

MUCKAMORE ABBEY HOSPITAL INQUIRY

WITNESS STATEMENT

Statement of Donna Gallagher and Julie Messenger

Date: 27 January 2023

We, Donna Gallagher and Julie Messenger, make the following statement for the purpose of the Muckamore Abbey Hospital (MAH) Inquiry.

The statement is made on behalf of The Open University in response to a request for evidence by the Inquiry Panel.

This is our first statement to the Inquiry.

In exhibiting any documents, we will use the initials “DG” so the first document will be “DG/1”.

Module 4: Staffing

b. Training and recruitment of learning disability nurses

Commencement of Future Nurse Future Midwife (FNFM) programme in Northern Ireland

In 2018 the Nursing and Midwifery Council (NMC) in consultation developed and published the standards for education and training and standards of proficiency for nursing and midwifery professions. These standards and proficiencies clearly set out the ambition, in terms of what is expected of a nurse and midwife at the point of registration. These standards are referred to as the Future Nurses Future Midwife standards (FNFM) and set out clearly for nurses and midwives the knowledge and skills they need to deliver excellent care across a range of settings now and in the future. The Open University developed its degree programme (BSc Nursing) for four fields of practice in adherence of these standards, widely consulting across the four countries of the United Kingdom. Here in Northern Ireland and working in full partnership with all five health and social care trusts, financially supported by the department of health (DOH) and in partnership the FNFM programme was launched

and recruited to in 2020 with the first cohort of students entering the BSc Nursing (Learning Disability) programme commencing October 2020.

Learning disability nursing field of practice

Learning Disabilities is one of four specialist nursing fields of practice approved by the Nursing & Midwifery Council (NMC) as a work-based BSc (Honours) Nursing degree. Most students joining The Open University (OU) programme work in healthcare roles and are supported by their employer to continue to work part-time for their employer while studying to become a nurse.

The course delivers a balance of theory and practice through practice-based and supportive distance learning. On the programme, students will develop the professional skills and knowledge to deliver high quality, safe and effective person/family-centred care for individuals across the life span with varied health needs in a range of care settings. They will experience practice learning from a range of practice settings, including the NHS, private, voluntary, and independent sectors. Students are supported to develop effective evidence-based nursing practice and underpinning knowledge in an inter-professional and interdisciplinary environment.

The degree is made up of three stages, each comprising of 120 credits. The programme normally takes four years to complete, or three years for students who enter the programme at NMC progression point 1 (i.e., Stage 2 of the programme). To achieve the NMC (2018) Standards of Proficiency and be eligible to apply for entry to the professional register, the programme is made up of a minimum of 4,600 hours split equally between theory and practice learning.

The table below outlines the minimum distribution of hours across the programme:

Distribution of theory and practice hours			
Part of programme	Modules	Theory (hours)	Supernumerary practice (hours)
Stage 1	Introducing health and social care (K102)	600	
	Introduction to healthcare practice (K104)	170	770
Stage 2	Understanding nursing: knowledge and theory (K210)	685	
	Developing nursing practice (K211)	85	770
Stage 3	Assimilating nursing: knowledge and theory (K325)	685	
	Becoming an autonomous practitioner (K326 / K327 / K328 / K329)	85	770
Total hours		2,310	2,310

The BSc (Hons) Nursing pre-registration nursing programme (PRNP) includes a range of teaching methods recognising that students have different preferred learning styles. During the programme, students learn directly from their experiences in practice and through knowledge and understanding acquired from specially prepared learning materials.

Each module guides the students learning by providing underlying theory on key concepts and evidence-based knowledge to enable students to develop and learn the necessary skills to practise nursing. While on the programme, students use an enquiry-based approach to learning, where students are facilitated and encouraged to reflect on what they learn, carry out activities, and participate in group and peer learning. For academic level 2 and 3 modules, enquiry-based learning uses scenarios/vignettes that reflect real-life situations, the complexity of healthcare practices and individual health needs across the lifespan in a range of care settings.

To progress through the qualification, students are required to integrate theoretical learning (learning for practice) and practice-based learning (learning in practice) to provide safe, effective, compassionate, person and family-centred care. To recognise the value of nursing, students and staff will work collaboratively and creatively in the teaching and learning experience, to positively influence the student's personal and professional development. Students are supported in practice by a practice tutor/academic assessor, a practice-based supervisor and practice-based assessors who facilitate and support practice learning across placements.

Enquiry Based Learning (EBL) is the teaching and learning strategy used across most of the programme to facilitate students acquiring requisite knowledge and skills. EBL is a student-centred teaching approach that motivates, empowers, and engages students with direct decision making, applied analytical thinking; resulting in competent, reflective, autonomous practitioners, able to think critically, problem-solve and respond in the ever-changing landscape of health and social care. This innovative approach using unfolding scenarios allows students to engage in shared learning with peers and across fields of practice.

In the United Kingdom (UK) nurses study a specific field of practice as part of their nursing degree and each field of practice has a specific type of registration with the Nursing and Midwifery Council (NMC). There are four fields of nursing practice

- adult nursing
- mental health nursing
- learning disabilities nursing
- children's nursing

Students studying learning disabilities nursing are supported by academic and practice tutors in the learning disability field of practice engaging in field-specific tutorials and master classes that allow students to focus on and develop field-specific content. For example, in K210 one of the scenarios that is used for learning centres around a family with two children who have learning disabilities and complex care needs relating to the neurological and respiratory systems.

The OU's future nurse curriculum has been mapped to the NMC (2018) Standards of proficiencies and specifically, the Learning Disability Capabilities Framework (2019) with content including case examples and field-specific learning activities. This research-orientated approach aims to inspire students to learn for themselves in readiness for lifelong learning and leadership. The curriculum is flexible, student-centred, responsive to changing service requirements, and aims to produce nurses who can improve care experiences in a professional, caring, and cost-effective manner.

Supporting evidence:

- DG/1 Skills for Health, Health Education England and NHS England 2019, Core Capabilities Framework for Supporting People with a Learning Disability

Student Preparation for Practice Learning experiences

Prior to starting each stage of the programme students will undertake an induction to the stage and are advised with respect to following the NMC guidance on raising concerns and adhering to the values enshrined within NMC Code. Professional standards of practice and behaviour for nurses, midwives, and nursing associates (2018). The handbook has information about the nursing programme and the

academic services that are available to inform and support students while on the programme.

For example: within the BSc (Hons) Nursing Student Handbook R39-43 (May 2022):

- Where do students go for advice? (p.36)
- Process for raising concerns during practice learning experiences (p.46-48)
- Rights and responsibilities as a student nurse (p.39)

Supporting evidence:

- DG/2 BSc (Hons) Nursing Student Handbook R39-43 (May 2022)
- DG/3 The Open University School of Health, Wellbeing and Social Care NMC Programme Mapping – Future Nurse Curriculum BSc (Hons) Nursing - Learning Disabilities
- DG/4 Nursing & Midwifery Council. (2018). The Code: Professional standards of practice and behaviour for nurses, midwives, and nursing associates.
- DG/5 Nursing and Midwifery Council. (2019). Raising concerns: Guidance for nurses, midwives, and nursing associates.

Recruitment and selection Pre-Registration Nursing Degree Learning disability students

The Department of Health (Northern Ireland) in collaboration with the OU Belfast and the five Northern Ireland Health and Social Care Trusts (HSC) sponsor students to undertake the OU nursing degree. The OU in partnership with HSC partners collaborate to undertake a robust recruitment and selection process to ensure that students are suitable to undertake learning disability nursing. They are required to demonstrate values in accordance with the Code (NMC 2018) and provide evidence on programme entry of good health and good character.

Students applying for learning disability nursing are required to meet the education and personal attributes of the nursing programme and complete a detailed application form that includes the following:

- literacy (functional skills level 2 or equivalent in English)
- numeracy (functional skills level 2 or equivalent in Maths)

- application forms (parts 1 and 2) and confirmation of HSC employer support
- a personal statement
- two references (one must be from the student's current HSC employer)
- complete a service user task and answer a follow-up question at the interview stage
- have a satisfactory Access NI enhanced criminal records disclosure
- good health evidenced through a signed self-declaration of good health and character
- occupational health screening

In the event of any queries at any stage in the recruitment and selection process, the university will work with the student and the employer to undertake an applicant suitability screening process requesting further evidence to support the student's application before confirming a place onto the programme.

Once on the programme students are required to update the university immediately if there are any changes in their circumstances with respect to their health or character. The Fitness to Practice Procedure (2020/21) sets out how the university will respond to an allegation or a cause for concern about a student's suitability of fitness to practice and the stages required to ensure that any issues raised are investigated and assessed quickly, fairly, and systematically.

Supporting evidence:

- DG/6 Pre-Registration Nursing Programme (PRNP) guidance notes for completion of the application documents for 2020 for the Open University (OU) Pre-Registration Nursing Programme
- DG/7 Application Form Part 1 PRNP 2020J
- DG/8 Application Form Part 2 PRNP 2020J
- DG/9 Nursing Student Self-declaration of good health and character

- DG/10 Nursing Students reporting a **Change** in health and character self-declaration
- DG/11 PRNP Applicant Suitability Process V1.1
- DG/12 Applicant Suitability Procedure Nursing v2.0
- DG/13 Fitness to Practice (FtP) Procedures
- DG/14 Fitness to Practice (FtP) Procedures 2020/21

c. Leadership education forward managers and senior nurses/key performance indicators

Not applicable.

d. Training, recruitment and deployment of learning disability psychiatrists, psychologists, speech, and language therapists, occupational therapists, and physiotherapists

Not applicable.

h. Programme at MAH for clinical audits/University placement audits/NIMDTA placement audits

Northern Ireland has three universities who deliver NMC-approved programmes, and a regional approach has been adopted to the implementation and delivery of the new NMC Education Standards which includes the NMC (2018) Standards for student supervision and assessment (SSSA). Learning disabilities nurse training in Northern Ireland is offered by the Open University and Queen's University Belfast.

Supporting students during practice learning experiences

Northern Ireland (NI) has three Approved Education Institutions (AEIs), The Open University, Queen's University Belfast and Ulster University who deliver NMC-approved programmes. Through partnership working the NI regional Model was developed to implement and deliver the NMC Education Standards (2018), Realising professionalism: Standards for education and training: Part 2: Standards for student supervision and assessment (2018) sets out the expectation for the learning,

support, and supervision of students in the practice in the practice learning environment (PLE).

The Northern Ireland Regional Model Standards for Student Supervision and Assessment guide provides details on the various roles and how they work together to ensure practice supervision and assessment meet the NMC Education Standards (2018) for SSSA and the responsibilities, preparation, and support for these roles. It also includes details on the regional approach to the practice assessor database, the roles of the Practice Education Teams or equivalent, and link lecturer/practice tutors.

Learning disability student are supported in practice by a variety of health care professionals. All NMC registered nurses are capable of supervising students and serving as role models for safe and effective practice. Each student will be notified by the university of the practice learning experience and the name of the 'nominated person' who will become the first point of contact for all issues the student may have during their practice learning experience.

Students are required to have opportunities to experience delivering care over a 7-day week and 24-hour care with all practice as supernumerary when on placement. Every student will be allocated before each practice learning experience a practice supervisor, practice assessor and academic assessor for each part of the programme as outlined below:

- practice supervisor (all registered nurses/midwives & other healthcare professionals) are aligned to each student by the nominated person.
- practice assessor (registered nurse/midwife, designated medical prescribers) are responsible for undertaking assessment during practice learning and are allocated to students for each practice learning experience.
- academic assessor (link lecturer/practice tutor) is allocated by the university to each student at the start of their learning journey and will change at each stage of the programme.

All three roles work together to ensure safe and effective learning experiences aimed to uphold public protection and safety of all. Separating out the supervision and assessment roles ensures greater consistency and more objectivity in the

assessment process. The shared responsibility between the practice assessor with the academic assessor – a university-appointed role ensuring robust, objective, fair and transparent assessments, and shared decision-making. This ensures that only those who have met all programme requirements and proficiencies and are able to demonstrate the principles of NMC (2018) Code are entered into the NMC professional register. The Northern Ireland Practice Learning Handbook (updated June 2021) provides students, practice supervisors, practice assessors, link lecturers/practice tutors/academic assessors with the core information concerning supporting learning disability nursing students during practice learning.

Supporting evidence:

- DG/15 Nursing and Midwifery Council (2018). Realising Professionalism. Standards for education and training: Part 1: Standards Framework for nursing and midwifery education.
- DG/16 Nursing and Midwifery Council (2018). Standards for pre-registration nursing programmes. Realising Professionalism: Part 2: Standards for student supervision and assessment.
- DG/17 Nursing and Midwifery Council (2018). Standards for pre-registration nursing programmes. Realising Professionalism: Part 3: Standards for pre-registration nursing programmes
- DG/18 Northern Ireland Future Nurse Future Midwife (FNFM) – Key facts
- DG/19 Future Nurse Future Midwife Northern Ireland Standards for Student Supervision and Assessment: A Guide for those Responsible for Student Supervision and Assessment in Practice (p. 2-12)

Practice Learning Environment Educational Audit Tool

The purpose of the regionally agreed practice learning environment educational audit tool is to provide evidence that Practice Learning Environments (PLEs) have the capacity, facilities, and resources in place, to deliver safe and effective learning opportunities and experiences for students to meet the NMC (2018) standards. Educational audits should be collaboratively reviewed every two years to ensure the environment remains a sound educational setting for such learning to

take place, or more frequently if there are significant changes to the practice environment.

The OU and Belfast Health and Social Care Trust (BHSCT) Practice Education Team meet monthly to review the practice learning environments and students' progression whilst on the programme. There is a regionally agreed process in place between QUB, OU and the HSC Trusts that either university lead or Trust lead can update the education audit and in collaboration, amend or close a placement area by updating the current practice learning educational audit tool.

Currently, the OU hold the following Practice Learning Environment Educational audits. Erne Ward and Donegore Ward are currently closed to student learning due to changes in the nursing management and reconfiguration of service provision. These audits are regularly reviewed in partnership with the BHSCT practice education team lead.

- Erne Ward (closed)
- Cranfield 1
- Cranfield 2
- Donegore Ward (Closed)
- Killead Ward
- Moyola Day Centre
- Sixmile Ward

Supporting evidence:

- DG/20 Future Nurse Future Midwife Guidance: Practice Learning Environments Educational Audit
- DG/21 Process for Undertaking a Practice Learning Environment Audit Flowchart
- DG/22 BHSCT MAH Erne Ward Practice Learning Environment Educational Audit tool: area closed for students 03/08/21
- DG/23 BHSCT MAH Cranfield 1 Ward Practice Learning Environment Educational Audit Tool: review 30/06/24
- DG/24 BHSCT MAH Cranfield 2 Ward Practice Learning Environment Educational Audit Tool: review 30/06/24

- DG/25BHSCT MAH Donegore Ward Practice Learning Environment
Educational Audit Tool: area closed to students 15/08/22
- DG/26BHSCT MAH Killead Ward Practice Learning Environment Educational
Audit Tool: review 31/08/23
- DG/27BHSCT MAH Moyola Day Centre Practice Learning Environment
Educational Audit Tool: review 31/08/23
- DG/28BHSCT MAH Sixmile Ward Practice Learning Environment Educational
Audit Tool: review 30/06/24

Future Nurse Curriculum Practice Pathways – Principles and guidance

The OU works in collaboration with Queens University Belfast in respect to placement allocation within Muckamore abbey site and other placement areas within the Belfast Health and Social Care Trust. Students receive practice learning opportunities that allow them to meet the NMC (2018) Standards of proficiency for registered nurses to deliver safe and effective care to a diverse range of people, across the four fields of nursing practice. Students undertaking learning disability nursing are required to experience a variety of practice placements within the field of practice to meet the learning outcomes for the qualification. Prior to starting each stage of the programme students will undertake an induction to the stage and are advised with respect to following the NMC guidance on raising concerns and adhering to the values enshrined within NMC Code. Professional standards of practice and behaviour for nurses, midwives, and nursing associates (2018).

