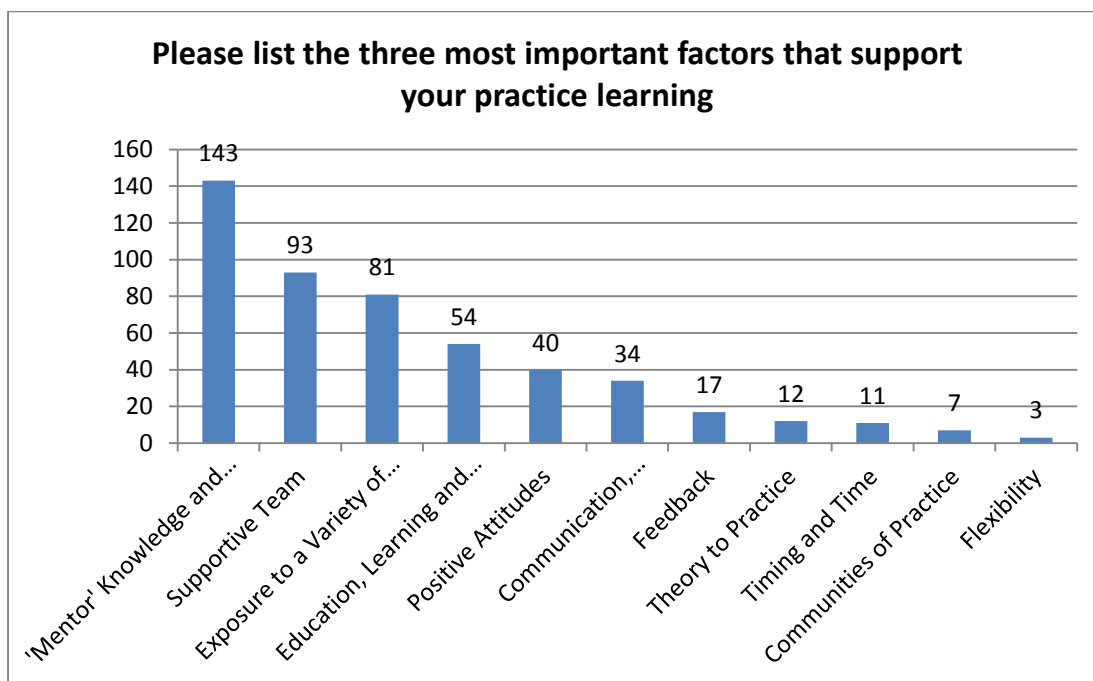
question asking what two changes in practice would have helped their learning of health visiting although this generated 200 responses in all.

Mentor/PT availability was the factor mentioned most frequently, either protected one-to one time with PTs/mentors or dedicated clinical teaching time, or fewer students allocated to PT/mentors. Time in practice via a reorganisation of practice experience available and the HEI curriculum was the second most popular response. Consistency in mentor/PT performance was raised in the context of students comparing the differences they had perceived across a range of PT/mentor models currently offered in practice, linked with a desire to experience a variety of exposure and so be ready to manage a range of cases when qualified. Consistency in practice assessment and a better understanding of this by mentors/PTs was also cited.



When asked about further observations about the PT/mentor role, 118 responded, 123 skipped the question and 4 had nothing to add. 47.5 per cent were positive about the professionalism and supportiveness of their PT/mentor with many indicating that continuity and positive relationships were the key to effective learning in this milieu.

However a further 20.3 per cent and 17.8 per cent felt that their PT/mentors were too busy and overstretched to support them effectively and/or there was inconsistency in their abilities as a clinical teacher, the currency of their knowledge and/or their expectations, e.g. the requirements of practice assessment. It was interesting that students made several suggestions in parts of the questionnaire to extend the learning community, e.g. via learning circles, action learning groups, and clinical learning days. There was a sense of PT/mentorship perceived as excellent when it worked effectively, but an awareness of some inconsistency related to this being achieved across the range of any cohort.



2.1.5 Concluding Analysis

Within the context of the 'Call to Action' and a significant increase in the numbers of health visiting commissions over the last 3 years, this survey was initiated to develop an insight into the current management of practice learning within health visiting workplaces and identify the focus of quality enhancement for professional learning within this sphere. The survey generated over 700 responses from students, mentors, practice teachers and managers/clinical leads representing 10 regions of England and Wales and the level of consistency emerging from the data suggests that there are some key insights emerging from this survey. The first of these is to note that the models of practice teaching in health visiting have moved considerably from the traditional 1-to-1 and are now more variable across England than hitherto. This supports a need to relook at the standards related to practice learning and the preparation of the wider workforce, both practice teachers and mentors, engaged in practice education. Given that the surveys reflected the perspectives of four groups, i.e. providers and users of practice education, the uniformity of their views also supports the development of a nationally agreed descriptors of the practice teacher and mentor roles and clarification of role-expectations.

The learning environment emerged as a strong theme within the survey indicating that consistently working alongside a knowledgeable practitioner within a supportive and positive team were pivotal to effective learning. Time and resources were also important with the majority of respondents indicating that time and resources to support the clinical educators' role were often problematic and that physical resources, such as office space and IT equipment were also in short supply. Finally there were some very interesting suggestions concerning the development of the practice teacher and mentor role and various innovative approaches that could be incorporated into health visiting practice learning.

In the next section of this report the work of the task and finish group to develop practice teacher and mentor role descriptors, identify related competencies and recommendations for an educative framework are presented.

3 PRACTICE TEACHER AND MENTOR NATIONAL ROLE DESCRIPTORS

The Practice Teacher and Mentor National Role Descriptors have been developed in response to a number of concerns raised by practitioners, students and service providers. The issues raised have included: inconsistency in the roles of Practice Teachers (PTs) and Mentors up and down the country, the lack of a common role descriptor, lack of understanding of the roles, varied use of people within the roles, concerns for the future of these roles when student numbers reduce, the need for roles to support newly qualified Practice Teachers and Mentors and to support team development moving forward, also a perceived low profile of the roles. Some of these issues re-emerged as on-going issues in feedback received as part of the National Placement Quality Survey conducted by Anne Devlin in 2014.

In response to these identified issues and expressed concerns, the Practice Teacher and Mentor National Role Descriptors have been designed to provide national guidance for what should be included in these roles and training required to ensure that Practice Teachers and Mentors have the knowledge and experience to carry out these roles effectively. By improving understanding of the roles, they will help to influence commissioning decisions and education provision decisions as well as providing consistency and clarity to those undertaking the roles.

The National Role Descriptors will be shared with service providers through national meetings with NHS Employers with a view to encouraging service providers to use the descriptors to inform local job descriptions and person specifications. The role descriptors will also be shared with higher education institutions to inform decisions on the educational expectations and content of practice teacher and mentor education and preparation. The role descriptors will also be shared with commissioners to inform the commissioning of both services and continuing professional development decisions.

