**The Development of Roving or Peripatetic Clinical Practice Teachers – Norfolk Community Health and Care NHS Trust**

1. **Background**

* In order to deliver the HV Implementation Plan a solution for the mismatch of student numbers and CPT’s needed to be developed.
* Over several years NCH&C and other East of England providers had started to move away from the traditional model of 1 CPT to 1 student towards a model of long-arming.
* This alone would not meet the requirement to manage the significant increase in student numbers from September 2011
* The model of a ‘roving’ practice teacher was suggested by an experienced CPT as a way of meeting the challenge.

1. **Model**

The roving CPT is ‘freed up’ from the majority of existing caseload responsibilities. However there is an NMC requirement that ‘all practice teachers must be in clinical practice and must also carry a caseload’. Therefore the roving CPT still carries a partial caseload or is linked to a corporate caseload

Students are placed with health visitor mentors, who have undertaken the required mentorship programme plus an additional day delivered by the HEI in conjunction with CPT’s specifically regarding the SCPHN programme. All mentors are working in teams, many in children’s centres.

The CPT carries overall responsibility for the student in practice in line with NMC requirements

The roving CPT works with the student in their placement, but also in their own home caseload in order to ensure a range of experience.

In this way the roving practice teacher is able to oversee the training placements of a number of HV students.

Not all students are supported in this way, student practice teachers and newly qualified practice teachers work to the traditional model of 1 to 1 or a maximum of 1 to 2 in order to consolidate training.

It is intended to rotate the ‘roving’ role to other PT’s yearly

|  |  |
| --- | --- |
|  |  |

1. **Benefits of this model**

* It gives the student a greater range of practice placement experiences within the health visiting team
* It is benefitting the mentors by enhancing their own skills as practitioners – the student is contributing to others learning and development of the service offer.
* It is developing the leadership role of CPT’s
* Students are placed throughout the organisation – not just at the sites where CPT’s are based
* There is an improved overall monitoring of practice throughout the Trust
* The roving CPT oversees a programme of in house study days aligning theory of practice, action learning sets, and support groups for mentors.
* There is increased flexibility to support RtP students
* Any placement issues can by addressed quickly, with a change on placement or mentor if indicated.

1. **Challenges**

* Meeting the marking timetable particularly for student portfolios – this has called for negotiation with the HEI regarding marking deadlines.
* Students are not seen on a daily basis by the roving CPT.

1. **Next Steps**

The introduction of this model on a whole scale basis is being evaluated by feedback from students, mentors, CPT’s, HEI colleagues, attrition rates and ultimately qualification rates. To date reports back from students are extremely positive and attrition is low with the loss of only 2 students out of 49; neither for reasons connected with the course administration. A more robust evaluation methodology is being explored currently.

“ *the feedback I have had is that they all very much appreciate the work of the roving CPT’s. The effect this has had is to make the mentors feel supported in their new role with HV students. They would like to send a very warm thank you for such a good start and are feeling positive about the forthcoming year*”

Judith Smith HV,Dec 11

***Julia Whiting***

***Interim HV Programme Lead, East of England / Nurse Consultant Community Children’s Services, Norfolk Community Health and Care NHS Trust***