Supporting evidence:

- DG/29 Future Nurse Curriculum Practice Pathways, Principles and Guidance Learning Disability Nursing (p. 11-13).
- DG/30 The Open university practice learning handbook for nursing students and those supporting and assessing them in practice (updated June 2021)
- DG/31 The Open University process for placement allocation (updated Jan 2023)
- DG/32 The Open University worked example of a Practice learning journey for a learning disability student undertaking the OU nursing degree in Parts 1,2,3.

Declaration of Truth

The contents of this witness statement are true to the best of our knowledge and belief. We have produced all the documents which we have access to and which we believe are necessary to address the matters on which the Inquiry Panel has requested us to give evidence.

Donna Gallagher

Signed:

A handwritten signature in blue ink that reads "Donna Gallagher".

Date: 27 January 2023

Julie Messenger

Signed:

A handwritten signature in blue ink that reads "Julie Messenger".

Date: 27 January 2023

List of Exhibits (Donna Gallagher and Julie Messenger)

[DG/1 Core Capabilities Framework for Supporting People with a Learning Disability](#)

[DG/2 BSc \(Hons\) Nursing Student Handbook R39-43 \(May 2022\)](#)

[DG/3 The Open University School of Health, Wellbeing and Social Care NMC Programme Mapping – Future Nurse Curriculum BSc \(Hons\) Nursing - Learning Disabilities](#)

[DG/4 Nursing and Midwifery Council. \(2018\). The Code: Professional standards of practice and behaviour for nurses, midwives, and nursing associates.](#)

[DG/5 Nursing and Midwifery Council. \(2019\). Raising concerns: Guidance for nurses, midwives, and nursing associates](#)

[DG/6 Open University Application Guidance Notes 2020J PRNP](#)

[DG/7 One University Application Form 2020J PRNP Part 1](#)

[DG/8 Open University Application Form 2020J PRNP Part 2](#)

[DG/9 Student Self-declaration of good health and character form \(GHC\) R39 R43](#)

[DG/10 Student notification of **Change** in health or character form \(GHC R39\) R43](#)

[DG/11 The Open University Applicant Suitability Process v1.1](#)

[DG/12 The Open University Applicant Suitability Procedure Nursing v2.0](#)

[DG/13 The Open University Fitness to Practise Procedure 2020/21](#)

[DG/14 The Open University Fitness to Practise Procedure \(nursing\)](#)

[DG/15 NMC Realising Professionalism. Standards for education and training Part 1](#)

[DG/16 NMC Realising Professionalism. Standards for education and training Part 2](#)

[DG/17 NMC Realising Professionalism. Standards for education and training Part 3](#)

[DG/18 Northern Ireland Future Nurse Future Midwife – Key facts Dec 2020](#)

[DG/19 Northern Ireland Future Nurse Future Midwife Standards for Student Supervision and Assessment – Guidance](#)

[DG/20 Northern Ireland Future Nurse Future Midwife Practice Learning Environments Educational Audit Tool May 2021](#)

[DG/21 Northern Ireland Future Nurse Future Midwife Process for completing Practice Learning Educational audit](#)

[DG/22 BHSCT MAH Erne Ward Audit](#)

[DG/23 BHSCT MAH Cranfield 1 Ward Audit](#)

[DG/24 BHSCT MAH Cranfield 2 Ward Audit](#)

[DG/25 BHSCT MAH Donegore Ward Audit](#)

[DG/26 BHSCT MAH Killead Ward Audit](#)

[DG/27 BHSCT MAH Moyola Day Centre Audit](#)

[DG/28 BHSCT MAH Sixmile Ward Audit](#)

[DG/29 The Open University Future Nurse Curriculum Practice Pathways_ Principles and Guidance](#)

[DG/30 Northern Ireland Practice Learning Handbook \(updated June 2021\)](#)

[DG/31 The Open University \(Belfast\) Practice Placement Process](#)

[DG/32 The Open University \(Belfast\) placement flows for Learning Disability nursing student](#)



Core Capabilities Framework for Supporting People with a Learning Disability

This is an update of the 'Learning Disabilities Core Skills Education and Training Framework'.



Acknowledgements

This framework was commissioned by Health Education England and NHS England (Learning Disability Programme). It is an update of a previous framework commissioned by the Department of Health.

Development of this updated framework was guided by a steering group chaired by Dr Ashok Roy, Clinical Lead for Learning Disabilities (Health Education England). Project management was provided by Colin Wright, Frameworks Development Manager (Skills for Health) and Hilary Wyles, Senior Consultant (Skills for Health).

We are extremely grateful to members of the steering group for providing their guidance, expertise and support. The steering group included representatives of the following organisations:

- British Institute of Learning Disabilities
- Care England
- Health Education England
- Mencap
- Montreux Healthcare Advisory Board
- NHS England
- Skills for Care
- Skills for Health
- VODG (Voluntary Organisations Disability Group)

In addition, we are grateful to the many other people who provided comments and feedback on drafts of the revised framework during the project including the 143 respondents to the online consultation survey.

Particular thanks are due to Sarah Coleman (Health Policy Officer, Mencap) who provided Easy Read copies of the consultation documents, and to representatives of Mencap who facilitated focus groups and workshops for people with a learning disability, many of whom had previous experience in providing learning disability training.

Further detail of how the framework was developed and updated is presented in Appendix 1.

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Foreword

Dr Jean O'Hara



We all have personal desires and aspirations and we know what makes our lives happy and fulfilling. People with a learning disability often face obstacles in expressing their hopes and dreams and in accessing services to support them. Sadly, we now know that this can result in far too many people living in circumstances that lead to poor life opportunities and poor health, including avoidable and lengthy admissions to hospital and preventable premature death.

Some of the most compassionate and skilled carers and professionals are drawn to work with people who have a learning disability and have a transforming impact on the lives of the people they care for and support. Scandals like Winterbourne View show us that this is not universally the case. If we wish to enable our more vulnerable fellow citizens to not only be safe, but to flourish, we need to develop, support and train the workforce that is caring for them.

So who is this workforce? In short it is everybody who works in the health and care system, ranging from carers employed directly by individuals with a learning disability through personal budgets to surgeons working in hospitals to those who commission services.

This revised framework builds on its predecessor outlining the capabilities that a whole workforce, across both health and social care, need to have to successfully enable people with a learning disability to reach their fullest potential and live meaningful lives. It covers twenty five capabilities conveniently divided into 5 domains and arranged in tiers of complexity depending on individual roles. It gives the desired learning outcomes for each topic and links to key references and documents that will be valuable to those planning training or curriculum content. Importantly it recognises and encourages transferability of knowledge and skills between sectors, encouraging the necessary integration between health and social care that this group of people particularly will benefit from.

Employers, Universities, and care providers in both health and social care will find this framework invaluable in planning their education and training and I hope it becomes the standard against which quality will be measured. I also hope that educators and trainers, when using this framework, will employ individuals with a learning disability and their families to become involved in co-producing and co-delivering this training, as they can more often than not make learning and training relevant, impactful, fun and memorable.

Dr Jean O'Hara

National Clinical Director for Learning Disabilities

NHS England

Foreword

Shaun Webster



I am not just a person with a learning disability. I am a geek, a father, grandfather and a married man. My job is Volunteer co-ordinator at CHANGE, a human rights organisation that employs people with learning disabilities like me to co-lead on our work.

I have an MBE!

I am proud that I was included in the planning for the original learning disability framework. The framework is a great opportunity to make the future better for people with a learning disability. I felt that my ideas mattered and that my experiences were valued.

The content of the framework shows what needs to be done to create lasting change and empowerment for people with a learning disability. When people always do things for you, it is hard to become independent. I have been encouraged to find out what becoming independent really means, such as gaining a job, respect, equal pay, and just being included in life. I have helped others to do things for themselves.

When professionals understand and listen to us, this improves our services and our lives. It gives people like me with a learning disability more power and breaks down the barriers between us. This supports people with a learning disability to be a real voice for change. It is my hope that people with a learning disability will have the same human rights as anyone else.

This framework will help create a future where people with a learning disability have a direct influence on human rights policies, law, health and social care. I want you to take notice and understand people like me, support us to feel valued and take our power back. We can work with and support you to improve your work with us. Together we can create real change. Let's start now!

Shaun Webster MBE

Introduction and background

The original 'Learning Disabilities Core Skills Education and Training Framework' (2016) was commissioned and funded by the Department of Health and developed in collaboration by Skills for Health, Health Education England and Skills for Care. This updated framework is a joint commission by Health Education England and NHS England, ensuring it remains up to date with current guidance. The framework has also been extended to provide increased focus on improving health outcomes and avoiding premature mortality.

Since the original framework was published, the learning disability workforce has been the focus of much attention, not least as a result of the national Transforming Care Programme which aims to improve health and care services so that everyone can live in the community, with the right support, and close to home. More recently, the Learning Disabilities Mortality Review (LeDeR) Programme has highlighted the persistence of preventable health inequalities and that people with a learning disability die, on average, 15-20 years sooner than people without a learning disability. The LeDeR programme has highlighted the need for:

- healthcare coordination for people with complex or multiple health conditions
- assurance that effective reasonable adjustments are being provided for people with a learning disability and their families
- mandatory learning disability awareness training for all staff supporting people with a learning disability

The launch of the NHS Long Term Plan (2019) has provided additional focus on action the NHS will take to strengthen its contribution to prevention and health inequalities, including mechanisms to ensure that people with a learning disability and/or autism get better support. It sets out actions to improve understanding of the needs of people with a learning disability and/or autism, to improve their health and wellbeing and to tackle the causes of morbidity and preventable deaths.

Developing the workforce to meet these aims requires a review of roles and associated education and training. The purpose of this framework is therefore to support development and planning of the current and future workforce, to inform the design of curricula and the delivery of education and training programmes – working in partnership with people with a learning disability.

Structure of the framework

The framework describes **capabilities** i.e. the attributes (skills, knowledge and behaviours) which people bring to their work. This includes the ability to be competent and beyond this, to manage change, be flexible, deal with situations which may be unpredictable and continue to improve performance.

The framework begins with a description of the principles and values which underpin all capabilities in this framework.

The framework then comprises 25 capabilities, which are grouped in 5 domains:

Domain A. Understanding learning disability

Domain B. Health and wellbeing

Domain C. Personalised care and support

Domain D. Risk, legislation and safeguarding

Domain E. Leadership and management, education and research

Each capability comprises:

- an introduction
- suggested target audience
- key learning outcomes
- links to relevant guidance and/or legislation
- indicative mapping to other relevant frameworks.

The capabilities are numbered (1 to 25) for ease of reference. This does not indicate a prescribed pathway, process or hierarchy. Full coverage of all capabilities may also be achieved by teams, in which case some team members may find that not all capabilities are relevant to their individual role.

The capabilities in this framework are those which are common and transferable across different types of service provision.

Other related frameworks

This is one of several, related capabilities frameworks relevant to supporting people with a learning disability and/or autism across a range of different types of service provision. (see Figure 1 below). Other frameworks are:

- Core capabilities framework for supporting autistic people: www.skillsforhealth.org.uk/autism-framework
- Advanced Clinical Practice: Capabilities framework when working with people who have a learning disability and/or autism: www.skillsforhealth.org.uk/ACPinLD
- Person-Centred Approaches: www.skillsforhealth.org.uk/person-centred-framework

Figure 1. The capabilities frameworks for learning disability and autism



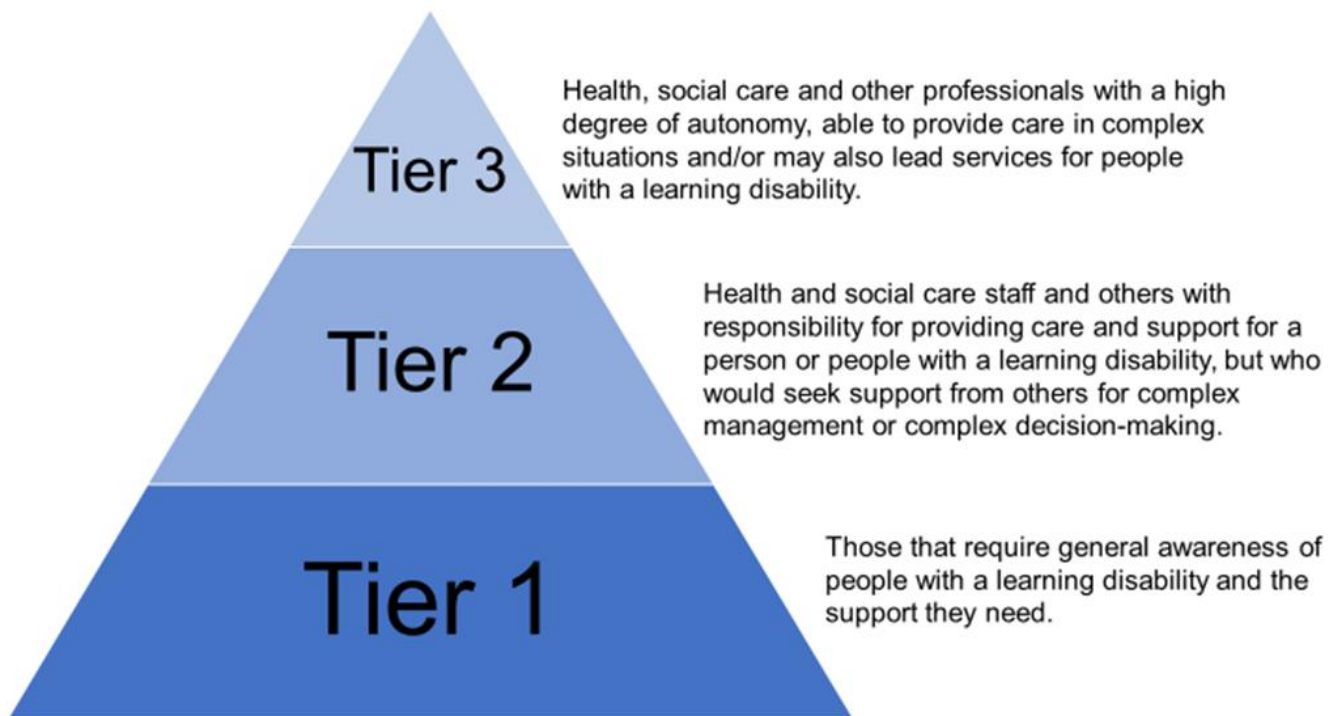
Capabilities and competences for specific areas of the workforce such as education, forensic services and social work are also available in other frameworks e.g.

- Autism Education Trust, Schools Programme: Autism Competency Framework. <https://www.autismeducationtrust.org.uk/shop/schools-cf-shop/>
- Workforce Competency Framework for Providing Community Forensic Services for People with Learning Disabilities and/or Autistic Spectrum Conditions (Health Education England, 2019): <https://www.hee.nhs.uk/our-work/learning-disability/workforce-capability>
- British Association of Social Workers (BASW) Capabilities statement and pathway for social work with adults who have a learning disability (2019): <https://www.basw.co.uk/>

Scope of the framework

The successful delivery of health and social care services, both mainstream and learning disability specific, involves a workforce that is extensive and diverse, including many staff closely engaged in providing care as well as offering information, support and assistance. Learning disability services may be offered in a broad variety of settings including an individual's own home, community settings, voluntary sector organisations, schools, residential homes and acute hospitals. Support staff and other individuals outside the health and care sectors (e.g. justice, education, housing and employment) may interact with those affected by learning disabilities and therefore need to have awareness and understanding of learning disability issues.

The capabilities (i.e. skills, knowledge and behaviours) described in the framework are therefore defined at **3 tiers**:



It is important to note that the level of knowledge and skill people require is not necessarily reflected by their job role or title e.g. a specialist practitioner may have a more in-depth level of knowledge and skill in some capabilities than a practitioner in another, but more senior role.

The framework is incremental i.e. tiers 2 and 3 assume that learners possess the skills and knowledge at preceding tiers (to minimise unnecessary repetition).

NB. The capabilities at tiers 2 and 3 may be selected to develop roles and to plan required education and training. Full coverage of all capabilities may also be achieved by teams, in which case some team members may find that not all capabilities are relevant to their individual role.

Further detailed definitions of the three tiers are overleaf.

About the three tiers:

Tier 1 Those that require general awareness of people with a learning disability and the support they need.