In order to evaluate the impact of this work, a review of changes to job descriptions, role consistency, practitioner satisfaction, profile and understanding of the role, practice change and impact on education provision will be undertaken, supported by NHS Employers in autumn 2015.

3.1 Practice Teacher Role Descriptor

Role Summary

- To be responsible for the provision and management of a high quality learning environment for any allocated student within the same discipline who is undertaking the Specialist Community Public Health Nurse (SCPHN) or other specialist areas training, including those supported by a mentor. This may include student practice teachers or students returning to practice in their specialist practice discipline
- To be responsible for the identification of student learning needs, in partnership with the student, encouraging students to identify their transferable skills
- To be responsible for facilitating learning opportunities in practice in order that the student/return to practice practitioner/ student practice teacher is given all reasonable opportunities to achieve the requirements of the Higher Education Institution and NMC proficiencies. To be responsible for the assessment of the student's proficiencies, and signing off the student as meeting the standards of proficiency for SCPHN practice
- To act as an educational development lead alongside other key educator and service roles and, where applicable support, education of early years practitioners to ensure integrated education
- To act as a role model to colleagues and learners to ensure high standards of care, including supporting clinical innovation and excellence in evidence based clinical practice
- To act as preceptor or mentor to newly qualified or appointed staff as required

- To create a supportive learning environment for mentors and pre-registration students, including the provision of triennial reviews for mentors
- To act as an advocate for the service and role, demonstrating delivery of national and local requirements through the relevant service model
- To promote and share evidence based practice within the team and with partners
- To develop and provide expert advice within specified specialist area of interest
- To influence and inform commissioning intentions both for service and education/ continuing professional development
- To manage a clinical caseload and work as part of the local team working in line with commissioned services
- To work in partnership with a variety of statutory and non-statutory agencies and families to ensure appropriate, innovative and high quality clinical experiences and placements
- To provide assessment of skills and competencies and support for staff that are required to complete a performance improvement plan as a component of capability processes

Responsibilities for Human Resources

- Develops an individualised programme of learning for students
- Manages and facilitates student's learning programme within clinical placement, including assessment and verifying student's learning portfolio
- Works within organisation's 'Management Process for Student's Progression'
- Adheres to higher education institution and organisation's procedures regarding failing students
- Develops and utilises a range of teaching and facilitative skills according to identified needs of individual students
- Develops the skills of reflective practice and self-awareness and assists learners to develop those skills
- Develops learning programmes and assists the learner to keep a portfolio of learning that reflects their ability to meet the requirements of the course and relate theory to the practice setting
- Undertakes marking (in some instances), assessment and supervision roles and ensures all documentation is completed to a high standard
- Ensures the provision of allocated student time in accordance with the requirements of the programme
- Completion of Triennial Review in accordance with NMC standards, including required attendance at Practice Teacher study days
- Ensures maintenance of registration on the organisation's live register of Practice Teachers and mentors
- Attends all tripartite meetings with the mentor or equivalent and representative from the higher education institution to ensure and evidence the student's progression
- Participates in the recruitment and selection of students and other staff as required

Communication and Working Relationships

- Required to demonstrate empathy, persuasion and negotiating skills when conveying highly complex information in hostile environments where there may be challenging attitudes and behaviours posing barriers to understanding and co-operation
- Promotes effective working relationships within their integrated team and wider partners
- Promotes effective working relationships by liaising with colleagues, GPs, Children's Centres, other professionals and statutory and voluntary agencies
- Communicates highly sensitive information to appropriate parties including students, families, colleagues and others in situations where conflict may arise. These situations may be hostile or highly emotive

Freedom to Act

- Manages practice learning environment for students and other learners in line with Nursing Midwifery Council standards, organisation and higher education institution requirements
- Responsible for assessment of students including those returning to practice and student practice teachers
- Accountable for preceptorship or mentorship of newly qualified and newly appointed team members

Dimensions

- Facilitate learning and undertakes the role of assessor in practice in the relevant specialist practice discipline including return to practice students, practice teacher students and colleagues if required
- Utilises leadership and coordinating skills to engage others in the provision of a high quality learning environment
- Actively promotes the 'Team Around the Student' philosophy. The 'Team Around the Student' comprises all the staff within the immediate team as well as others who can provide relevant learning experiences for the student
- Works within NMC, organisation and higher education institution standards, guidance and practice
- Provides preceptorship to newly qualified practitioners including newly qualified practice teachers and supports the learning and development of members of the team
- Leads on the development of specific areas of clinical practice
- Supports the delivery of the service, ensuring and maintaining high standards of evidence based practice
- Works in partnership with the Practice Development Facilitator or equivalent and mentor to organise students' experiences in line with organisation 'Management Process for Students' Progression' developing supporting action plans and strategies as necessary

Key Result Areas

- Facilitates the learning of pre-registration and post-registration students in their specialist field of practice, student practice teachers and practitioners returning to practice to achieve their maximum potential
- Ensures individuals within the team are aware of and work within a 'Team Around the Student' approach to provide a high quality learning environment
- Works closely with higher education institutions, relevant Trust staff, alternative placement providers and line manager to provide a high quality learning experience for students and access to innovative practice placement experiences
- Evidences effectiveness of practice teacher role through participating in triennial review in order to remain live on the local practice teacher register, maintains a portfolio which demonstrates how NMC standards (2008) for learning and assessment have been met, attends practice teacher study days, including annual update and completes higher education institution and organisation paperwork in a timely way
- Together with the team, oversees updating and completion of the clinical practice placement audit in line with organisation standard and higher education institution requirements
- Provides educational and clinical leadership
- Leads and supports the provision within the team and district of high quality preceptorship and mentorship, including triennial reviews for mentors
- Supports the organisation to become a provider of choice for excellence in clinical practice placements
- Demonstrates a clear understanding of the organisation's core values and how they are realised in practice and acts as a role model.

- Supports the organisation in the management of change and transformation of the service

3.2 Mentor Role Descriptor

All registered practitioners have a responsibility to support learners and in the case of specialist practice nurses this extends to specialist practice students. It is a rewarding experience and one of the best ways of keeping professional practice up-to-date and of high standard.

Mentors are registered practitioners who have successfully undertaken a mentor preparation programme recognised by the NMC.

Mentors, practice teachers and students meet regularly to discuss progress against the competency framework and ensure that practice experience needs are met.