Relevant to those in working in any sector who may occasionally interact with those affected by a learning disability but who do not have responsibility for making decisions about their care or support. For example, this may include those working in education, policing, custodial care, housing or indeed any organisation. This is also relevant to the entire health and social care workforce including ancillary and clerical staff.

Tier 1 is also relevant to the family, friends and carers of people with a learning disability, to ensure they are making the most of the support on offer and can plan effectively for current and future needs.

Capability 1: Learning Disability Awareness brings together the Tier 1 learning outcomes. For example, this would be relevant to an introductory learning disability awareness course.

Tiers 2 and 3 provide coverage of capabilities in greater breadth and depth.

Tier 2 Health and social care staff and others with responsibility for providing care and support for a person or people with a learning disability, but who would seek support from others for complex management or complex decision-making.

This is relevant to health and social care workers providing care and support, including care assistants working in residential or home care, personal assistants and others in roles which facilitate access to care.

Tier 2 may also be relevant to family and friends who are providing care and support.

Tier 2 also underpins the more specialist skills and knowledge required at tier 3.

Tier 3 Health, social care and other professionals with a high degree of autonomy, able to provide care in complex situations and/or may also lead services for people with a learning disability.

This is relevant to staff working intensively with people with a learning disability including those who take a lead in decision-making and developing or disseminating good practice. For example, this may include (but is not limited to) learning disability nurses, clinical psychologists, psychiatrists, GPs with special interest in learning disability, allied health professionals, social workers etc. It may also include registered managers and other social care leaders including operational managers who have responsibility for services which provide care and support to people with a learning disability.

How to use this framework

The framework is particularly relevant to employers, their employees and to educational organisations which train students who will be employed in the health, social care and other sectors. Use of the framework will support organisations to:

- standardise learning disability education and training
- guide the focus and aims of learning disability education and training delivery
- ensure the educational relevance of learning disability training
- improve the quality and consistency of education and training provision.

The framework also supports the development and planning of the current and future workforce. The capabilities can be used to support the commissioning of services, the design of roles and/or teams as well as assessment of competence, training needs analysis and provision of minimum standards of performance within performance management systems (e.g. as part of supervision or appraisal).

Learning outcomes

The learning outcomes aim to describe what the learner will know, understand or be able to do as a result of their learning or experience. This approach is derived from Bloom's Taxonomy¹

The person or practitioner will:

- Be aware of: General awareness of information.
- Know: Remember previously learned information.
- Understand: Demonstrate an understanding of the facts.
- Be able to: Apply knowledge to actual situations.
- Analyse: Break down objects or ideas into simpler parts and find evidence to support generalisations.
- Synthesise: Compile component ideas into a new whole or propose alternative solutions.
- Evaluate: Make and defend judgements based on internal evidence or external criteria.

The majority of learning outcomes at tiers 1 and 2 describe knowledge, comprehension / understanding and application, although there are some learning outcomes (particularly at tier 3) which may include analysis, synthesis and evaluation.

The learning outcomes for each capability should together indicate the minimum content for the design and delivery of teaching and learning for each tier in that capability. However, it is important to reiterate that this is a *core* capabilities framework i.e. the scope of the framework is that which is common and applicable to all settings. Additional content may also be required for some roles and contexts.

The learning outcomes are written as broad statements e.g. 'The Learner will: be aware of / know / understand / be able to...' This provides scope for the framework to be applicable across a wide range of contexts and settings.

¹ Bloom B (1956), *Taxonomy of educational objectives*

Training and assessment

The framework does not prescribe a training/teaching method. This will be developed according to the particular context or setting. However, we do know that in order to produce good quality training, people with a learning disability should be involved in its design and the delivery.

Similarly, the framework does not seek to prescribe assessment methods, however assessment in many areas is important and should be factored into the design and delivery of training.

For application in a specific context, relevant learning objectives or assessment criteria may be developed to measure achievement of the learning outcomes. In a given context, more specific verbs may be applied to each learning outcome e.g. 'The learner will: explain / describe / demonstrate / discuss / identify / etc...'

For example, in different organisations or contexts learning outcomes may be assessed by a range of methods e.g. e-assessment, group discussion, observation of performance, products of work, testimony from witnesses, project/case study work etc. The learning outcomes in the framework are intended to be adaptable to this variety of assessment methods.

Who is this framework for?

The framework provides a focus on the skills, knowledge and behaviours expected for the delivery of learning disability services. This should be of particular value to:

Workers and teams

The framework sets out clear expectations for learners and in particular, the core learning outcomes that specific tiers of the workforce should be able to demonstrate. This supports individuals and teams to:

- be clear about the requirements of their roles and to recognise their own transferable skills
- conduct formal or informal training needs analysis, comparing current skills and knowledge with required skills and knowledge
- plan future education and training requirements to enable continuing professional development and career progression.

Managers in organisations / individual employers

The framework enables managers and employers to demonstrate that staff meet core capabilities or have development plans in place to meet the nationally recognised framework. This underpins the continuing professional development of workers to ensure their practice remains up-to-date, safe and effective. The framework enables managers to be clear about the specific outcomes required from staff development interventions. Use of the framework within an organisation enables managers to demonstrate that core learning disability training has been planned and delivered in accordance with a nationally recognised framework.

Service commissioners

The framework enables commissioners to specify minimum standards of services for people with a learning disability; it sets out clear expectations about what different 'tiers' of the workforce are able to do. It also supports service transformation, for example by using the framework to review current service provision for people with a learning disability and to support collaborative approaches to commissioning.

Subject matter experts / trainers

The framework helps those who design education and training opportunities to focus on the key outcomes that learners need to achieve, which in turn will guide the content to be included and the use of appropriate teaching strategies. This includes co-production of training with people with a learning disability and families and carers.

The specific learning outcomes also support the effective evaluation of education and training. Approaches to evaluation can include:

- evaluating whether learners have achieved the required learning outcomes immediately following a learning intervention (e.g. through assessment of knowledge and/or competence)
- evaluating whether the learning is being applied in the workplace (e.g. through longer-term evaluation of impact on practice, possibly as part of supervision or appraisal processes)

- evaluating the impact on quality of care (e.g. measuring patient outcomes and/or levels of satisfaction from individuals with a learning disability and their families). Such evaluation will require data collection to measure what changes.

Education providers

Universities, colleges and private training providers can use the framework to underpin the design of education and training curricula, ensuring that the required core learning outcomes are integrated appropriately and/or mapped to overall achievement of curriculum aims. This will help ensure that those learners undertaking health and care programmes are given the opportunity to acquire learning disability core knowledge and skills which are relevant to the requirements of employing organisations.

People with a learning disability and their family, friends and carers

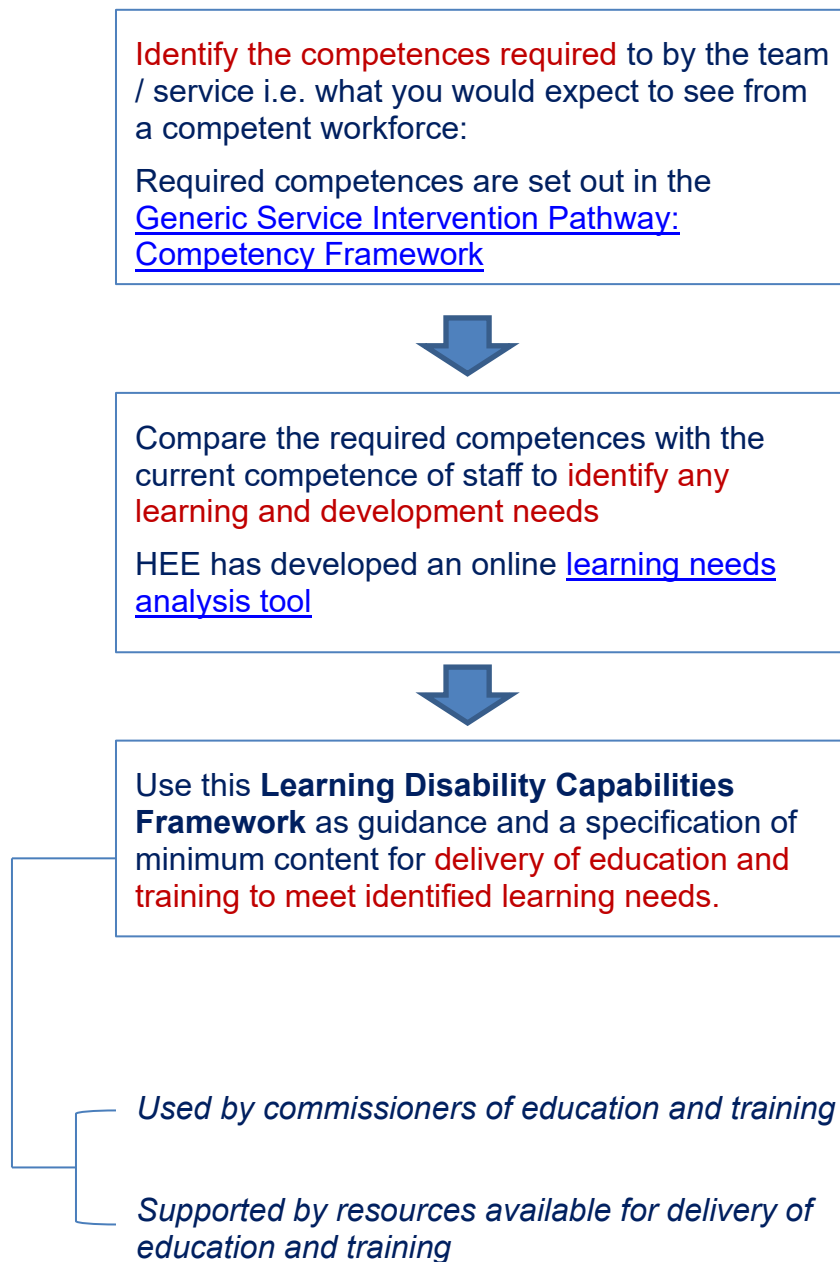
The framework can be used by people with a learning disability to better understand the capabilities they can expect from those providing services. This is relevant to people with a learning disability commissioning support (e.g. personal assistants) and to planning effectively for their own current and future care. In particular, the framework highlights that people with a learning disability and their family, friends and carers must be able to make informed choices about effective care and support alongside healthcare and other practitioners, i.e. to participate in shared decision-making.

Regional and national implementation

A further aspiration in providing this framework is that organisations will be able to review their current arrangements for defining and delivering learning disability education and training and, through the adoption of the framework, align their approaches. Such alignment should then have benefits in ensuring consistent approaches, which, through the use of learning outcomes, should be more educationally focused and valued. This has the potential to promote organisational and system wide efficiencies by encouraging the adoption of education and training which meets recognised standards and in doing so help to prevent unnecessary duplication of education and training delivery.

The framework also supports the increasing integration between health and social care services and their respective workforces. In particular, a capabilities framework can help to improve communication, collaborative working and potentially provide opportunities for joint education and training.

Figure 1: Complementary frameworks / tools



Principles and values

Providing care and support for people (children, young people and adults) with a learning disability requires commitment to strong principles and a firm value base. These principles and values underpin all the capabilities in this framework.

Principles

Valuing People: A New Strategy for Learning Disability for the 21st Century² set out four key principles that should underpin all care and support for people (children, young people and adults) with a learning disability:

- **Rights:** People with learning disabilities and their families have the same human rights as everyone else.
- **Independent living:** This does not mean living on your own or having to do everything yourself. All disabled people should have greater choice and control over the support they need to go about their daily lives; greater access to housing, education, employment, leisure and transport opportunities and to participation in family and community life.
- **Control:** This is about being involved in and in control of decisions made about your life. This is not usually doing exactly what you want, but is about having information and support to understand the different options and their implications and consequences, so people can make informed decisions about their own lives.
- **Inclusion:** This means being able to participate in all the aspects of community – to work, learn, get about, meet people, be part of social networks and access goods and services – and to have the support to do so.

Valuing People Now: A New Three-Year Strategy for People with Learning Disabilities³ reaffirmed the four principles and promoted a human rights approach as a key underpinning principle. The strategy also re-emphasised that people with a learning disability and their families have the same rights as everyone else, as enshrined in the Human Rights Act (1998), the UN Convention on the Rights of Persons with Disabilities (CRPD) and Disability Discrimination Act (2005).

Commonly agreed 'human rights principles' sometimes referred to as the FREDA principles include: fairness, respect, equality, dignity, and autonomy (choice and control). These principles are considered to underpin all international human rights treaties. They are used, for example, in the Human Rights in Healthcare framework for local action.⁴

- **Fairness** – people who use services and people acting on their behalf have access to clear and fair processes for getting their views heard, for decision-making about care and treatment and to raise and resolve concerns or complaints.

² *Valuing People: a new strategy for learning disability for the 21st century - a White Paper*. London: Department of Health 2001

³ *Valuing People Now: a new three-year strategy for people with learning disabilities*. London: Department of Health, 2009

⁴ British Institute for Human Rights and Department of Health, *Human Rights in Healthcare – a framework for local action*, 2007

- **Respect** – people who use services are valued as individuals and are listened to, and what is important to them is viewed as important by the service. People acting on behalf of others, such as family and friends are also valued and listened to.
- **Equality** – people who use services do not experience discrimination and have their needs met, including on the grounds of age, disability, gender, race, religion and belief, sexual orientation, gender reassignment and pregnancy and maternity status. This includes looking at the needs of people who may experience multiple discrimination or disadvantage on more than one ground.
- **Dignity** – people who use services are always treated in a humanitarian way – with compassion and in a way that values them as a human being.
- **Autonomy** – people who use services can exercise the maximum amount of choice and control possible – in care planning, in their individual care and treatment, in service development, in their relationships with others such as family and friends and as citizens beyond the health and social care services that they are using.
- **Right to life** – people who use services will have their right to life protected and respected by the health and social care services that they use.
- **Staff rights and empowerment** – staff working in health and social care have their human rights protected and respected, including being encouraged to freely speak up about concerns and have these considered, being free from unlawful workplace discrimination, harassment, bullying or violence and being supported and empowered to promote the human rights of people using their service.

Values

In addition to the above principles, care and support for people (children, young people and adults) with a learning disability should be delivered in line with the value base of health and social care.

Values influence the way we work and guide our approach to those we support and can provide the foundations underpinning good care practice. In health and social care these values include the following:

- Individuality and identity
- Rights
- Choice
- Privacy
- Independence
- Dignity
- Respect
- Partnership
- Citizenship

The Code of Conduct for Healthcare Support Workers and Adult Social Care Workers in England⁵ sets the standard of conduct expected of all adult social care workers and healthcare

⁵ Code of Conduct for Healthcare Support Workers and Adult Social Care Workers in England, Skills for Care & Skills for Health 2013

support workers in England. It helps workers provide high quality, safe and compassionate care and support and outlines the behaviours and attitudes that people who use care and support should rightly expect.

The '6Cs', which underpin the Compassion in Practice strategy, were developed as a way of articulating the values which need to underpin the culture and practise of organisations delivering care and support. These are immediately identifiable as values which also underpin quality social care provision.⁶

⁶ Compassion in Practice Nursing, Midwifery and Care Staff Our Vision and Strategy, Commissioning Board Chief Nursing Officer and DH Chief Nursing Adviser December 2012

Domain A. Understanding learning disability

Capability 1: Learning disability awareness

Introduction

Children, young people and adults with a learning disability and/or autism have the right to the same opportunities as anyone else to live satisfying and valued lives, and to be treated with dignity and respect. They should have a home within their community, be able to develop and maintain relationships, and get the support they need to live healthy, safe and rewarding lives.⁷

Department of Health figures suggest that about 1.5 million people (around 2.5 per cent of the UK population) in the UK has a learning disability. The prevalence of learning disability in the general population is expected to rise by around one per cent per annum for the next 10 years and to grow overall by over ten per cent by 2020.⁸

The services and support commissioned by health and social care for people with a learning disability are shaped by key government policies and strategies. *Valuing People: A New Strategy for Learning Disability for the 21st Century* set out the Government's proposals for improving the lives of people with a learning disability and their families and carers, based on recognition of their rights as citizens, social inclusion in local communities, choice in their daily lives and real opportunities to be independent.⁹

The cross-government concordat, *Putting People First (2007)*¹⁰ set out a vision for social care services that support people to live independently, stay healthy and have the best possible quality of life, irrespective of illness and disability. It confirmed a shift in emphasis towards greater personalisation.

The three-year strategy, *Valuing People Now (2009)*¹¹ reaffirmed the principles of the original *Valuing People* strategy and introduced a stronger emphasis on:

- Improving opportunities for people with a learning disability to make an informed choice about where, and with whom, they live;
- Addressing social exclusion;
- Increasing the number of people with a learning disability in paid employment;
- Improving support for people with complex needs;
- Improving healthcare outcomes; and
- Improving support for family carers.

More recently, the Learning Disabilities Mortality Review (LeDeR) Programme has highlighted the persistence of preventable health inequalities and that people with a learning disability die, on

⁷ Building the right support: A national plan to build community services and close inpatient facilities for people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition, LGA/ADASS/NHS England (October 2015).

⁸ Emerson E, Hatton C. Estimating the current need/demand for support for people with learning disabilities in England. Lancaster University. 2004.

⁹ Valuing People - A New Strategy for Learning Disability for the 21st Century 2001 DH

¹⁰ Putting People First A shared vision and commitment to the transformation of Adult Social Care 2009 HM.Gov

¹¹ Valuing People Now - A summary.2009-2010

average, 15-20 years sooner than people without a learning disability. Key recommendations of the LeDeR programme include the provision of reasonable adjustments, greater awareness of the health problems that are more common for people with a learning disability and that mandatory learning disability awareness training should be provided to all staff and be delivered in conjunction with people with a learning disability and their families.

The launch of the NHS Long Term Plan (2019) has provided additional focus on action the NHS will take to strengthen its contribution to prevention and health inequalities, including mechanisms to ensure that people with learning disability and/or autism get better support. In addition to those providing health and social care, others who come into contact with people with a learning disability need to have an awareness and understanding of their specific needs and those of their families and carers.

Target audience

Tier 1 – Those that require general awareness of people with a learning disability and the support they need.

This tier 1 capability brings together the learning outcomes required for a basic awareness of other capabilities in the framework. The outcomes at tier 1 (below) are therefore grouped according to the domains for tiers 2 and 3.

Key learning outcomes

Understanding learning disability (Domain A)

The person or practitioner will:

- a) Know what is meant by the term learning disability.
- b) Be aware of the prevalence of learning disabilities and that a learning disability is a life-long condition.

Health and wellbeing (Domain B)

- c) Be aware that people with a learning disability may live with other conditions or impairments that will also impact on their lives, for example physical impairments, mental health conditions, autism, epilepsy, visual or hearing impairment.
- d) Understand the role of trauma in the lives of people with a learning disability leading to a wide range of mental health problems and the importance of building trust and making choices for recovery.
- e) Understand that changes in a person's presentation or behaviour may be a means for communicating unmet needs.
- f) Understand the key barriers people with a learning disability can face in accessing healthcare services.
- g) Understand the term reasonable adjustments and:
 - i) be able to identify simple adaptations which can be made to meet the needs and preferences of persons with a learning disability, including having more time, using easy read information, using pictures to explain, using simple, easy language and adjusting pace
 - ii) understand the importance of planning reasonable adjustments in advance.

Personalised care and support (Domain C)

- h) Understand that people with a learning disability are individuals, each with their own background, culture, preferences and experiences.
- i) Understand the importance of working together with others and;
 - i) be able to identify the kinds of people that may also be supporting a person in their daily lives
 - ii) understand the role that family carers and supporters play in the lives of people with a learning disability.
- j) Understand the importance of meeting an individual's unique communication and information needs and;
 - i) understand that communication is about both giving and receiving information and the importance of including people with a learning disability in conversations about them
 - ii) identify some of the key barriers to communication for people with a learning disability and how to go about finding out someone's communication needs
 - iii) understand the specific supports that autistic people may need with communication, proneness to anxiety and high arousal and differences in sensory experiences
 - iv) understand how to access further support within one's own organisation to ensure people's communication needs are met

- v) understand that carers and supporters have expertise and experience that will help you communicate with an individual and include them
- vi) be able to signpost people with a learning disability and their families and carers to other services and support.

Risk, legislation and safeguarding (Domain D)

- k) Be aware of the importance of addressing inequalities for people with a learning disability.
- l) Be aware of the key legislation, policy and guidelines relating to people with a learning disability, including one's own responsibilities under the Mental Capacity Act 2005, the Equality Act 2010, the Care Act 2014, Human Rights Act and the Accessible Information Standard.
- m) Be aware of how individuals and organisations should work together to prevent abuse and neglect and to ensure the safety and wellbeing people with a learning disability.
- n) Be aware of disability hate crime, mate crime and bullying and how to report such incidents.

NB. These core learning outcomes for learning disability awareness may be supplemented by additional outcomes to take account of factors such as type of role, location, service need and risk analysis. Learning disability awareness also needs to be understood in conjunction with related statutory and mandatory capabilities as appropriate to role.

Relevant guidance and/or legislation

Sources of further guidance and links to relevant legislation are shown in the appendices. Examples of national guidance with specific relevance to this capability are shown below:

- [Care and Support statutory guidance \(2016\)](#)
- [Mental Capacity Act 2005 Code of Practice](#)
- [Improving healthcare access for people with learning disabilities: Guidance for social care staff on how to help people with learning disabilities get better access to medical services to improve their health, Public Health England \(2017\)](#)
- [Reasonable adjustments for people with a learning disability Guides on how reasonable adjustments to health services and adjustments to help people with learning disabilities to access services, Public Health England \(2018\)](#)
- [Learning Disabilities Mortality Review \(LeDeR\) Programme, University of Bristol \(2017\)](#)

Indicative mapping to other relevant frameworks

Core Capabilities Framework for Supporting Autistic People:

(www.skillsforhealth.org.uk/autism-framework)

- Capability 1. Understanding Autism

Care Certificate Standards (www.hee.nhs.uk/our-work/care-certificate)

- Standard 9: Awareness of mental health, dementia and learning disability

Generic Service Interventions Pathway (www.hee.nhs.uk/our-work/learning-disability/workforce-capability)

- Pathway point 1: Promoting appropriate access to service

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Capability 2: Identification and assessment of learning disabilities

Introduction

Having a learning disability identified can be difficult; some learning disabilities are known about or suspected during the mother's pregnancy or discovered at birth, while others are not identified until much later. When a learning disability is not identified at birth, finding out a child has a learning disability can take time. However, most learning disabilities are apparent by the age of five, although moderate learning disabilities may only become apparent later in life and some older adults may never have been diagnosed with a learning disability.

Timely identification of learning disabilities is crucial for people with a learning disability to get the support they need to live full and independent lives. Knowing the indicators of a learning disability and effective working with the child's family helps with early identification and assessment.

Target audience

Tier 2 – Health and social care staff and others with responsibility for providing care and support for a person or people with a learning disability, but who would seek support from others for complex management or complex decision-making

Tier 3 – Health, social care and other professionals with a high degree of autonomy, able to provide care in complex situations and/or may also lead services for people with a learning disability.

Key learning outcomes

Tier 2

Domain A Tier 1 outcomes plus the following

The person or practitioner will:

- a) be aware of some of the key differences between learning disability, autism, mental health conditions and learning difficulties – and understand that individuals may experience more than one of these conditions at the same time
- b) know that learning disability ranges in severity and is sometimes called 'mild', 'moderate' or 'severe' and that 'profound and multiple learning disabilities' means a person has a severe learning disability and other disabilities that significantly affect their ability to communicate and be independent
- c) understand why the term 'intellectual disability' / 'intellectual impairment' might be used
- d) be aware of the indicators of learning disabilities and co-morbidities that would signal the need for further assessment
- e) be aware that some people with a learning disability may present with a visible impairment and others may not
- f) know why timely identification of learning disability is important and the likely outcomes if assessment is delayed
- g) be aware of the process to be used to identify and assess learning disabilities

- h) be able to explain the benefits of an assessment of a learning disability with sensitivity and in a way that is appropriate to the person with a learning disability
- i) be able to appropriately refer people with a learning disability to access specialist services and support networks
- j) be able to promote equal access to universal services and facilities for people with a learning disability
- k) understand the contribution that families and carers make to care and support for people with a learning disability
- l) be able to engage with families and carers providing care and support for a person with a learning disability.

Tier 3

Tier 2 learning outcomes plus the following

The person or practitioner will:

- a) be able to work in partnership with a person with a learning disability (and their family where appropriate) and others to facilitate person centred assessment
- b) be able to carry out person centred assessment that promotes social, emotional, cultural, spiritual and physical wellbeing
- c) be able to undertake a comprehensive assessment for learning disability utilising appropriate assessment tools
- d) be able to assess the needs of families and carers providing care and support for a person with a learning disability
- e) be able to develop a plan to support families and carers providing care and support for a person with a learning disability
- f) be aware of the potential impact of assessment errors for people (children, young people and adults)
- g) be able to communicate with sensitivity about the identification of a learning disability and related implications
- h) know how to support people with a learning disability to access post-assessment support services and advanced care and support planning
- i) understand the differing needs of people with mild, moderate and severe learning disability and those with profound and multiple learning disabilities (PMLD)
- j) understand the importance of equal access to learning disability assessment for people from diverse communities and how cultural and language differences may affect this access.

Relevant guidance and/or legislation

Sources of further guidance and links to relevant legislation are shown in the appendices.

Indicate mapping to other relevant frameworks

Core Capabilities Framework for Supporting Autistic People:

(www.skillsforhealth.org.uk/autism-framework)

- Capability 2. Identification, assessment and diagnosis of autism

Generic Service Interventions Pathway (www.hee.nhs.uk/our-work/learning-disability/workforce-capability)

- Pathway point 2: Assessment, formulation and treatment planning

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Domain B. Health and wellbeing

Capability 3: Physical health

Introduction

People (children, young people and adults) with a learning disability have a right to access good quality healthcare. Their health needs are often greater and more complex and often present differently from those of the general population.

This capability is focussed on awareness of the prevalence, impact and management of a range of common health conditions. In addition, some conditions such as dysphagia and epilepsy are more common for people with a learning disability and these conditions are therefore covered in greater details in other capabilities. It is also vital that access to healthcare is widened and that the necessary adjustments are made to enable people with a learning disability to access high quality healthcare that meets their needs – this is covered in Capability 8: Health equality and reasonable adjustments.

Target audience

Tier 2 – Health and social care staff and others with responsibility for providing care and support for a person or people with a learning disability, but who would seek support from others for complex management or complex decision-making

Tier 3 – Health, social care and other professionals with a high degree of autonomy, able to provide care in complex situations and/or may also lead services for people with a learning disability.

Key learning outcomes

Tier 2

Domain B Tier 1 outcomes plus the following

The person or practitioner will:

- a) understand the importance for people with a learning disability to maintain good physical and mental health through nutrition, exercise and a healthy lifestyle that includes social engagement
- b) be aware of the prevalence and potential impact on the lives of people with a learning disability of the following conditions:
 - epilepsy
 - dysphagia
 - diabetes
 - heart disease
 - constipation

- colorectal cancer
 - sepsis
 - trauma
 - pain
 - oral and dental disease
- c) know the common signs and symptoms of the above conditions and that a person with a learning disability may present different signs or no signs at all
 - d) understand that adults with a learning disability should be considered a high-risk group for deaths from respiratory problems and choking
 - e) know the function of different healthcare services that people with a learning disability may need to access, in particular physiotherapists, speech and language therapists, occupational therapists, community dentists, and learning disability nurses
 - f) be able to contribute to health action plans with people with a learning disability
 - g) understand the role of families and carers in supporting the health and wellbeing of people with a learning disability
 - h) be able to prompt and/or administer medication safely where appropriate
 - i) be aware of the consequences (including short-term and long-term side effects) of psychotropic medication and their potential impact on the lives of people with a learning disability
 - j) be able to refer people with a learning disability to specialist healthcare services for assessment and diagnosis and support and encourage them and persist in liaison with specialist services
 - k) be able to suggest, encourage, support and promote healthy lifestyle options and make referral to services providing healthy lifestyle advice and options
 - l) understand the importance of good eye care and dental care and the impact for people with a learning disability when these are neglected
 - m) be able to support women with a learning disability with understanding and decision-making around menstruation, pregnancy and the menopause
 - n) be able to support people with a learning disability to make decisions and take up offers of general health screening.

Tier 3

Tier 2 learning outcomes plus the following

The person or practitioner will:

- a) understand the complexity of ageing and co-morbidity in people with a learning disability¹²
- b) understand the healthcare needs that may affect the right to make choices for people with a learning disability
- c) understand good practice in supporting people with a learning disability to access healthcare services

¹² See also Capability 19. Supporting older people with a learning disability

- d) understand how to support others to develop, implement, monitor and review plans for healthcare
- e) be able to develop processes to support others to meet the healthcare needs of people with a learning disability
- f) be able to promote good practice to others in their support of people with a learning disability accessing healthcare
- g) be able to develop and disseminate health promotion information and advice
- h) be able to encourage behavioural change in individuals and organisations to promote health and wellbeing
- i) be able to monitor, evaluate and improve the effectiveness of health promotion activities
- j) be robust and effective in advocating on behalf of people when dealing with other services.

Relevant guidance and/or legislation

Sources of further guidance and links to relevant legislation are shown in the appendices. Examples of national guidance with specific relevance to this capability are shown below:

- [Meeting the health needs of people with learning disabilities - Royal of College of Nursing \(2013\)](#)
- [Promoting access to healthcare for people with a learning disability – a guide for frontline NHS staff - NHS Quality Improvement Scotland \(2006\)](#)
- [Improving healthcare access for people with learning disabilities: Guidance for social care staff on how to help people with learning disabilities get better access to medical services to improve their health, Public Health England \(2017\)](#)

Indicate mapping to other relevant frameworks

Core Capabilities Framework for Supporting Autistic People:

(www.skillsforhealth.org.uk/autism-framework)

- Capability 12. Physical health

Generic Service Interventions Pathway (www.hee.nhs.uk/our-work/learning-disability/workforce-capability)

- Pathway point 3: Enabling health interventions

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Capability 4: Supporting people with mental health conditions

Introduction

Research evidence suggests that children and young people with a learning disability are 4-5 times more likely to have mental health problems than other children, and adults with a learning disability are also more likely (at least twice as likely) to experience some kind of mental health problem¹³.

Lack of early recognition of mental health problems in people with a learning disability can lead to negative consequences for the person affected, and for their family and carers. Factors that influence poor recognition include: a lack of knowledge in health and social care staff, and families of carers, about the signs and symptoms of mental health conditions; diagnostic overshadowing by the learning disability or physical illness (assuming that differences are due to the person's learning disability); how well people providing care and support know the person and how well information is shared; and difficulties the person with a learning disability may have communicating their mental health problems. This lack of recognition can lead to no or ineffective treatment or inappropriate resource-use. Effective treatment requires an assessment and the development of a care plan to ensure that the best available interventions are provided.

It is important to note that all the capabilities in this framework include learning outcomes that are relevant to people with a learning disability and a mental health condition. This capability includes specific learning outcomes that relate to care and support for people with a learning disability and a mental health condition that are not covered elsewhere in the framework.

Target audience

Tier 2 – Health and social care staff and others with responsibility for providing care and support for a person or people with a learning disability, but who would seek support from others for complex management or complex decision-making

Tier 3 – Health, social care and other professionals with a high degree of autonomy, able to provide care in complex situations and/or may also lead services for people with a learning disability.