Role Summary

- To facilitate the practice experience needs of specialist practice students, under the advice and guidance of a practice teacher
- To act as an excellent role model to colleagues to ensure high standards of care, including supporting clinical innovation, excellence in clinical practice and to shape the future of the profession
- To act as an advocate for the service and role, demonstrating delivery of national and local requirements through the relevant service model and within a transformed service
- To promote and share evidence based practice within the team and with partners
- To manage a clinical caseload and work as part of the local team working in line with commissioned services
- To work in partnership with a variety of statutory and non-statutory agencies and families to ensure appropriate, innovative and high quality clinical experiences and placements
- To support the identification of student learning needs in partnership with the student and the practice teacher, and for facilitating learning opportunities in practice in order that the student is given all reasonable opportunities to achieve the requirements of the higher education institution and NMC proficiencies
- To provide learning and day to day support in practice for specialist practice students
- To commit to attending regular meetings with the practice teacher and student, in order to discuss student progression against the practice portfolio and to ensure that practice experience needs are being met
- To communicate effectively any student issues in practice with the practice teacher
- In partnership with the practice teacher, identify the student's progress in achieving the proficiencies for practice
- To act as preceptor or mentor to newly qualified or appointed staff as required

Specific Responsibilities

The mentor facilitates the practice experience of students under the advice and guidance of the practice teacher who assesses practice and marks the practice portfolio. The mentor is responsible for:

- Keeping an on-going record of student attendance and provision of practice placement experiences and ensuring that the practice teacher is notified if a student is sick or absent from placement
- Identification of learning opportunities for the student
- Making provision for the day to day working environment of the student including:
 - Access to a computer
 - Access to a desk and seat
 - Access to a mobile phone

- Access to equipment e.g. scales (it is not expected that a student will be allocated their own set of scales)
- How to locate up to date policies etc.
- Ensuring the student is inducted into the practice area
- Ensuring that the lone worker policy is adhered to
- Ensuring the student is aware of the need for mandatory training and knows how to access and book the training
- Ensuring the student is aware of emails and updates that are pertinent to them
- The mentor should maintain written observations of practice and development to be included in the practice portfolios
- Supporting the student in generating evidence to demonstrate learning
- Reviewing the student portfolio weekly
- Supports the student to maintain 1st registration where necessary.
- Mentors should immediately notify the Practice Teacher of any concerns regarding:
 - progress of the student
 - issues relating to the learning environment
- The mentor should meet with the practice teacher together with their student every 2 weeks
- The mentor should meet with the practice teacher a minimum of once per semester for supervision
- The mentor will contribute to the practice teacher's view of the student's competency in practice
- The mentor will notify practice teachers of any issues impacting upon their own personal availability e.g. leave, prolonged sickness etc.
- Specialist practice students are expected to undertake self-directed learning and will agree with the mentor and practice teacher their practice programme
- The teams in which students are placed will help to meet their learning needs as well as having one-to-one time with their mentor and wider experiences will come from spending time with other professionals and agencies
- Participates in joint education activities with higher education institutions such as curriculum planning, module/course development

Professional Requirements

- To complete an NMC approved mentorship programme. This would include information about the role of the mentor, the supervisory and assessment aspect of practice and meeting the needs of students when concerns arise
- To attend all necessary updates and meetings in order to be conversant with the students particular specialist practice programme, and at a minimum, a yearly half/whole day mentor update specific to mentoring a specialist practice student delivered by the higher education institution
- To evidence effectiveness of their mentor role through participating in Triennial Review to enable them to remain on the live Mentor Register
- To receive and act on student feedback to ensure continuous improvement of the student experience in practice
- To demonstrate empathy, persuasion and negotiating skills when conveying highly complex information in hostile environments where there may be challenging attitudes and behaviours posing barriers to understanding and co-operation
- To promote effective working relationships within their integrated team and wider partners
- To be able to promote effective working relationships by liaising with colleagues, GPs, Children's Centres, other professionals and statutory and voluntary agencies

- To be able to communicate highly sensitive information to appropriate parties including students, families, colleagues and others in situations where conflict may arise. These situations may be hostile or highly emotive

Dimensions

- Actively promotes the 'Team Around the Student' philosophy. The 'Team Around the Student' comprises all the staff within the immediate team as well as others who can provide relevant learning experiences for the student
- Works within NMC, organisation and higher education institution standards, guidance and practice
- Supports the delivery of the service, ensuring and maintaining high standards of evidence based practice

Key Result Areas

- Ensures individuals within the team are aware of and work within a 'Team Around the Student' approach to provide a high quality learning environment
- Supports the organisation to become a provider of choice for excellence in clinical practice placements
- Demonstrates a clear understanding of the NHS core values (Department of Health, 2013) and how they are realised in practice and acts as a role model

4 EDUCATING PRACTICE TEACHERS AND SPECIALIST PRACTICE MENTORS FOR THEIR NEW ROLES:

4.1 Introduction

This framework provides some 'general prompts' and 'theory, knowledge, skills prompts' aligning education to the new practice teacher and mentor roles.

Fitness for practice will be ensured through the NMC standards (2008), see Appendix 1 and validation of education programmes. The content maps to the NMC standards and is intended to provide a framework of topics which will provide additional detail to inform programme content. It is intended to support future practice teachers and specialist practice mentors to fulfil the requirements of their new roles and does not affect the absolute requirements of the regulatory body.

4.2 General Prompts for Higher Education Institutions and Lecturers

- Assessing/refreshing practice teacher education programmes
- Developing specialist practice mentor preparation programmes

It is recommended that education commissioners, Higher Education Institutions, and lecturers consider these prompts when reviewing their programmes to ensure that practice teachers and mentors have appropriate theory knowledge and skills to deliver the new requirements of the roles.

- How well do the current programmes of education for practice teachers and mentors map to and meet the demands of the new roles?
- Do current programmes offer sufficient flexibility to meet future demands and if not what could be considered further?
- How will you prepare and support current practice teachers and mentors in the new ways of supporting specialist practice students and those returning to Practice?
- How could the educational content of the programmes be adapted to have a greater focus on the new requirements of the practice teacher role?
- How could the educational content of the mentor programmes be adapted and developed to have a greater focus on the new requirements of the specialist practice mentor role?
- How will you ensure that practice teacher students and specialist practice mentors are familiar with the new requirements of their role?

4.3 Key Topics to Cover – Practice Teachers

This section indicates the required competencies of the practice teacher and sets out the key recommended topics in the areas of theory, knowledge and skills for practice that programmes should cover in order to reflect the new practice teacher role. These are in addition to specialist knowledge and clinical expertise in a defined area of practice.

Many of these areas will already be covered within current education programmes and clinical practice, however this guidance is intended to support programme development and change as and where necessary.

4.4 Practice Teacher Competency Statements

4.4.1 Teaching, Learning and Assessment

Practice teachers have responsibility for facilitating the learning of groups of students and addressing the training needs of mentors and the wider workforce. Practice teachers are responsible for assessing student progress and 'signing off' students at the end of their programme.