¹³ <https://hee.nhs.uk/our-work/hospitals-primary-communitycare/mental-health-learning-disability>

Key learning outcomes

Tier 2

Domain B Tier 1 outcomes plus the following

The person or practitioner will:

- a) understand that people with a learning disability can experience similar mental health conditions as people without a learning disability
- b) understand that mental health conditions may develop and present in different ways from people without a learning disability, and the usual signs or symptoms may not be observable or reportable
- c) understand that mental health conditions are commonly overlooked in people with a learning disability
- d) know the main types of mental health conditions which may impact on the lives of people with a learning disability. including (but not limited to):
 - i. neuroses and stress related disorders
 - ii. personality disorders
 - iii. other developmental conditions such as attention deficit hyperactivity disorder (ADHD)
 - iv. depression and anxiety
 - v. mood disorders (including suicidality)
 - vi. substance misuse
 - vii. dementia and confusional states
 - viii. eating disorders
 - ix. sexual and gender identity disorders
 - x. psychoses
- e) understand the reasons why people with a learning disability are at increased risk of mental health conditions
- f) understand that people with a learning disability are at greater risk than the general population of developing dementia as they get older
- g) know the function of different mental health services that people with a learning disability may need to access - in particular, occupational therapists, counsellors, psychologists, psychiatrists, and mental health and learning disability nurses
- h) know the things that promote good mental health for everyone and be able to support people with a learning disability to adopt these actions
- i) recognise the issue of over-medication of people with a learning disability and know how to address this
- j) understand that people with a learning disability and mental health needs may present with challenging behaviour which masks difficulties with communication
- k) be able to create opportunities for people with a learning disability to express their feelings and talk about loss, grief and bereavement
- l) understand how the past traumatic experiences of people with a learning disability may often cause stress, anxiety and depression
- m) know where to refer a person with a learning disability and a suspected mental health condition.

Tier 3

Tier 2 learning outcomes plus the following

The person or practitioner will:

- a) understand how specialist and personalised assessment, and care, treatment and support are provided for people with a learning disability and a mental health condition
- b) be able to support a person with a learning disability and mental health condition to access and use specialist and personalised assessment, and care, treatment and support
- c) understand the importance of baseline assessments for diagnosing dementia
- d) understand the guidelines and principles aimed at stopping the over-medication of people with a learning disability
- e) know how to coordinate and communicate with key people and services in the life of the person with a learning disability and a mental health condition
- f) know how to arrange and manage services so that people are supported with the things that are important to their mental wellbeing.

Relevant guidance and/or legislation

Sources of further guidance and links to relevant legislation are shown in the appendices. Examples of national guidance with specific relevance to this capability are shown below:

- [NICE Guidance: Mental health problems in people with learning disabilities: prevention, assessment and management \[NG54\] \(2016\)](#)
- [Feeling Down: looking after my mental health \(Foundation for people with learning disabilities\)](#)
- [Stopping over medication of people with a learning disability, autism or both \(STOMP\)](#)

Indicate mapping to other relevant frameworks

Core Capabilities Framework for Supporting Autistic People: (www.skillsforhealth.org.uk/autism-framework)

- Capability 13. Mental health

Core Skills/Capabilities Frameworks (www.skillsforhealth.org.uk/cstf)

- Mental Health Core Skills Education and Training Framework
- Dementia Training Standards Framework

Care Certificate Standards (www.hee.nhs.uk/our-work/care-certificate)

- Standard 9: Awareness of mental health, dementia and learning disability

Generic Service Interventions Pathway (www.hee.nhs.uk/our-work/learning-disability/workforce-capability)

- Pathway point 3: Enabling health interventions
- Pathway point 4: Enabling therapeutic interventions

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Capability 5: Supporting people with a learning disability and autism

Introduction

Autism is not a learning disability, but research suggests that around half of people with autism may also have a learning disability, which will affect the level of care and support they need to live fulfilling and rewarding lives. Recent research by the Learning Disabilities Observatory indicates that around 20-30% of people (children, young people and adults) with a learning disability also have an autistic spectrum condition¹⁴, and approximately 50% of children with autism also have a learning disability¹⁵. People working in health and social care therefore require the knowledge and skills to recognise and provide appropriate care and support for people with a learning disability, autism and commonly coexisting disorders such as Attention Deficit Hyperactivity Disorder (ADHD).

It is important to note that all the capabilities in this framework include learning outcomes that are relevant to people with a learning disability and autism. This capability includes specific learning outcomes that relate to care and support for people with a learning disability and autism that are not covered elsewhere in the framework.

Target audience

Tier 2 – Health and social care staff and others with responsibility for providing care and support for a person or people with a learning disability, but who would seek support from others for complex management or complex decision-making

Tier 3 – Health, social care and other professionals with a high degree of autonomy, able to provide care in complex situations and/or may also lead services for people with a learning disability.

Key learning outcomes

Tier 2

Domain B Tier 1 outcomes plus the following

The person or practitioner will:

- a) understand the main characteristics of autism
- b) understand how autism can impact on the lives of people with a learning disability and those around them
- c) be aware of sensory issues that may affect a person with a learning disability and autism
- d) understand how to achieve effective communication with people with a learning disability and autism

¹⁴ The Estimated Prevalence of Autism among Adults with Learning Disabilities in England, Eric Emerson & Susannah Baines, 2010.

¹⁵ Totsika, V., Hastings, R. P., Emerson, E., Lancaster, G. A., & Berridge, D. M. (2011). A population-based investigation of behavioural and emotional problems and maternal mental health: Associations with autism and intellectual disability. *Journal of Child Psychology and Psychiatry*, **52**, 91-99.

- e) understand the concept of a scattered profile in autism; for example, that people may have good verbal abilities which mask difficulties in understanding or vice versa, may be very skilled in one area of life but need lots of support with another.

Tier 3

The person or practitioner will:

- a) be able to assess and support people with learning disability and autism and commonly coexisting conditions like ADHD and mental illnesses
- b) understand the implications of the legal and policy framework underpinning the support of people with a learning disability and autism
- c) be able to promote good practice in the support of people with a learning disability and autism
- d) be able to promote to others positive communication strategies for people with a learning disability and autism
- e) be able to pro-actively and reactively address any sensory issues that may affect a person with a learning disability and autism
- f) be able to implement strategies to support individuals with people with a learning disability and autism to support their sensory differences.

Relevant guidance and/or legislation

Sources of further guidance and links to relevant legislation are shown in the appendices.

Examples of national guidance with specific relevance to this capability are shown below:

- [Think Autism: fulfilling and rewarding lives, the strategy for adults with autism in England: an update: HM Government \(2014\)](#)
- [NHS England, LGA, ADASS \(2015\), Building the right support](#)
- [Autism skills and knowledge list, for workers in generic social care and health services, Skills for Care and Skills for Health 2011](#)
- [Implementing the 'autism skills and knowledge list' through staff training and development, Skills for Care and Skills for Health 2011](#)
- [Getting it right for people with autism – the research behind the 'autism skills and knowledge list', Skills for Care and Skills for Health 2011](#)
- [Increasing awareness and understanding of autism \(SFC and SFH\)](#)

Indicate mapping to other relevant frameworks

Core Capabilities Framework for Supporting Autistic People:

(www.skillsforhealth.org.uk/autism-framework)

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Capability 6: Forensic support

Introduction

This capability is about provision of community forensic support to meet the daily living needs of people with a learning disability in the community.

It is important to note that many of the other capabilities in this framework are also relevant to community forensic support. However, this capability is about the additional knowledge and skills in supporting people with a learning disability and their forensic needs in the community, in particular, the assessment and management of forensic risk. Such risks involve those to the person from themselves in the form of self-harm, recklessness or misuse of substances; risks to the public from the individual from the issue that has resulted in them coming into contact with the criminal justice service (including violence, fire setting and sexually offending behaviour) and to the person from the public across a number of issues including retribution, exploitation or victimisation.

Many of the capabilities for provision of forensic support would be undertaken by appropriately qualified and professionally regulated groups, which is beyond the scope of this framework. Further details are available in the Workforce Competency Framework for Providing Community Forensic Services for People with Learning Disabilities and/or Autistic Spectrum Conditions (Health Education England, 2019).

Target audience

Tier 2 – Health and social care staff and others with responsibility for providing care and support for a person or people with a learning disability, but who would seek support from others for complex management or complex decision-making

Tier 3 – Health, social care and other professionals with a high degree of autonomy, able to provide care in complex situations and/or may also lead services for people with a learning disability.

Key learning outcomes

Tier 2

Domain B Tier 1 outcomes plus the following

The person or practitioner will:

- a) carry out a risk assessment, relevant to the context of the person with a learning disability and integrate risk assessment into the planning and provision of care
- b) work to assess and manage risk in conjunction with the multi-disciplinary team, in a multi-agency environment
- c) contribute to the formulation of crisis and emergency plans
- d) manage actual or potential aggression in line with current legal requirements
- e) recognise a person's communication impairment and communication needs in relation to them displaying risky and challenging behaviour
- f) recognise the impact of the person's activities on family and friends
- g) recognise the impact of any victim considerations and ministry of justice restrictions

- h) recognise early signs of relapse and crisis and how to articulate this in relation to the person with a learning disability and their family
- i) recognise own emotional response to the person's risk factors and actions and use techniques to minimise the impact on the service and the person themselves.

Tier 3

Tier 2 learning outcomes plus the following

The person or practitioner will:

- a) be able to develop and implement risk and safety management plans, using collaborative approaches
- b) understand the person's forensic background and how to effectively manage the risk to themselves and to others
- c) undertake dynamic assessment of risk to the public/other people and the person with a learning disability
- d) be able to assess and prioritise people's eligibility for services and ensure that relevant and objective information is obtained from referrers
- e) be able to support access to own agency in accordance with the terms of the service including eligibility criteria/requirements (e.g. age, disability, level of risk)
- f) work with families, referrers, and social care support to ensure there is a shared understanding of the expectations and boundaries of the service
- g) understand the role of liaison professionals, particularly in relation to the Criminal Justice System
- h) build relationships, engage and motivate people with a learning disability who are reluctant to use the service
- i) be able to plan a pathway with a person, recognising the role of other services and organisations and the importance of effective care coordination
- j) recognise a person's strengths and resilience and how to support the most appropriate care or referral taking into account the views and needs of the person with a learning disability
- k) know how to ensure care planning is compliant with requirements of the specific legislation relating to mental health in the community, particularly where a person with a learning disability has specific conditions relating to their discharge or treatment
- l) evaluate factors that cause or maintain offending behaviours and will limit the person's opportunities
- m) be aware of multiple/simultaneous perspectives of the person with a learning disability, who maybe both victim and perpetrator
- n) understand how autistic spectrum conditions, mental health, personality disorder and post-traumatic stress disorder affect the presentation and offending behaviour in the person and the impact this has on the planning of care and/or treatment
- o) know how to plan transfers and transitions between, and discharge from services
- p) understand relevant legislation and law, codes of practice, protocols and procedures relating to transfers, transitions and discharge and the associated roles and responsibilities
- q) understand the importance of record keeping in managing forensic risk.

Relevant guidance and/or legislation

Sources of further guidance and links to relevant legislation are shown in the appendices. Examples of national guidance with specific relevance to this capability are shown below:

Indicate mapping to other relevant frameworks

Core Capabilities Framework for Supporting Autistic People:

(www.skillsforhealth.org.uk/autism-framework)

- Capability 9. Forensic support

Providing community forensic services for people with Learning Disabilities and/or Autistic Spectrum Conditions: Workforce Competency Framework, Health Education England (2019) at: <https://www.hee.nhs.uk/>

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Capability 7: Supporting people at risk of behaviours that challenge

Introduction

Some people with a learning disability (as with many people without one) may sometimes display behaviours that challenge. This behaviour often results from the interaction between personal and environmental factors and can include self-injury, stereotypic behaviour, withdrawal, aggression and disruptive or destructive behaviour. This can be frightening for the person and those around them and can lead to unhelpful responses and inappropriate use of restraint and psychotropic medication.

It's important that health and social care workers have the right skills and knowledge to support people with a learning disability and behaviours that challenge or who may be at risk of behaviour that challenges. Skills and knowledge in the areas of learning disability awareness, communication, person-centred planning and supporting independence and choice will all help in preventing and managing behaviours that challenge and are covered elsewhere in this framework.

It is important to note that all the capabilities in this framework include learning outcomes that are relevant to people with a learning disability and at risk of behaviours that challenge. This capability includes specific learning outcomes that relate to care and support for people with a learning disability at risk of behaviours that challenge that are not covered elsewhere in the framework.

Target audience

Tier 2 – Health and social care staff and others with responsibility for providing care and support for a person or people with a learning disability, but who would seek support from others for complex management or complex decision-making

Tier 3 – Health, social care and other professionals with a high degree of autonomy, able to provide care in complex situations and/or may also lead services for people with a learning disability.

Key learning outcomes

Tier 2

Domain B Tier 1 outcomes plus the following

The person or practitioner will:

- a) understand the term 'behaviours that challenge'
- b) understand that people with a learning disability are at increased risk of misuse of restrictive practices, including physical and chemical restraint
- c) understand behaviour as a form of communication
- d) understand the relationship between the quality of someone's life (including physical and emotional wellbeing) and behaviours that challenge
- e) understand the interactions between physical health problems/pain and behaviours that may be interpreted as 'behaviours that challenge'

- f) understand the principles of Positive Behaviour Support (PBS) and its approach to:
 - o Creating high quality care and support environments
 - o Functional, contextual and skills-based assessments
 - o Developing and implementing a Behaviour Support Plan (BSP)
 - o Evaluating intervention effects and on-going monitoring
- g) be able to contribute to a functional assessment of a person with a learning disability and at risk of behaviours that challenge
- h) be able to follow a behaviour support plan; according to specified responsibilities and timeframes
- i) understand the important role families and carers have in supporting people with a learning disability and at risk of behaviours that challenge in addition to the full involvement of the person themselves
- j) understand when the support of a 'specialist' might be needed and how to access them.

Tier 3

The person or practitioner will:

- a) be able to fully involve the person with a learning disability and at risk of behaviours that challenge (and where relevant, their family) in the process of understanding and devising supports relating to behaviours that challenge
- b) understand the context and common causes of behaviours that challenge
- c) be able to synthesise data to create an overview of the skills and needs of a person at risk of behaviours that challenge
- d) be able to construct a model that explains the functions of behaviour and how behaviour is maintained
- e) be able to teach people with a learning disability and at risk of behaviours that challenge new skills based on an understanding of how different people learn
- f) be able to understand, develop and implement behaviour support plans
- g) be able to teach colleagues and others new skills so they can implement a behaviour support plan
- h) be able to implement multi-element evidence-based support strategies based on the overview and model
- i) be able to implement a least restrictive crisis management strategy
- j) be able to monitor the delivery of a behaviour support plan (procedural / treatment / fidelity / integrity)
- k) be able to contribute to an evaluation/review of the effectiveness of a behaviour support plan.

Relevant guidance and/or legislation

Sources of further guidance and links to relevant legislation are shown in the appendices. Examples of national guidance with specific relevance to this capability are shown below:

- [Learning disabilities: challenging behaviour NICE Quality Standard Published: 8 October 2015](#)
- [NICE Challenging behaviour and learning disabilities pathway \(2015\)](#)
- [HSC 3065 – Implement the Positive Behavioural Support model \(level 4, ref: T/601/9738\)](#)
- [Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges.](#)
- [Stopping over medication of people with a learning disability, autism or both \(STOMP\)](#)
- [Positive and proactive care: reducing the need for restrictive interventions, Department of Health \(2014\)](#)
- [Care roles to deliver the Transforming Care programme - building the right support \(Skills for Care 2016\)](#)

Indicate mapping to other relevant frameworks

Core Capabilities Framework for Supporting Autistic People:

(www.skillsforhealth.org.uk/autism-framework)

- Capability 8. Supporting autistic people where behaviour may challenge

Positive Behaviour Support: A Competence Framework

(<https://www.skillsforcare.org.uk/Document-library/Skills/People-whose-behaviour-challenges/Positive-Behavioural-Support-Competence-Framework.pdf>)

Generic Service Interventions Pathway (www.hee.nhs.uk/our-work/learning-disability/workforce-capability)

- Pathway point 4: Therapeutic interventions

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Capability 8: Health equality and reasonable adjustments

Introduction

People (children, young people and adults) with a learning disability have a right to access good quality healthcare. Their health needs are often greater and more complex and often present differently from those without a learning disability. There is evidence that people with a learning disability experience poorer healthcare and worse health outcomes. One of the starkest inequalities is that people with a learning disability experience very high rates of premature mortality. The Learning Disabilities Mortality Review (LeDeR) Programme has highlighted the persistence of health inequalities and that people with a learning disability die, on average, 15-20 years sooner than people in the general population¹⁶. There are frequent examples of these deaths being preventable or premature in that the conditions which caused the person's death should have been identified and treated sooner.

Annual Health Checks are a crucial element in improving health outcomes for people with a learning disability, screening for specific syndrome conditions and providing the vital link into national screening prevention programmes.

The Independent Inquiry chaired by Sir Jonathan Michael following publication of the Mencap report *Death by Indifference*, found convincing evidence that people with a learning disability have higher levels of unmet need and receive less effective treatment, despite the clear legal framework for the delivery of equal treatment.¹⁷

It is vital therefore that access is widened and that the necessary adjustments are made to enable people with a learning disability to access high quality healthcare that meets their needs. It is also essential that people have the support they need to make informed choices about a lifestyle which maintains or improves their mental and physical health. Reasonable adjustments are the responsibility of all health and care staff.

Target audience

Tier 2 – Health and social care staff and others with responsibility for providing care and support for a person or people with a learning disability, but who would seek support from others for complex management or complex decision-making

Tier 3 – Health, social care and other professionals with a high degree of autonomy, able to provide care in complex situations and/or may also lead services for people with a learning disability.

¹⁶ The Learning Disabilities Mortality Review (LeDeR) Programme Annual Report, University of Bristol 2017

¹⁷ Healthcare for All: Report of the Independent Inquiry into Access to Healthcare for People with Learning Disabilities, Sir Jonathan Michael, 2008

Key learning outcomes

Tier 2

Domain B Tier 1 outcomes plus the following

The person or practitioner will:

- a) understand the health inequalities commonly experienced by people with a learning disability
- b) understand the importance of access to appropriate healthcare for people with a learning disability
- c) understand the key barriers that may prevent people with a learning disability accessing appropriate healthcare, including diagnostic overshadowing, failure to follow legal duties in the Mental Capacity Act, inappropriate decisions not to treat or withhold lifesaving care, inaccessible information, lack of co-ordination of care and failure to make reasonable adjustments
- d) be aware of current legislation, policies and guidance relevant to people with a learning disability accessing healthcare
- e) understand how annual health checks and health action plans can underpin long term health and wellbeing for people with a learning disability
- f) know the importance of health passports, communication passports, health action plans, hospital traffic lights or hospital passports and books and how these can provide important information about a person's communication and care needs and any potential hazards such as a risk of choking, known allergies and epilepsy – and how to interpret and use the information within them
- g) be able to identify a number of methods by which a person's learning disability and support needs may be flagged to healthcare providers, including the GP Learning Disability Register and additional information on summary care records (SCRs)
- h) understand the role and importance of the GP learning disability register and annual health check
- i) be able to support people with a learning disability to access and use healthcare services, addressing any barriers and seeking specialist support
- j) understand the unique roles that both health and social care professionals may play in the care and support of a person with a learning disability, and be aware of the importance of care co-ordination and working together
- k) be able to identify the need for, and action, reasonable adjustments to enable the health needs of people with a learning disability to be met, which may include consideration around appointment times, duration and support required
- l) understand how limited communication and health literacy may reduce the capacity for people with a learning disability and/or autism to convey health needs effectively to others and the adjustments to practice, and support available, to overcome this
- m) understand why being supported/treated by someone that knows them well is an important reasonable adjustment for someone with a learning disability
- n) understand the impact that failure to make reasonable adjustments can have on a person with a learning disability and those that support them
- o) understand how to ask for and receive feedback on how to adapt practice to be more accessible, enabling, respectful or inclusive.

- p) understand how to identify the need for, and provide accessible information, as required by the Accessible Information Standard, tailored to the communication needs of people with a learning disability including:
1. how to find out if people have any information or communication needs and how to meet their needs
 2. how to seek out information around communication needs and respond to flags or additional information provided within a person's records or correspondence
 3. how to share information about people's information and communication needs with other providers of NHS and adult social care, when they have given consent or permission to do so.

Tier 3

Tier 2 learning outcomes plus the following

The person or practitioner will:

- a) understand the health inequalities experienced by people with a learning disability
- b) understand how reasonable adjustment to meet people's inclusive communication support needs can lead to better outcomes for people, enabling greater independence and participation
- c) be able to provide and support people to populate health passports, health action plans, hospital traffic lights or hospital passports and books and understand how these can provide important information about a person's communication and care needs and any potential hazards such as a risk of choking, known allergies and epilepsy
- d) identify and set out actions which may support the uptake of annual health checks and population of the GP learning disability register
- e) understand the guidelines and principles aimed at stopping the over-medication of people with a learning disability
- f) be able to advise on and implement reasonable adjustments to enable the health needs of people with a learning disability to be met
- g) promote and support healthcare co-ordination and collaborative working by health and social care professionals
- h) understand the importance of inter-agency collaboration and communication
- i) be able to lead person-centred practice for people with a learning disability
- j) understand the person's communicative needs when considering their capacity to make decisions about their health care
- k) understand the scope of the Accessible Information Standard for health and social care organisations, including requirements for policy, procedures, human behaviour and where applicable, electronic systems. This includes the five-step process for:
 1. Identification of needs
 2. Recording of needs
 3. Flagging of needs
 4. Sharing of needs
 5. Meeting of needs.

- l) understand the interactions of mental capacity legislation, liberty protection safeguards and best interest decisions as it relates to consent for treatment and investigations.

Relevant guidance and/or legislation

Sources of further guidance and links to relevant legislation are shown in the appendices.

Examples of national guidance with specific relevance to this capability are shown below:

- [Accessible Information Standard - NHS England \(2017\)](#)
- [Improving healthcare access for people with learning disabilities: Guidance for social care staff on how to help people with learning disabilities get better access to medical services to improve their health, Public Health England \(2017\)](#)
- [Reasonable adjustments for people with a learning disability Guides on how reasonable adjustments to health services and adjustments to help people with learning disabilities to access services, Public Health England \(2018\)](#)
- [Learning Disabilities Mortality Review \(LeDeR\) Programme, University of Bristol \(2017\)](#)

Indicate mapping to other relevant frameworks

Core Capabilities Framework for Supporting Autistic People:

(www.skillsforhealth.org.uk/autism-framework)

- Capability 14. Health equality and reasonable adjustments

Generic Service Interventions Pathway (www.hee.nhs.uk/our-work/learning-disability/workforce-capability)

- Pathway point 3: Enabling health interventions

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Capability 9: Nutrition, hydration and dysphagia

Introduction

The provision of good nutrition and hydration, including information about food and drink is important for people with a learning disability. People with a learning disability are more likely to experience eating, drinking or swallowing difficulties than people without a learning disability, and even more so if they have severe cognitive impairment.

Dysphagia is the term to describe eating, drinking or swallowing difficulties, the consequences of which can include coughing and distress when eating or drinking, choking, recurrent chest infections, aspiration pneumonia, weight loss, dehydration, malnutrition, social isolation and distress. In the worst cases it can contribute to an individuals' death. Because dysphagia is a key risk issue for people with a learning disability it is important that people with a learning disability who are at a particularly high risk are identified and management approaches adopted to support their eating and drinking.

Target audience

Tier 2 – Health and social care staff and others with responsibility for providing care and support for a person or people with a learning disability, but who would seek support from others for complex management or complex decision-making

Tier 3 – Health, social care and other professionals with a high degree of autonomy, able to provide care in complex situations and/or may also lead services for people with a learning disability.

Key learning outcomes

Tier 2

Domain B Tier 1 outcomes plus the following

The person or practitioner will:

- a) understand the need for a balance between a nutritionally balanced diet and providing the opportunity for people with a learning disability to enjoy the food and drink of their choice
- b) know how to improve the provision of good nutrition and hydration through monitoring food and drink intake appropriately and help people understand information about food and drink so they can make informed choices
- c) understand the factors that influence mealtimes to provide a positive mealtime experience and support people to make healthy choices
- d) know where to find evidence-based information and resources on nutrition and hydration and when to refer for more specialist advice from other health professionals such as a dietitian, nutritionist or speech and language therapist
- e) be aware of the signs, symptoms and consequences of having dysphagia which may include coughing and distress when eating or drinking, choking, recurrent chest infections, aspiration pneumonia, weight loss, dehydration, malnutrition, social isolation and distress
- f) understand that people with a learning disability are more likely to have dysphagia than people without a learning disability and even more so if they have severe cognitive impairment, physical impairment or other co-morbid conditions such as dementia or epilepsy

- g) understand there may be exercises or techniques people or their carers/mealtime supporters can try that may help them eat and drink more successfully
- h) be able to reduce distress for people with a learning disability and dysphagia
- i) know the importance of good oral hygiene for people with dysphagia
- j) understand the impact of gum disease, mouth ulcers, broken teeth, tooth decay, a dental abscess and missing teeth on eating and drinking
- k) be able to involve a person's family and/or care staff to work with professionals if the person lacks capacity to make decisions about eating and drinking
- l) understand the mental capacity act and the need for best interest decisions when needed in relation to eating and drinking
- m) be able to refer people with a learning disability and dysphagia to specialised multi-disciplinary assessment to ensure their needs are fully addressed in a timely manner.

Tier 3

Tier 2 learning outcomes plus the following

The person or practitioner will:

- a) be able to identify groups of people with a learning disability who are at a particularly high risk for dysphagia including people who are getting older as well as people who use particular medications or who are unwell and people with dementia
- b) understand the main clinical causes of dysphagia
- c) understand that other health conditions have been associated with dysphagia e.g. urinary tract infections, headaches, constipation, oesophagitis and reduced ability to fight infections
- d) understand that adults with a learning disability should be considered a high-risk group for deaths from respiratory problems
- e) understand the anatomy and physiology relevant to maintaining a safe swallow
- f) be able to conduct protocol guided swallow screening assessment according to locally agreed protocols using standardised documentation
- g) be able to develop management approaches together with the individual with a learning disability to ensure they are person centred and to make a decision to eat and drink with accepted risk. Recommendations may include advice about:
 - i. food and drink textures
 - ii. high risk foods
 - iii. the best posture or positioning
 - iv. utensils
 - v. pace of eating
 - vi. how to support people with a learning disability and dysphagia to eat and drink
 - vii. the best environment in which to eat and drink
- h) be able to liaise with relevant professionals regarding safe medication provision for those with dysphagia (e.g. pharmacist or GP).

Relevant guidance and/or legislation

Sources of further guidance and links to relevant legislation are shown in the appendices. Examples of national guidance with specific relevance to this capability are shown below:

- [Dysphagia and people with learning disabilities, Public Health England \(2016\)](#)
- [The International Dysphagia Diet Standardisation Initiative \(IDDSI\) Framework](#)
- [Cerebral palsy in under 25s: assessment and management \(NICE 2017\)](#)

Indicate mapping to other relevant frameworks

Care Certificate Standards (www.hee.nhs.uk/our-work/care-certificate)

- Standard 8: Fluids and nutrition

Generic Service Interventions Pathway (www.hee.nhs.uk/our-work/learning-disability/workforce-capability)

- Pathway point 3: Enabling health interventions

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Capability 10: Epilepsy

Introduction

Epilepsy is much more common in people with a learning disability or autism and it is much more likely to be difficult to control. Seizures can have a profound impact on a person's ability to live and enjoy their life as well as impacting on their level of learning disability and functional interaction with others.

Poorly controlled epilepsy can also present a huge burden of care and anxiety to family members and carers. Seizures are often distressing to witness, can require urgent intervention and can lead to injury or sudden and premature death. The recently published LeDeR report highlights that too often people with learning disability die many years sooner than they should and epilepsy is a frequently named cause of this. With good seizure control people's lives, both in terms of quality of life and length of life, can be transformed (NHS 2018).

Target audience

Tier 2 – Health and social care staff and others with responsibility for providing care and support for a person or people with a learning disability, but who would seek support from others for complex management or complex decision-making

Tier 3 – Health, social care and other professionals with a high degree of autonomy, able to provide care in complex situations and/or may also lead services for people with a learning disability.

Key learning outcomes

Tier 2

Domain B Tier 1 outcomes plus the following

The person or practitioner will:

- a) know what is meant by the term 'epilepsy'; common types and causes
- b) be aware that epilepsy is more common in people with a learning disability than for people without a learning disability
- c) understand that people with a learning disability and epilepsy have greater health needs than people without a learning disability and are more likely to have respiratory disease, gastrointestinal reflux or osteoporosis which affects their epilepsy and treatment
- d) understand how epilepsy affects people with a learning disability and how to follow plans and risk assessments in relation to issues such as freedom of choice and activities that may trigger a seizure
- e) know common triggers for seizures and how to reduce or manage these triggers
- f) recognise any indications that people may be about to experience a seizure
- g) know how to support a person while in seizure in accordance with agreed protocols
- h) be able to utilise appropriate assessment tools to reliably gather information on:
 - i. seizure type
 - ii. triggers for seizures

- iii. seizure severity (type, pre/post ictal)
 - iv. seizure frequency
 - v. seizure pattern
 - vi. injuries
- i) understand how individuals with a learning disability may respond differently to treatment and may be unable to articulate side-effects
 - j) recognise the importance of understanding the views of a person with a learning disability regarding their epilepsy and what they see as important in their epilepsy support
 - k) understand the important role families and carers have in supporting people with a learning disability and epilepsy and involve them appropriately in the care of the person
 - l) understand when and how to make a referral when the support of a 'specialist in epilepsy' might be needed
 - m) be aware of the key legislation, policy and guidelines when working with people with a learning disability and epilepsy.

Tier 3

Tier 2 learning outcomes plus the following

The person or practitioner will:

- a) know the classification of seizures and be able to differentiate, through appropriate use of history taking and assessment tools, the type of seizure and syndrome
- b) know of current national guidelines in relation to assessment and treatment of epilepsy
- c) understand the complexity and comorbidity of epilepsy in people with a learning disability and support them to reduce health inequalities as a result of this complexity and comorbidity
- d) understand that epilepsy may develop and present in different ways in people with a learning disability, and that the usual signs or symptoms may not be observable or reportable
- e) assess and manage risk related to epilepsy in people with a learning disability
- f) be able to initiate and evaluate appropriate rescue medication
- g) understand the effect of a learning disability on how individuals may respond to medication
- h) know and be able to consider the link between the epilepsy syndrome and the aetiology of learning disabilities in order to more effectively manage the person's condition to improve their quality of life
- i) be able to synthesise data to create a formulation for a person with a learning disability and epilepsy and devise appropriate care and support plans
- j) be able to fully involve the person with a learning disability and epilepsy (and if relevant their family and carers) in the process of understanding and devising supports relating to their epilepsy
- k) know what health services are available and how to refer people with a learning disability to improve their biopsychosocial outcomes in relation to the epilepsy
- l) be able to initiate, monitor and evaluate epilepsy treatment, including knowing the specific idiosyncratic effects in people with a learning disability and the need to consider potential comorbidities such as dysphagia

m) develop and disseminate health promotion advice to people with a learning disability, their families and carers in relation to epilepsy.

Relevant guidance and/or legislation

Sources of further guidance and links to relevant legislation are shown in the appendices. Examples of national guidance with specific relevance to this capability are shown below:

[Management of epilepsy in adults with intellectual disability, Royal College of Psychiatrists \(2017\), Good Practice Guide CR203](#)

Indicate mapping to other relevant frameworks

Generic Service Interventions Pathway (www.hee.nhs.uk/our-work/learning-disability/workforce-capability)

- Pathway point 3: Enabling health interventions

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Capability 11: Supporting people with Profound and Multiple Learning Disabilities (PMLD)

Introduction

A diagnosis of a profound and multiple learning disability (PMLD) is used when a person (child, young person and adult) has more than one disability, with the most significant being a severe or profound learning disability. People with profound and multiple learning disabilities will have significant challenges with communication and many will have additional sensory or physical disabilities, complex health needs or mental health conditions. The combination of these needs and/or the lack of the right care and support may also affect behaviour.

Despite such serious challenges, with the right support, people with PMLD can form relationships, make choices and enjoy activities. The people who love and care for them can often understand their personality, their mood and their preferences. All people with profound and multiple learning disabilities will need high levels of support to live full and rewarding lives.