This will require innovative approaches to teaching, learning and assessment.

Recommended practice teacher programme content	
Theory / knowledge	Skills
<p>Teaching, learning and assessment theories and strategies and application to practice learning including : Critical thinking, problem solving and decision making, small and large group teaching, action learning, problem based learning, seminars, simulations</p> <p>E-learning</p> <p>Learning environments</p> <p>Work based learning theories</p> <p>Curriculum design and programme validation processes</p>	<p>Create a good quality, innovative, safe and effective learning environment for students and mentors and evaluating their effectiveness, making changes where necessary</p> <p>Developing an individualised practice curriculum for students in line with HEI and organisation processes</p> <p>Collaborative working with HEI's in designing & validating course / practice curriculum in the defined area of specialist practice</p> <p>Teaching & learning strategies to facilitate the learning of individual & groups of students, mentors and the wider workforce</p> <p>Providing formative and summative assessments of student progress, including return to practice and Practice Teacher students.</p> <p>Making decisions in relation to 'signing off' students at the end of their programme.</p> <p>Identifying potentially failing students and following HEI and organisation processes to evidence and support their judgement</p> <p>Facilitating action learning and small group teaching</p> <p>Relating theory to practice</p> <p>Providing constructive feedback</p> <p>Using tools to structure learning – learning contracts / portfolios</p>

4.4.2 Supervision and Support

Practice teachers support mentors and facilitate the development of new and recently qualified practitioners and those returning to practice.

This will require additional knowledge and skills in key areas of:

Recommended practice teacher programme content	
Theory / knowledge	Skills
<p>Models of supervision / restorative supervision</p> <p>Models of reflection</p> <p>Preceptorship</p> <p>Group facilitation</p> <p>Appraisal processes</p>	<p>Education supervision and support to mentors and new practice teachers to facilitate the meeting of the NMC standards for learning and assessment in practice and for practice teachers achievement of 'sign off' status.</p> <p>Appraisal skills using the process of triennial review</p> <p>Plan and facilitate preceptorship programmes for</p>

	<p>newly qualified staff & those returning to practice</p> <p>Coaching skills to support the development of mentors</p> <p>Collaborative working through tripartite arrangements</p> <p>Ability to reflect, provide constructive feedback, clarify, deal with student anxiety and occasional conflict, motivate and support adult learners</p>
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4.4.3 Leadership and Teams

Practice teachers provide clinical leadership in addition to managing a clinical caseload and also take responsibility for supporting the continuing professional development of the wider workforce.

This will require knowledge and skills in key areas of:

Recommended practice teacher programme content	
Theory / knowledge.	Skills
<p>Role modelling</p> <p>Critical appraisal of research and application to practice</p> <p>Professional relationships & boundaries</p> <p>Education commissioning & contracting</p>	<p>Effectively lead education in the practice setting for students, including specialist practice students, and the wider workforce in a defined area of specialist practice</p> <p>Work collaboratively and network with a range of different bodies to strategically manage education and development in practice.</p> <p>Provide educational leadership and act as a consultant to deliver the health agenda.</p> <p>Provide clinical leadership by identifying, addressing and embedding clinical improvements in teams using a number of approaches such as, leading action learning sets, running workshops, disseminating evidence based practice, providing one-to-one developmental support to team members , developing a lead role for particular areas of clinical practice.</p> <p>Manage competing demands of caseload, student and team</p> <p>Promoting innovation in practice through research based activity</p> <p>Recruitment and selection of students</p>

4.4.4 Quality Assurance

Practice teachers are gatekeepers to the profession and are accountable for quality assuring practice learning. Practice teachers have a duty to protect the public and are accountable for ensuring that newly qualified practitioners are fit to practice.

This will require knowledge and skills in key areas of:

Recommended practice teacher programme content	
Theory / knowledge	Skills
Quality assurance frameworks Fitness to Practice Accountability Ethical decision making Managing risk and protecting the public Local processes for managing students including failing students	Safe delegation (to mentors, students and wider team) Setting standards Managing student progress issues through action planning Managing failing students Challenging unsafe or unsatisfactory practice Assessment of staff performance as part of capability processes Maintains contemporaneous records according to HEI, and organisation's policy Different forms of communication – written, spoken, electronic, encompassing report writing, court reports, records Verbal and non-verbal communication Active listening and questioning

4.5 Key Topics to Cover – Specialist Practice Mentors

This section indicates the required competencies of the specialist practice mentor and sets out the key recommended topics in the areas of theory, knowledge and skills for practice that programmes should cover in order to reflect the extended specialist practice mentor role. These are in addition to specialist knowledge and clinical expertise in a defined area of practice.

Many of these areas will already be covered within current education programmes and clinical practice, however this guidance is intended to support programme development and change as and where necessary.

Mentors have significant clinical expertise and generic experience of mentoring, but only recently have their educator skills become more substantively utilised to support specialist practice students. Whilst specialist practice mentors work under the guidance and supervision of practice teachers it is recognised that current mentor preparation programmes may need to be reviewed in order to reflect the need for specialist practice mentors to respond effectively to the additional demands of preparing specialist practice students for autonomous practice.

4.6 Mentor Competency Statements

4.6.1 Teaching, Learning and Assessment

The specialist practice mentor takes responsibility for the day to day practice experience of a specialist practice student.

This will require additional knowledge and skills in key areas of:

Recommended specialist practice mentor programme content	
Theory / knowledge	Skills
Teaching, learning and assessment theories and strategies and application to practice Critical thinking, problem solving and decision making Critical reflection / models of reflection Learning environments Work based learning	Create a good quality, innovative, safe and effective learning environment for students Planning practice curriculum with the practice teacher Teaching & learning strategies to promote learning of individual students Strategies to assess student progress and support the practice teacher in making decisions in relation to 'signing off' students at the end of their programme. Ability to reflect, provide constructive feedback, clarify, deal with student anxiety and occasional conflict, motivate and support adult learners Facilitating learning Relating theory to practice Providing constructive feedback Using tools to structure learning – learning contracts Verbal and non-verbal communication Active listening and questioning

4.6.2 Leadership and Teams

Specialist practice mentors manage a clinical caseload and role model expert practice

This will require additional knowledge and skills in key areas of:

Recommended specialist practice mentor programme content	
Theory / knowledge	Skills
Role modelling Critical appraisal of research and application to practice Professional relationships & boundaries	Manage competing demands of caseload, student Promoting innovation in practice through research based activity Networking and partnership skills

4.6.3 Quality Assurance

Specialist practice mentors support the practice teacher in quality assuring practice learning. They have a duty to protect the public and share accountability for assessment decisions

This will require additional knowledge and skills in key areas of:

Recommended specialist practice mentor programme content	
Theory / knowledge	Skills
Quality assurance frameworks Fitness to Practice Accountability Ethical decision making Managing risk and protecting the public Local processes for managing students including failing students	Working collaboratively Safe delegation to students. Supporting student progress issues through action planning under supervision of the PT Supporting failing students under the direction and supervision of the PT Ability to challenge unsafe or unsatisfactory practice Student recruitment and selection Maintains contemporaneous record according to HEI, organisation's policy

5 HEALTH VISITING EDUCATION AND GOOD PRACTICE GUIDANCE AND RESOURCES

This section focuses on the culture and function of the host organisations in the quality of learning therein. It also presents material to support the sharing of evidence and 'best practice', which is at the heart of developing excellent professional practice.