It is important to note that all the capabilities in this framework include learning outcomes that are relevant to people with profound and multiple learning disabilities. This capability area includes specific learning outcomes that relate to care and support for people with profound and multiple learning disabilities that are not covered elsewhere in the framework.

Target audience

Tier 2 – Health and social care staff and others with responsibility for providing care and support for a person or people with a learning disability, but who would seek support from others for complex management or complex decision-making

Tier 3 – Health, social care and other professionals with a high degree of autonomy, able to provide care in complex situations and/or may also lead services for people with a learning disability.

Key learning outcomes

Tier 2

Domain B Tier 1 outcomes plus the following

The person or practitioner will:

- a) understand the meaning of Profound and Multiple Learning Disabilities (PMLD)
- b) be aware of the range of needs of people with PMLD
- c) be aware of good practice in communication with people with PMLD
- d) understand the roles that family carers can play in the lives of people with PMLD and identify the support family carers may need
- e) understand the basic reasonable adjustments that people with PMLD may need in planned, and acute care settings and how to get support with more complex adjustments
- f) understand why it is important to recognise when someone with PMLD is in pain and to manage this effectively

- g) understand the importance of consistently supporting posture throughout the day and night in order to reduce the risk of complications associated with severe physical disability e.g. pain, pressure sores, spinal deformity, joint contractures and respiratory infection.

Tier 3

The person or practitioner will:

- a) understand that people with PMLD have greater health needs than people without a learning disability and are more likely to have the following conditions; respiratory disease, epilepsy, coronary heart disease, gastrointestinal reflux, diabetes, helicobacter pylori, osteoporosis
- b) be able to involve professionals who can offer support and advice to people with PMLD and their families and carers
- c) provide advice and support to other staff for adjustments to care for people with PMLD, and be able to make complex adjustments to care for people with PMLD
- d) know the adjustments that should be made to ensure that people with PMLD can access support and services
- e) understand the barriers people with PMLD and their families may face when accessing health and social care services and how to address these
- f) be aware of the resources available to help people with PMLD have a positive experience in hospital and community settings
- g) understand the effects of communication needs on people with PMLD and their families and carers
- h) understand how sensory differences affect people with PMLD
- i) know that the details of local specialist postural-care therapists and other professionals involved in care should be identified in the person's Health Action Plan (HAP)
- j) understand that people with PMLD and their family and carers should be involved with assessment, selection and issue of equipment and review to ensure equipment and guidelines are acceptable and 'fit' with family life
- k) understand that postural-care guidelines and equipment need to be reviewed as part of an annual review of health needs
- l) understand that any prescribed postural-care equipment should improve quality of life
- m) understand the mental capacity act and the need for best interest decisions when needed in relation to using 'clinical holding', postural care equipment, including wheelchairs, splints and straps.

Relevant guidance and/or legislation

Sources of further guidance and links to relevant legislation are shown in the appendices. Examples of national guidance with specific relevance to this capability are shown below:

- [Communication and people with the most complex needs: What works and why this is essential, Mencap \(July 2010\)](#)
- [See What I Mean: Guidelines to Aid Understanding of Communication by People with Severe and Profound Learning Disabilities by Grove N., Bunning K., Porter J., Morgan M. \(2000\). Kidderminster: BILD/Mencap.](#)
- [Involve Me: increasing the involvement of people with profound and multiple learning disabilities in decision-making and consultation, Mencap and BILD \(2011\)](#)
- [Top tips for supporting people with profound & multiple learning disabilities, published by NHS Midlands and East](#)
- [Department of Health \(2010\), Raising our sights: services for adults with profound intellectual and multiple disabilities](#)
- [Raising our sights: How-to guides \(2012\). Mencap and the PMLD Network.](#)
- [Supporting people with profound and multiple learning disabilities: Core and essential standards. \(2017\) Doukas T., Fergusson, A., Fullerton, M., Grace, J.](#)
- [Postural care services and people with a learning disability: Public Health England \(2018\)](#)

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Capability 12: End of life care

Introduction

It may often be difficult to recognise when a person with a learning disability is coming to the end of life. This can result in a lack of forward planning and end-of-life care which may be uncoordinated. People with a learning disability are less likely than others to have access to specialist palliative care services, like hospices. Often pain management for them is neglected or ineffective.

Just as for people without a learning disability, there are things that can be done to improve end of life care and the support given at this time. This includes treating the person as an individual, ensuring access to care (including reasonable adjustments where needed), maximising comfort and well-being, ensuring care is coordinated and accessing services and support in the community.

Target audience

Tier 2 – Health and social care staff and others with responsibility for providing care and support for a person or people with a learning disability, but who would seek support from others for complex management or complex decision-making

Tier 3 – Health, social care and other professionals with a high degree of autonomy, able to provide care in complex situations and/or may also lead services for people with a learning disability.

Key learning outcomes

Tier 2

Domain B Tier 1 outcomes plus the following

The person or practitioner will:

- a) be able to engage in conversation with people with a learning disability to talk about death and dying, grief and loss and their own end of life preferences
- b) be able to provide information to a person with a learning disability about their illness and symptoms in ways they are able to understand e.g. how to access and use information and easy-read resources to help support a person at end of life
- c) understand the different barriers to communication at end of life, including where someone has additional care, support or communication needs
- d) understand the use of end of life care pathways and individualised care plans and the impact this has on care and support offered
- e) understand the importance of access to palliative care and how advance planning can avoid crisis driven changes or decisions
- f) understand how best interest decision and advance decisions/directives will affect caring activities
- g) be able to identify symptoms associated with end of life and how these symptoms can be managed with care and compassion

- h) know how to recognise and manage pain and address the broader physical needs (e.g. hydration, reduced appetite) in people at end of life and how different factors can alleviate or exacerbate pain and discomfort
- i) be aware of the needs of bereaved families and friends including the potential for conflicting emotions
- j) be aware of cultural and religious differences associated with death, care of the dying and the deceased person
- k) be able to advocate for a person with a learning disability around end of life and funeral arrangements.

Tier 3

Tier 2 learning outcomes plus the following

The person or practitioner will:

- a) be able to work with people with a learning disability and others to develop a person-centred end of life care plan that balances treatment with care and support needs and preferences
- b) understand the processes involved in deciding when a person with a learning disability is deemed to be at end of life
- c) understand guidance, risks and benefits, and ethical considerations associated individual's food and drink related needs, including that related to clinically assisted nutrition and hydration
- d) be able to support end of life decisions including discussions on eating and drinking with accepted risk
- e) be able to support end of life services to make reasonable adjustments for people with a learning disability
- f) understand referral criteria and processes for referral to specialist services to meet the needs of people with a learning disability and those important to them, and if necessary, support these services to make reasonable adjustments
- g) be able to recognise and suggest ways to overcome potential barriers people with a learning disability may face in accessing end of life care
- h) understand the purpose of reviews of death of people with a learning disability and which organisations should be contacted following the death of a person with a learning disability
- i) recognise the impact of dealing with an end of life situation, including unexpected deaths, on the wellbeing of care workers and how to provide appropriate support
- j) be able to contribute to the development of practices and services that meet the end of life needs of people with a learning disability.

Relevant guidance and/or legislation

Sources of further guidance and links to relevant legislation are shown in the appendices. Examples of national guidance with specific relevance to this capability are shown below:

- [Care and support of people growing older with learning disabilities, NICE Guideline \[NG96\] \(2018\)](#)
- [How social care staff can support palliative and end of life care for people with learning disabilities, Public Health England \(2017\)](#)

Indicate mapping to other relevant frameworks

Core Skills/Capabilities Frameworks (www.skillsforhealth.org.uk/cstf)

- End of Life Care Core Skills Education and Training Framework

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Domain C. Personalised care and support

Capability 13: Communication

Introduction

At the heart of personalised care and support is the relationship between people, which is built from meaningful communication, and is strongly influenced by how we say things, how we listen and our non-verbal communication. These skills are relevant to the whole workforce and include communications between staff members.

People (children, young people and adults) with a learning disability can face particular challenges with communication. A learning disability can affect both the way a person understands and conveys information. In addition, most people with a learning disability have some difficulties with speech, language, communication and/or sensory impairment which can be hidden, masked or overlooked. It is therefore important to know what good communication support 'looks like', how organisations can inadvertently contribute to communication difficulties and what reasonable adjustments may be needed.

In order to communicate effectively it is essential to understand and value the way a person communicates, taking account of an individual's communication, speech, language and sensory needs and preferences.

Target audience

Tier 2 – Health and social care staff and others with responsibility for providing care and support for a person or people with a learning disability, but who would seek support from others for complex management or complex decision-making

Tier 3 – Health, social care and other professionals with a high degree of autonomy, able to provide care in complex situations and/or may also lead services for people with a learning disability.

Key learning outcomes

Tier 2

Domain C Tier 1 outcomes plus the following

The person or practitioner will:

- a) know that maximising an individual's opportunity for communication, in all areas of life, is critical for supporting the autonomy, wellbeing and quality of life of people with a learning disability
- b) understand that each person with a learning disability may have a unique way of communicating
- c) understand that verbal ability does not always correlate with ability to understand and vice versa

- d) identify simple ways that can be used to check understanding and that could help someone remember important information
- e) be aware of basic good etiquette when communicating with someone with a speech impairment
- f) understand the importance of non-verbal communication e.g. body language, signing, visual images and the appropriate (and inappropriate) use of touch
- g) understand how behaviour is a form of communication, and the meanings that can be attached to behaviour
- h) be able to use a range of communication techniques to convey information, according to the different abilities and preferences of people with a learning disability
- i) understand the importance of confidentiality in interactions with people with a learning disability, including recognising the nuances and limitations of confidentiality.
- j) know why individualised communication plans should be developed, implemented and reviewed with people with a learning disability
- k) understand a person's communication plan or passport, use it to adapt communication with that individual and understand why it is so important to do this
- l) be aware of the impact of the environment on communication – knowing how to find the right time and place and situation for important communications
- m) know the importance of ensuring that people with a learning disability have any required sensory support (e.g. spectacles, hearing aids and/or communication systems) to enable successful communication
- n) understand the importance of effective communication with families and carers and the expertise that families and carers may be able to offer to support effective communication with the person with a learning disability
- o) understand the legal requirements (Public Equality Duty, Equality Act, Mental Capacity Act and Accessible Information Standard) to adjust all forms of communication and information.

Tier 3

Tier 2 learning outcomes plus the following

The person or practitioner will:

- a) understand why communication is critical for supporting autonomy, wellbeing and quality of life and how systems and processes can sometimes put barriers in the way of effective communication with people with a learning disability and families and carers
- b) be able to improve communication systems and practices that support positive outcomes for people with a learning disability, including the use of assistive technology
- c) be able to actively support, develop and change communication systems for each person with a learning disability
- d) be able to support staff in the understanding of more complex communication needs
- e) be able to support assessment and interventions that address alternate functional communication
- f) be able to utilise a range of augmentative and alternative communication methods and services that meet the communication needs of people with a learning disability.

Relevant guidance and/or legislation

Sources of further guidance and links to relevant legislation are shown in the appendices. Examples of national guidance with specific relevance to this capability are shown below:

- [Accessible Information Standard - NHS England \(2017\)](#)
- [Positive Behavioural Support: A Competence Framework - Positive Behavioural Support \(PBS\) Academy \(May 2015\)](#)
- [Five good communication standards: Reasonable adjustments to communication that individuals with learning disability and/or autism should expect in specialist hospital and residential settings - Royal College of Speech and Language Therapists \(2013\)](#)
- [Career & Development Framework for Learning Disability Nursing in Scotland, March 2013](#)

Indicate mapping to other relevant frameworks

Core Capabilities Framework for Supporting Autistic People:

(www.skillsforhealth.org.uk/autism-framework)

- Capability 4. Communication and interaction

Core Skills/Capabilities Frameworks (www.skillsforhealth.org.uk/cstf)

- Person-Centred Approaches: A Core Skills Education and Training Framework

Care Certificate Standards (www.hee.nhs.uk/our-work/care-certificate)

- Standard 6: Communication

Generic Service Interventions Pathway (www.hee.nhs.uk/our-work/learning-disability/workforce-capability)

- Pathway point 4: Therapeutic interventions

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Capability 14: Empowerment and person-centred care

Introduction

A person-centred approach puts people, families and communities at the heart of health, care and wellbeing. It means people feeling able to speak about what is important to them and the workforce listening and developing an understanding of what matters to people. It means working in a system in which people and staff feel in control, valued, motivated and supported.

This approach is about developing genuine partnerships with people, families, carers, communities and colleagues. This means that we can plan, design and deliver care and support with people and collectively plan and design services and systems. At each level, everyone's contributions are recognised and valued¹⁸.

Person-centred thinking and planning in learning disability care and support is about understanding and responding to the person with a learning disability as an individual. It involves considering the whole person, considering each individual's life history, unique abilities, interests, preferences and needs. It is about building relationships with people with a learning disability and their family and carers, putting them in the driving seat of decision making and empowering them to be in control of their lives.

Empowerment and person-centred thinking and planning is at the heart of all recent policy relating to the care and support for people (children, young people and adults) with a learning disability. It refers to a family of approaches aimed at enabling people who use care and support to plan their own futures and to get the support they need. While the terminology varies between different user groups, the fundamental values of the concept are the same – embracing the principles of independence, choice, inclusion, equality and empowerment as the foundations of care and support.

Target audience

Tier 2 – Health and social care staff and others with responsibility for providing care and support for a person or people with a learning disability, but who would seek support from others for complex management or complex decision-making

Tier 3 – Health, social care and other professionals with a high degree of autonomy, able to provide care in complex situations and/or may also lead services for people with a learning disability.

¹⁸ Person-Centred Approaches: A core skills education and training framework (Health Education England, Skills for Health, and Skill for Care 2017)

Key learning outcomes

Tier 2

Domain C Tier 1 outcomes plus the following

The person or practitioner will:

- a) be aware of the socio-political background and context of learning disability services including the development of approaches which recognise the strengths and potential of people with a learning disability
- b) be able to adapt practice to reduce risk of trauma related distress by maximising a person's feelings of choice, collaboration, trust, empowerment and safety¹⁹
- c) practice person-centred thinking and planning in care and support for people with a learning disability
- d) know how to involve people with a learning disability who don't use verbal language to communicate their needs
- e) understand the significance of a person's background, culture and experiences when providing care and support
- f) understand how person-centred thinking and planning can provide insights into care and support approaches and solutions to meeting the needs of people with a learning disability
- g) understand the important role of family and carers in person-centred thinking and planning with people with a learning disability
- h) understand the importance of clear processes to communicate the care and support needs of people with a learning disability
- i) be able to contribute to the gathering of information about a person with a learning disability's strengths, needs, preferences, hopes, dreams and desires for their person-centred plan
- j) be able to schedule and measure progress towards goals important to the person with a learning disability and to participate in person-centred planning meetings
- k) understand the principles and practices of co-production
- l) understand the roles that advocacy can play in person centred support, including the different types of advocacy and how to refer/signpost an individual for advocacy support and the circumstances in which the legal requirements to do so apply.

Tier 3

Tier 2 learning outcomes plus the following

The person or practitioner will:

- a) understand the theory and principles that underpin person centred thinking and planning in care and support for people with a learning disability
- b) understand the value of person-centred care and support in therapeutic relationships and communication
- c) lead person-centred practice for people with a learning disability

¹⁹ [National Trauma Training Framework \(NHS Education for Scotland\)](#)

- d) understand the importance of establishing consent when providing care or support for people with a learning disability
- e) understand how to ensure a person with a learning disability can exercise their right to make choices, including getting the right support where needed
- f) understand the role of positive risk taking in enabling a person-centred approach, including duty of care and mental capacity legislation in relation to positive risk-taking
- g) be able to work in partnership with a person with a learning disability and others to facilitate person-centred assessment that promotes social, emotional, cultural, spiritual, intellectual, financial and physical wellbeing
- h) be able to implement systems for goal-based person-centred outcome planning, implementing plans, and monitoring their impact
- i) be able to incorporate person-centred thinking and planning, including co-production, in the management and development of services
- j) understand the role of families and carers and any Power of Attorney or Health and Welfare Deputy when establishing consent, where the person lacks capacity to make a decision.