In Section 5.1 Health Education England suggest a number of organisationally focused standards for assuring the quality of practice learning within health visiting and across a range of practice learning situations. HEE acknowledge the work of Health Education South London in the development of these standards.

5.1 HEE Standards for Assuring Quality in Practice Placements

STANDARD ONE: *The organisational culture in supporting education*

The organisation aligns its values, strategy and resources to demonstrate how it values its role as an education setting in helping learners in training meet the relevant curriculum requirements; while encouraging and supporting individual, team and professional responsibility in delivering high quality learning environments and training opportunities.

Indicators:

1. A learning culture has been created and invested in across the provider, enabling all staff to consider education as an integral component of their role.
2. Inter-professional learning opportunities aligned to the patient journey are promoted.
3. There is a commitment and time investment to support continuous professional development and lifelong learning of all staff.
4. Learners are supported to provide contemporaneous and candid feedback on the placement experience via a safe and supportive system including a process for ensuring that feedback is given to the learner on actions taken as a result.
5. There are transparent and collaborative quality improvement processes in place to align best education practice across the organisation.

STANDARD TWO: *Executive ownership of practice education*

The organisation provides effective senior leadership and direction demonstrating a clear commitment and accountability to the delivery of high quality education.

Indicators:

1. An accessible and up to date education strategy, including a budget, is reported and monitored regularly at Board level. The strategy explains the major responsibilities, goals and quality assurance responsibilities in relation to inter-professional health education.
2. The organisation has a named executive director with accountability for inter-professional education, with parity to a Dean of Faculty.
3. All business planning and service development processes include consideration and reporting of the impact of service change on education.
4. The Board receives regular updates on the quality oversight of all areas of education with risks clearly identified.

STANDARD THREE: *Staff in place to effectively support education*

The organisation values staff that mentor, supervise and educate; ensuring there is appropriate workforce and capacity planning, recruitment, and, training and development opportunities to enable those staff to successfully undertake the responsibilities required in this role.

Indicators:

1. Staffing levels allow the practice placement environment to be properly resourced with an appropriate ratio of professionally prepared staff to learners, working collaboratively with the relevant link staff from education institutions.
2. All educational supervisors are professionally prepared, competent, up-to-date and fully committed to their role in supporting, teaching and inspiring learners.
3. Opportunities are provided for on-going professional development for educational supervisors and other staff responsible for education and support.
4. Local leaders in individual practice settings value the opportunity to be hosting a learning environment.
5. All staff within the placement environment, whether professionally qualified or not are committed to helping support, teach and inspire learners when they are learning alongside them in the delivery of patient care.

STANDARD FOUR: *Physical support for education*

The organisation has resources and facilities to facilitate an encouraging learning environment for learners.

Indicators:

1. Information technology is used to support the delivery of health education by enabling learners to access up-to-date placement information and advice. A range of learning opportunities is available including library facilities and evidence supporting practice.
2. Adequate time and resources are available to facilitate effective local inductions for learners.
3. Learners are able to access and use electronic patient applications such as EPR to support safe and effective patient care across sectors.
4. Learners have timely and relevant access to clinical areas and appropriate equipment.

STANDARD FIVE: *Standards of service*

The organisation has robust governance structures and processes in place to ensure a safe and effective physical and professional environment for learners.

Indicators:

1. Professional staff have current active registration with the relevant regulatory body and work to their professional codes of conduct and standards, particularly in relation to professional accountability, transparency, candour and a duty of care to patients.
2. The service which hosts practice placements has been approved as relevant by regulators, professional bodies and commissioners and any changes requested by those bodies are addressed swiftly.
3. All staff understand local service responsibilities such as maintaining a safe working environment.
4. The Board receives the results of all internal and external monitoring, surveys and inspections and ensures that action is taken to resolve any issues identified.
5. Planning for service activity and change includes systematic consideration of any impact on the delivery of education.

STANDARD SIX: *Partnership Working*

The organisation has effective structures and processes in place to promote and implement strong partnership arrangements, such as service planning, the sharing of information and quality improvement activities.

Indicators:

1. There is evidence of key partnership working across organisations, professions and departments in support of quality health education.
2. There is a formal joined up approach between practice and education to the preparation and allocation of practice placements.
3. Staff and working practices in placements help learners understand the context of care delivery in a wide variety of roles, sectors and specialties.
4. An identified senior staff member within the provider is responsible for formal liaison with the relevant education institution, including agreement of cross-organisational policies and processes.
5. Robust systems are in place for raising and addressing any concerns about the placement, with clearly identified processes and systems of communication between the education institution, the provider and the learner.

5.2 The Health Visitors' Community of Practice Evidence Hub and HEE's Technology Enhanced Learning (TEL) Programme

In the busy and fast-moving pace of clinical practice, the ability of professional practitioners to keep abreast of recent evidence poses a challenge. Recent developments in Technology Enhanced Learning (TEL) offer one mechanism for enabling easy access to and the sharing of best practice nationally.

5.2.1 The Health Visitors Community of Practice Evidence Hub

This was developed between 2012-2014 as a pilot initiative, funded by the Burdett Trust for Nursing as a partnership between the Institute of Health Visiting (iHV), the University of Hertfordshire and the Open University. Users of this hub (currently associates of the iHV) register their details and are provided credentials in order to log on (username and password). Evidence hub leads are continuing to develop and promote the hub and raise awareness amongst key stakeholders to ensure effective engagement and use.

Health visiting professionals can currently benefit from a 'Community of Practice Evidence Hub' – an online resource for them to raise issues, share learning and gain easy access to evidence relating to practice. This hub is available via the Institute of Health Visiting (iHV) website at http://www.ihv.org.uk/resources/community_of_practice

From November 2014, this will also be signposted from the HEE website at www.hee.nhs.uk/work-programmes/health-visiting/health-visiting-quality-practice-placements-2/ as part of a wider online section housing the products and final report from the HV Practice Placement Task and Finish Group.

Contacts-HV Evidence hub leads:

Sally Kendall, Director of the Centre for Research into Primary and Community Care, University of Hertfordshire

Dr Faith Ikioda, Research Fellow, Centre for Research into Primary and Community Care, University of Hertfordshire

Anita McCrum, Project Manager, iHV Fellows, Institute of Health Visiting

Barbara Potter, Project officer, Institute of Health Visiting

5.2.2 The HEE Technology Enhanced Learning Programme (TEL)

This programme has been established to oversee projects that will enable the effective share and spread of TEL technologies and techniques that are supporting the delivery of high quality healthcare education and training. The first of these projects to be delivered is the development and launch of the **TEL hub** – a national repository/hub that will be made available to all in healthcare as a place to lodge, find, use, co-create, discuss and review the widest range of TEL resources and techniques. This hub will be freely accessible in the main, with some areas requiring log-on credentials (for example sensitive clinical content).

The TEL hub will shortly go out to development and plans are in place to launch it by the end of March 2015. As well as housing resources, information, guides, case studies, forums and latest news, the hub will also signpost to other platforms and online resources. Once the hub is live, the TEL programme team focus will be on ensuring effective engagement with the tool as well as wider projects around digital literacy, commissioning guidance and exploring the barriers and solutions to IT within the NHS.

Future links

HEE is developing and launching its own Technology Enhanced Learning (TEL) hub in 2015 which will be made available to all in healthcare as a place to lodge, find, use, co-create, discuss and review the widest range of relevant learning resources and techniques.

When launched, the HEE TEL hub will link with the HV-CoP Evidence Hub as well as other online HV resources and information. The Health Visitors Community of Practice Evidence Hub will also continue to be available to health visitors via the iHV website.

Contacts-TEL hub:

Emma Scales, Assistant Programme Manager - TEL, HEE

Communication:

Marijke Richards, Communications Lead, NHS England

Vicki Diaz, Communications Lead, HEE

5.3 The Why Health Visiting? Project (2012)

The final work presented in this section has been selected as it represents an approach which makes the NHS Constitutional Values (Department of Health, 2013) explicit within models of health visiting practice and forms a values-based foundation for all health visiting interventions.

The Why Health Visiting Project (S Cowley, et al., 2012) was a literature review of health visiting practice which identified three core practices: home visiting, needs assessment and relationship formation which when delivered within a salutogenic or health enhancing approach to practice were consistently associated with positive outcomes for child and family health. These three practices should form the bases of any health visiting toolkit.

Why Health Visiting? (ibid), described health visiting ‘tools’ in the forms of skills, attributes and knowledge needed to work in this way. These tools include:

- The ability to engage in respectful, meaningful communication with families (Chalmers & Luker, 1991; Davis & Day, 2010)
- The ability to demonstrate caring (S Cowley, 1991) and genuine concern (Chalmers & Luker, 1991)
- Empathy and respect for individual families and the context of their lives (Appleton & Cowley, 2008a)
- Retrieval of information from a variety of sources: e.g. discussion and observation (Appleton & Cowley, 2008a), knowledgeable observation in the home (Christie, Poulton,

& Bunting, 2008), and awareness of the wider situation/context (Mcintosh & Shute, 2007)

- Combining different levels of information and knowledge (e.g. information on the individual families, factual knowledge of child health, knowledge of theories of child development, attachment and family functioning (Appleton & Cowley, 2008a)
- Tempering instinct and gut feelings through critical reflection (Ling & Luker, 2000)
- Willingness to assess and re-assess (Appleton & Cowley, 2008a)
- Formation of complex personal judgement of familial risk and vulnerability versus strength and resilience (Appleton & Cowley, 2008b)
- Using interpersonal skills and interventions to help change the situation or context (Christie, et al., 2008)

One form of training which the evidence suggested supported health visitors in this work was the Family Partnership Model (Davis & Day, 2010). This is a form of helping process which begins with the establishment of a relationship with parents, then explores issues in their family context and life situation ('assessment'), clarifying and enabling understanding before setting aims and goals and planning strategies.

Practice teachers and mentors in practice are skilled health visitors who aspire to and adopt this way of working. In addition to modelling good practice they also articulate and describe the component parts of their work as health visitors. Student health visitors, by observing these practitioners and through conversations with them learn the craft of health visiting. The findings from *Why Health Visiting?* (S Cowley, et al., 2012) help establish the context of practice based learning through informing practice itself and by helping teachers to articulate what they do, how they do it and what they aim to achieve.

6 COMMUNICATIONS AND ENGAGEMENT STRATEGY

Health Education England (HEE) and the Department of Health (DH) have worked with a broad range of key stakeholders to enable an improved understanding of health visiting practice learning and placement quality and the measures that can be put in place to ensure quality learning outcomes are realised. This work is relevant across the range of specialist community practice programmes and has resonance more broadly for practice education within the health milieu. It is important, therefore, that a robust communications strategy is developed to disseminate the work widely with a range of key stakeholders concerned with health visiting education and workforce development, as well as those in other fields that utilise practice learning to develop excellent professional practitioners.

A communications action plan has been developed to cascade the outputs emerging from the task and finish group to these relevant audiences and to promote engagement with and implementation of excellence in the quality of practice learning.

6.1 Background and Overview

The Health Visiting Practice Placement project is part of the HEE Health Visitor Programme that was formed in response to HEE's responsibilities in terms of delivering the *Health Visitor Implementation Plan 2011–15: a call to action* (DH 2011) and the HEE Mandate.

In response to anecdotal evidence and that gathered from key partners and stakeholders, HEE engaged representation from those groups to form a working group to enable an improved understanding of the challenges of health visiting practice placements and the opportunities and measures that could be put in place by HEE to ensure quality learning environments

This has resulted in the development of key resources being made available to all stakeholders involved in the delivery of health visiting training.

6.1.1 Context

Practice placement is integral to the delivery of Health Visitor education and HEE needs to understand what good looks like and how that can be consistently applied across the country. To enable this, HEE needed to obtain the views of the people that undertake, provide and assess the individual progress of every Student Health Visitor. The information gathered needs to then be meaningfully used to inform improvements across the country that enhance the learning experience.

While the focus of this project is health visiting, the learning and resources obtained will be used to inform similar work across the nursing family/ other health professions in the future.

6.2 Objectives

- to raise the profile, awareness and understanding of the health visiting practice placement and work in partner organisations and NHS Trusts
- communicate key benefits for stakeholders
- ensure that local and national organisations within HEE (i.e. LETBs) are informed and engaged in the practice placement agenda so links to other work and opportunities can be identified
- highlight the relationship between effective practice placements and improved service delivery and care quality
- communicate effectively with HV Practice Placement Task & Finish Group members
- publicise key messages

6.3 Action Plan

February – September 2014

- HEE communications lead to work in partnership with NHSE communications leads
- Support the project task and finish group to deliver key messages as the project plan
- Raise awareness of the project with partners and stakeholders, including the HEE policy and HEE LETB HV Leads via HEE communications channels
- Develop communication materials

October 2014 – December 2014

- Support and lead the publication of the end of project report through conferences, HEE including corporate communications and a broad range of social media opportunities
- Update internal and external stakeholders of project progress

6.4 Measurement and Evaluation

Communication activity will be measured through feedback to the working group, at events, through email, the website and social media. Media coverage and social media mentions will also be monitored.

7 CONCLUSION AND RECOMMENDATIONS

The Health Visiting Practice Learning Task and Finish Group set out to evolve an improved understanding of the challenges of health visiting placement learning and the opportunities and measures that could be put in place to ensure that all health visiting students are offered a quality learning experience in practice. A number of strategies were utilised to achieve these goals including a survey of student health visitors, practice teachers, health visiting mentors and clinical managers/leads regarding the current practice learning environment, models of practice teaching and workplace education provision. This indicated that the traditional one-to-one model of practice teaching had been succeeded by variable models of learning in practice across England and reinforced the need to relook at the evidence-base concerning the attributes of effective learning in this milieu.

A detailed review of the evidence supporting effective practice learning from the national, international and policy literature confirmed what had also emerged very strongly via the survey, i.e. the key role that practice teachers and/or mentors play in providing a positive and effective learning experience for students. However there was also evidence that moving away from traditional one-to-one models to those approaches which engaged the clinical expertise of the wider health visiting workforce was also beneficial to a quality learning experience. Therefore a key focus and recommendations emerging from this report are concerned with how the practice teacher role and specialist practice mentor role in health visiting may be operationalised, both now and in the future, in order to make best use of the educational and clinical expertise of practice teachers and mentors.

Recommendation 1: Practice education providers should consider the implementation of and/or further utilisation of models which engage the clinical expertise of the wider workforce in student practice learning rather than the traditional one-to-one practice teacher-student model. The indicators are that these ‘decentred’ models have positive benefits for the learners, the professional development and engagement of those supporting students and the updating and positive learning milieu of the wider ‘community of practice’.

The profile of practice teachers has been raised considerably by the recent focus on expanding the health visiting workforce and practice teachers now need to be supported to exploit a clearly defined identity as educational leads within the practice learning environment. The research literature suggests that working alongside a clinical expert is an important factor for effective practice learning and specialist practice mentors have this expertise to offer to students working within their teams. The survey evidence indicated that students, mentors and practice teachers were positive about the more recent approaches adopted to clinical learning, providing appropriate preparation was offered to practice teachers and mentors for their changed roles. An important outcome emerging from this work is the development of role descriptors for the practice teacher and specialist practice mentor envisaged for the future health visiting workforce.

Recommendation 2: National Health Service employers and service providers should consider using the National Role Descriptors to inform job descriptions and person specifications for those engaged in practice education to promote consistency and offer clarity to those undertaking the important work of developing future practitioners.

A second key outcome of the task and finish group has been the development of standards and recommendations for future education, training and continuing professional development (CPD) for practice teachers and mentors

Recommendation 3: Practice teachers should have access to a suitable programme of preparation/continuing professional development that reflects the additional knowledge and skills required to strategically manage education and practice development. This should include action learning, problem based learning, seminars and simulations, group facilitation, models of supervision including restorative work, preceptorship and coaching, appraisal processes, accountability and managing risk. It should also include critical appraisal of

research and its application to practice, as well as an understanding of education commissioning and contracting.

Recommendation 4: Specialist practice mentors should be offered a suitable programme of preparation/continuing professional development which reflects the additional requirements for supporting specialist practice students, including work based learning theories and strategies, critical reflection, critical thinking and problem solving, managing risk and protecting the public, making assessment decisions and managing failing students

Recommendation 5: Those individuals involved in an educative role should be selected because of their enthusiasm to develop their peers and the profession and have the knowledge and skills to deliver and role model the requirements of the new service vision for health visitors. Their participation in a triennial review process, which includes a review of evidence that examines how the practice teacher /mentor has developed their knowledge and skills in relation to their redefined and extended roles, should be a requirement of leading/participating in practice education.

Recommendation 6: Higher education providers should engage in a thorough review of practice teacher and specialist mentor programmes to ensure that these reflect the requirements of the expanded and enhanced roles outlined above. This will include not only an analysis of the curriculum content and how this supports the development of the 'new' practice teacher/mentor responsibilities, but an analysis of the learning and teaching strategies that are particularly pertinent to facilitating effective professional know-how within work-based learning scenarios.

In addition to well-prepared practice educators, the learning environment and its culture and values have been associated with the quality of professional practitioner emerging from an educational programme. The delivery of excellent learning in practice requires placement providers to have clear mechanisms in place to support and value their educators. They must also ensure adequate resources within the clinical learning sphere to facilitate effective student engagement with a broad range of practical experience.

Recommendation 7: Organisations should consider an implementation plan for the six standards of 'Assuring Quality in Practice Placements' presented in section 5. This will encourage the quality and culture of the learning environment to be embedded within strategic planning at a senior level within, as well as throughout the organisation offering practice learning within the health sector. Education commissioners may wish to consider incorporating these standards into the key performance indicators applied the quality and performance monitoring of the practice learning milieu.

One key goal of the task and finish group was to consider how to identify and facilitate the sharing of best practice in order to support enhanced practice education. It is evident that technology enhanced practice evidence hubs and learning programmes have the potential to provide an invaluable resource to clinical educators, students and contribute to a positive learning culture within the community of practice. It is pleasing therefore to utilise this report to share what is currently available as well as pending developments with the wider health visiting workforce. We would encourage colleagues to engage with this technology and recognise its positive potential for service users as well as their own and their students' learning.

It is worth noting also that although the primary focus of this work is centred on health visiting education, the findings presented here have resonance, we believe, across all specialist community nursing practice disciplines, nursing and other non-medical practice learning situations, and we hope that the work may be useful to a wider audience of practice and/or clinical educators.

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9 APPENDICES

Appendix 1: NMC Practice Teacher Standards (NMC 2008)

Establishing effective working relationships
have effective professional and interprofessional working relationships to support learning for entry to the register and education at a level beyond initial registration
be able to support students moving into specific areas of practice or a level of practice beyond initial registration, identifying their individual needs in moving to a different level of practice
support mentors and other professionals in their roles to support learning across practice and academic learning environments
Facilitation of learning
enable students to relate theory to practice whilst developing critically reflective skills
foster professional growth and personal development by use of effective communication and facilitation skills
facilitate and develop the ethos of inter-professional learning and working
Assessment and accountability
set effective professional boundaries whilst creating a dynamic, constructive teacher-student relationship
in partnership with other members of the teaching team use knowledge and experience to design and implement assessment frameworks
be able to assess practice for registration and also at a level beyond that of initial registration
provide constructive feedback to students and assist them in identifying future learning needs and actions, managing failing students so that they may either enhance their performance and become fit for <i>safe and effective practice</i> or be able to understand their failure and the implications of this for their future
be accountable for decisions that students have met NMC standards of proficiency for registration and recordable qualifications at a level beyond initial registration
Evaluation of learning
design evaluation strategies to determine the effectiveness of practice and academic experience accessed by students at both registration level and those in education at a level beyond initial registration
collaborate with other members of the teaching team to judge and develop learning, assessment and support appropriate to practice and levels of education

collect evidence on the quality of education in practice, and determine how well NMC requirements for standards of proficiency are being achieved

Creating an environment for learning

enable students to access opportunities to learn and work within inter-professional teams

initiate the creation of optimum learning environments for students at registration level and for those in education at a level beyond initial registration

work closely with others involved in education, in practice and academic settings, to adapt to change and inform curriculum development

Context of practice

recognise the unique needs of practice and contribute to development of an environment that supports achievement of NMC standards of proficiency

set and maintain professional boundaries, whilst at the same time recognising the contribution of the wider interprofessional team and the context of care delivery

support students in exploring new ways of working and the impact this may have on established professional roles

Evidence based practice

identify areas for research and practice development based on interpretation of existing evidence

use local and national health frameworks to review and identify developmental needs

advance their own knowledge and practice in order to develop new practitioners, at both registration level and at a level beyond initial registration, to be able to meet changes in practice roles and care delivery

disseminate findings from research and practice development to enhance practice and the quality of learning experiences

Leadership

provide practice leadership and expertise in application of knowledge and skills based on evidence

demonstrate the ability to lead education in practice, working across practice and academic settings

manage competing demands of practice and education related to supporting different practice levels of students

lead and contribute to evaluation of the effectiveness of learning and assessment in practice

Appendix 2: Task and Finish Group Membership

Name	Organisation	Titles
Lynne Hall	Health Education England	Clinical Lead; Community and Primary Care
Pauline Watts	Department of Health	Nursing Professional Officer/Clinical Advisor, Public Health Nursing & National Health Visitor Programme
Anita McCrum	Institute of Health Visiting	Project Manager: iHV Fellows & Health Visitor Lead
Anne Devlin	Anglia Ruskin University	Deputy Dean Teaching, Learning & Academic Partnerships
Karen Adams	University of Huddersfield UKSC	Senior lecturer MSc Public Health Nursing Practice (Health Visiting & School Nursing) Course leader, Practice Teaching for Health Professionals Secretary UK Standing Conference SCPHN
Barbara Gosden	East Sussex Healthcare NHS Trust	Clinical Education Manager
Denise Neath	Medway Community Healthcare	HV Programme Manager Children's services
Emma Scales	Health Education England	Assistant Programme Manager for Technology Enhanced Learning (TEL)
Erin Wood	Health Education England	Education and Training Policy Support Officer
Jane Butler	Health Education Kent, Surrey and Sussex	Head of Clinical Education
Jo Johnson	NHS England	Project Officer Public Health
Marcia Pinnock	Central London Community Healthcare Trust	Clinical Education and Practice Lead – HV/SNs
Marijke Richards	NHS England	Stakeholder Engagement & Communications Lead for the HV Programme

Name	Organisation	Titles
Mary Malone	King's College London	Head of Post Graduate Taught Programmes King's College London
Naledi Kline	Guys and St. Thomas NHS Foundation Trust	Head of Professional Standards: Health Visiting and School Nursing
Obi Amadi	Unite the Union	Lead Professional Officer Unite - CPHVA
Richard Dyson	NHS Employers	Programme Lead
Sarah Morton	Cambridgeshire and Peterborough NHS Foundation Trust	Health Visitor, Community Practice Teacher, Queens Nurse.
Sue Hatton	Health Education North, Central and East London	Programme Director - SCPHN
Susan Gough	Kent Community Health NHS Trust	Practice Teacher Co-ordinator
Vicki Diaz	Health Education England	Media Relations Manager
Faith Ikioda	University of Hertfordshire	Research Fellow - Centre for Research into Primary and Community Care
Sally Kendall	University of Hertfordshire	Director of the Centre for Research into Primary and Community Care

Appendix 3: Task and Finish Group Terms of Reference

Title	HV Placement Quality Task and Finish Group
Joint Chairs	Lynne Hall Clinical Advisor Health Education England Pauline Watts, Professional Officer for Health Visiting, Department of Health
Purpose	To enhance to quality and consistency of student placement and student support through the development of common standards and expectations and promotion of clearer understanding of roles and responsibilities and educational preparation.
Function	<ul style="list-style-type: none"> • Undertake a national survey aimed at HV Students, PT's, Mentors and service managers to gap analyse current quality issues • Scope the development of a learning hub and develop a business plan • State the role of the Practice Teacher, Preceptor & Mentor • Develop a national (England) competence framework for Practice Teacher, Preceptor & Mentors • Develop a common job description and person specification • Develop a set of indicators to measure placement learning environment quality • Provide a menu of CPD options for PTs • Produce a Good Practice Toolkit • Produce a document that is clear in purpose and is a tool for: <ul style="list-style-type: none"> ➢ Practitioners: role and implications ➢ Service Providers/ Managers: to ensure quality placement/learning environments ➢ Education & service commissioners: measure placement/learning environment quality ➢ Strategists: informs future strategic direction • Look to hold x4 regional showcase events
Role of task and finish group members	<p>To provide a wide breadth of knowledge and understanding of practice placements, learning environments and practice teacher roles and responsibilities on which to inform work.</p> <p>To contribute to the development of standards, competencies and recommendations for future training and CPD requirements and to influence practice.</p> <p>To provide policy, practical and specialist expertise to identify good practice, existing tools and guidance and to take forward the work to deliver on the key functions.</p> <p>To support delivery of improved clinical placement and student support through contribution to internal and external communications and engagement with the service.</p> <p>Members will be required to share iterations of the developing documents with colleagues for comment and to ensure acceptability and appropriateness of messaging.</p>
Secretariat and ways of working	HEE to lead via Education & Training Policy Support
Timescale and frequency of meetings:	<p>All work to be completed by the end of October 2014:</p> <p>Monthly meetings via video conference between Leeds and London:</p> <p>All other contributions will be through virtual working on documents and engagement of wider partners.</p>

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