Relevant guidance and/or legislation

Sources of further guidance and links to relevant legislation are shown in the appendices. Examples of national guidance with specific relevance to this capability are shown below:

- [Accessible Information Standard - NHS England \(2017\)](#)

Indicate mapping to other relevant frameworks

Core Capabilities Framework for Supporting Autistic People:
(www.skillsforhealth.org.uk/autism-framework)

- Capability 3. Person-centred care and support

Core Skills/Capabilities Frameworks (www.skillsforhealth.org.uk/cstf)

- Person-Centred Approaches: A Core Skills Education and Training Framework

Care Certificate Standards (www.hee.nhs.uk/our-work/care-certificate)

- Standard 5: Work in a person-centred way

Generic Service Interventions Pathway (www.hee.nhs.uk/our-work/learning-disability/workforce-capability)

- Pathway point 1: Promoting appropriate access to service

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Capability 15: Families and carers as partners in care and support

Introduction

The support and commitment of families and carers can be critical in enabling people (children, young people and adults) with a learning disability to achieve independence, choice and inclusion. Families and carers are usually central to the lives of people with a learning disability, providing care, support and advocating for new opportunities.

Where peoples' families and/or carers are involved in their lives, working with them as partners and promoting their wellbeing can be key to successful outcomes for people with a learning disability.

Target audience

Tier 2 – Health and social care staff and others with responsibility for providing care and support for a person or people with a learning disability, but who would seek support from others for complex management or complex decision-making

Tier 3 – Health, social care and other professionals with a high degree of autonomy, able to provide care in complex situations and/or may also lead services for people with a learning disability.

Key learning outcomes

Tier 2

Domain C Tier 1 outcomes plus the following

The person or practitioner will:

- a) understand the significance and value of families, carers and social networks in planning and providing care and support for people with a learning disability and the importance of establishing and maintaining positive relationships with families, carers and others in the person's social network
- b) understand the importance of developing and reviewing partnerships with families and carers and discussing when and how they would like to be involved in the person's care, including how to make any reasonable adjustments to enable their involvement
- c) understand the right of families to be involved in decisions, where the person lacks capacity and a best interests decision is being made
- d) be able to gather information about a person with a learning disability's history and preferences from their families and carers
- e) be able to exchange and record information about partnership work with families and carers appropriately in each situation whilst understanding a person with a learning disability's right to confidentiality and to make informed choice or have best interest decisions made about sharing information
- f) understand the positive and negative impact that caring for a person with a learning disability in the family may have on relationships and family members' own wellbeing

- g) understand the importance of providing information and advice and where appropriate, training, to families and carers and utilising their expertise in developing training
- h) understand the importance of recognising and assessing a carer's own needs and be able to signpost carers for an assessment of their needs including for people with a learning disability who may also be family carers
- i) be aware that the needs of different families and carers and the person with a learning disability will not be the same
- j) be aware of the importance of social interactions and relationships for families of people with a learning disability and accepting of each families' own culture, traditions and style of interaction.

Tier 3

Tier 2 learning outcomes plus the following

The person or practitioner will:

- a) be able to assess the needs of families and carers providing care for a person with a learning disability
- b) be able to co-produce a plan to support families and carers providing care for a person with a learning disability
- c) understand family and carer interventions and how to undertake them
- d) understand the value of short breaks and other forms of 'respite' or carer support, and how to access them
- e) be able to support access to carers' personal budgets, parental support groups, family support groups, and community groups
- f) be able to implement recommendations that consider communication needs of families and carers
- g) be able to help create healthy psychological environments for people with a learning disability by giving support and advice to carers and families
- h) be able to contribute to the development of practices and services that meet the needs of families and carers
- i) understand the potential for dilemmas arising where there are differing needs between people with a learning disability and their families and carers
- j) understand legislation relevant to families' and carers' rights
- k) be able to signpost families and carers for further support around legal issues (e.g. deputyship, appointeeship or lasting power of attorney)
- l) understand the needs of the ageing family carer, and how to signpost them to sources of support
- m) be able to share knowledge and train carers in the care of a particular person with a learning disability.

Relevant guidance and/or legislation

Sources of further guidance and links to relevant legislation are shown in the appendices. Examples of national guidance with specific relevance to this capability are shown below:

- [Department of Health \(2010\), Recognised, valued and supported: Next steps for the Carers Strategy](#)
- [Department of Health \(2014\), Care and Support Statutory Guidance: Issued under the Care Act 2014](#)
- [Department of Health \(2014\), Care Act Factsheets, Factsheet 8: The law for carers](#)
- [NICE guideline - Carers: provision of support for adult carers \(expected publication January 2020\)](#)
- [Skills for Care, guide to working with families.](#)

Indicate mapping to other relevant frameworks

Core Capabilities Framework for Supporting Autistic People:
(www.skillsforhealth.org.uk/autism-framework)

- Capability 6. Families and carers as partners in care and support

Generic Service Interventions Pathway (www.hee.nhs.uk/our-work/learning-disability/workforce-capability)

- Pathway point 6: Family and carer interventions

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Capability 16: Wellbeing and independence

Introduction

People (children, young people and adults) with a learning disability have a right to live independent and fulfilling lives, including choice and control over any care and support they may need; access to housing, education, employment, leisure, transport opportunities; and, participation in family and community life.

This capability is about supporting people with a learning disability to have the same choice and control in their lives as other people, including maintaining and developing community links and opportunities to engage in everyday activities including education, employment, housing, and transport and leisure services.

Whilst it is important to understand duty of care in relation to risk-taking the focus should always be on a person's right to take positive risks so they can engage in meaningful occupations and activities. It is important for people with a learning disability to be active in daily life as it affects their health, wellbeing and quality of life and that of their communities.

Target audience

Tier 2 – Health and social care staff and others with responsibility for providing care and support for a person or people with a learning disability, but who would seek support from others for complex management or complex decision-making

Tier 3 – Health, social care and other professionals with a high degree of autonomy, able to provide care in complex situations and/or may also lead services for people with a learning disability.

Key learning outcomes

Tier 2

Domain C Tier 1 outcomes plus the following

The person or practitioner will:

- a) know the principles for supporting independence in the activities of daily living for people with a learning disability and the kinds of support people may need for tasks such as: travelling; understanding information; making decisions; managing health; communicating and using health services
- b) understand the social model of disability and how one's own actions may enable a person or disable them
- c) know how to support people with a learning disability to develop and continue their interests, social life and community involvement and know why this is important
- d) be able to support people with a learning disability to retain, regain or develop skills for everyday life and take part in meaningful occupations and activities
- e) know how to support a person with a learning disability with their personal hygiene; including; oral hygiene, washing, dressing, using the toilet, doing laundry and keeping their home habitable
- f) be able to provide support for people with a learning disability to manage their finances as appropriate, including how to use a personal budget

- g) understand how to signpost and refer to professional advice services and key sources of support for people with a learning disability including the local authority learning disability team and learning disability support in the local hospital trust
- h) be able to support people with a learning disability to choose and use services and facilities and decide how long to use them for (for example, housing, transport and leisure services)
- i) understand a person with a learning disability's rights in relation to reasonable adjustments when accessing and using services
- j) be aware of the support available to people with a learning disability to access education, training and employment
- k) know how to support people with a learning disability with an outcome-focused review
- l) understand the factors that impact on a person with a learning disability being able to get around their physical and social environment, including discrimination, bullying and hate crime
- m) be able to use everyday technology such as google maps, skype and apps for task planning, calendars online shopping etc. to enable people with a learning disability to choose and use the full range of social interaction available to other people
- n) be aware of the benefits of supporting people with a learning disability to choose to develop and maintain their relationships with family and friends
- o) know how to recognise and respond to the cultural, religious and spiritual needs of a person with a learning disability
- p) know how to recognise and respond to the sexual and emotional needs of a person with a learning disability
- q) be aware of the kinds of support people with a learning disability may need when experiencing significant changes in their lives
- r) know how to support people with a learning disability to manage setbacks and personal difficulties by drawing on their strengths and assets
- s) understand the importance of a positive, person-centred approach to risk
- t) be able to support people with a learning disability to exercise their right to vote.

Tier 3

Tier 2 learning outcomes plus the following

The person or practitioner will:

- a) know how to promote personalisation in learning disability care and support
- b) understand the theories and principles that underpin outcome-based practice for people with a learning disability
- c) be able to assist a person to develop a support plan to meet their identified needs and right to make choices
- d) be able to facilitate the implementation and review of support plans led by the person with a learning disability and others
- e) be able to contribute to the review of housing, transport and leisure services for people with a learning disability

- f) be able to work in partnership with others and organisations to establish networks and opportunities to facilitate access to meaningful education, training and employment opportunities as well as social activities
- g) be able to contribute to the development of practices and services that meet the individual needs of people with a learning disability.

Relevant guidance and/or legislation

Sources of further guidance and links to relevant legislation are shown in the appendices.

Indicate mapping to other relevant frameworks

Core Capabilities Framework for Supporting Autistic People: (www.skillsforhealth.org.uk/autism-framework)

- Capability 11. Meaningful activity and independence

Generic Service Interventions Pathway (www.hee.nhs.uk/our-work/learning-disability/workforce-capability)

- Pathway point 4: Therapeutic interventions
- Pathway point 7: Accommodation and welfare interventions

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Capability 17: Relationships, sexuality and sexual health

Introduction

The relationships and sexual rights of people with a learning disability have often been overlooked or ignored. Often, sexuality only becomes an area of life to be discussed when staff or family members feel there is a problem.

This capability is about the importance of relationships, friendships, marriages, partnerships, sexuality and sexual health to the lives of people with a learning disability. It is also about providing the right support to help ensure that a balance can be struck between the positive outcomes associated with exploring and developing wider personal and social relationships and potential risks such as sexual exploitation, abuse, pregnancy, HIV and AIDS.

Target audience

Tier 2 – Health and social care staff and others with responsibility for providing care and support for a person or people with a learning disability, but who would seek support from others for complex management or complex decision-making

Tier 3 – Health, social care and other professionals with a high degree of autonomy, able to provide care in complex situations and/or may also lead services for people with a learning disability.

Key learning outcomes

Tier 2

Domain C Tier 1 outcomes plus the following

The person or practitioner will:

- a) know the importance of offering each person with a learning disability support with their relationship with family members and other people in his or her social network
- b) be aware of factors affecting the capacity of people with a learning disability to develop and/or maintain relationships.
- c) know how to support people with a learning disability to choose relationships
- d) know how to support people with a learning disability to develop new relationships and maintain existing relationships
- e) understand how to support people to say no to unwanted relationships including when they may be at risk of 'mate crime; or 'cuckooing'
- f) understand the basic development of human sexuality
- g) be aware of the issues of sexual health and how these can be supported
- h) be aware of the potential that adults with a learning disability may be at risk of entering the criminal justice system due to perceived inappropriate sexual behaviour
- i) be aware of relevant legislation influencing the support of sexuality and sexual health for adults with a learning disability
- j) know how to support an adult with a learning disability to identify, access and use services to meet their sexual and sexual health needs if necessary

- k) be aware of the social context affecting the sexual and sexual health needs of adults with a learning disability
- l) be aware of LGBTQ+ issues as they may affect a person with a learning disability.

Tier 3

Tier 2 learning outcomes plus the following

The person or practitioner will:

- a) understand the relevance of relationship theories to learning disability care and support
- b) understand the impact of relationships and social networks on wellbeing and self-esteem
- c) understand factors that can influence the process of a relationship
- d) understand the impact of social and family contextual factors on the sexual and sexual health needs of adults with a learning disability
- e) understand relevant legislation influencing the support of sexuality and sexual health for adults with a learning disability
- f) know how to support the sexual expression of an adult with a learning disability
- g) be able to support an adult with a learning disability to identify, access and use services to meet their sexual and sexual health needs
- h) know how to support adults with a learning disability to consent to sex, marriage and civil partnerships
- i) be able to help people with a learning disability negotiate shared living space, lifestyles and financial commitments within partnerships
- j) be able to work in partnership with individuals, their families and other agencies to create support so that people with a learning disability can be good parents
- k) be able to support parents with a learning disability through child protection processes including assessments of parenting abilities (where appropriate).

Relevant guidance and/or legislation

Sources of further guidance and links to relevant legislation are shown in the appendices. Examples of national guidance with specific relevance to this capability are shown below:

- [Family Planning Association \(2017\), Learning disabilities, sex and the law; a practical guide](#)
- [Mencap: Sexuality and relationships](#)
- [Community Care: Tips on applying attachment theory in social work with adults](#)
- [LGBT Health and Wellbeing](#)
- [Change: Parenting Projects](#)
- [Disability, Pregnancy & Parenthood](#)

Indicate mapping to other relevant frameworks

Core Capabilities Framework for Supporting Autistic People:

(www.skillsforhealth.org.uk/autism-framework)

- Capability 10. Relationships, sexuality and sexual health

Generic Service Interventions Pathway (www.hee.nhs.uk/our-work/learning-disability/workforce-capability)

- Pathway point 5: Role support interventions

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Capability 18: Supporting children and young people with a learning disability

Introduction

Children and young people with a learning disability have a right to have their needs met. The Children and Families Act creates a new 'birth-to-25 years' Education, Health and Care (EHC) plan for children and young people with special educational needs and offers families personal budgets which aim to give more control over the type of support they get. In some cases, where a person is over 18, the "Care" part of the EHC plan will be provided for by adult care and support, under the Care Act.

The quality of life of every child improves when they are given a voice and real choices. The quality of life for a child or young person with a learning disability affects and is affected by many areas of their well-being, including:

- Physical well-being
- Emotional well-being
- Self-determination (making choices and determining the course of events)
- Interpersonal relationships
- Social inclusion
- Personal development
- Material well-being, and
- Rights and privacy

It is important to note that all the capabilities in this framework include learning outcomes that are relevant to children and young people with a learning disability. This capability includes specific learning outcomes that relate to care and support for children and young people (age range 0 – 25) with a learning disability that are not fully covered elsewhere in the framework.

Target audience

Tier 2 – Health and social care staff and others with responsibility for providing care and support for a person or people with a learning disability, but who would seek support from others for complex management or complex decision-making

Tier 3 – Health, social care and other professionals with a high degree of autonomy, able to provide care in complex situations and/or may also lead services for people with a learning disability.

Key learning outcomes

Tier 2

Domain C Tier 1 outcomes plus the following

The person or practitioner will:

- a) be aware of the usual ages for developmental milestones in different areas (social, emotional, communication, cognitive, perceptual, and physical)
- b) know how children and young people's development may be affected by a learning disability
- c) know how to identify the risk factors that might help with early diagnosis of a learning disability
- d) be aware of the support available to children with a learning disability and their families and help to signpost families towards this
- e) understand the importance of timely intervention to support the development of children and young people with a learning disability
- f) know the rights of children and young people with a learning disability and their families
- g) be aware of the key agencies' roles in relation to one's own role
- h) be aware of how support and interventions may inadvertently affect the quality of life of families and carers of children and young people with a learning disability, and know how to minimise this
- i) understand how patterns of communication development may be impaired, and principles for addressing consequent barriers for the child or young person with a learning disability
- j) be able to apply recommended strategies for communicating with a child or young person with a learning disability and to support their participation in interaction and activities, and evaluate their response
- k) be aware of the ways in which a child or young person with a learning disability's communication validates their 'world'
- l) be able to support a child or young person with a learning disability to make informed choices that promote self-esteem and awareness
- m) be able to identify signs of unhappiness and distress in a child or young person with a learning disability
- n) be able to summarise key approaches to promoting positive mental health for children and young people
- o) be aware of the range of professional disciplines and identify their contribution in relation to meeting the needs of children and young people with a learning disability
- p) understand the key aspects of physical/personal care and health support likely to be encountered by a child or young person with a learning disability including where applicable: using the toilet and toilet training; continence care, dressing; eating and drinking and puberty issues
- q) understand how children and young people, their families, carers and other professionals can work together to develop personal care and health management plans
- r) be aware of the right of children and young people with a learning disability to a free annual health check with their GP

- s) understand the thresholds for accessing children's social care, including that all disabled children are eligible for a child in need assessment
- t) be aware of the potential effects of transitions of various kinds on the development of children and young people with a learning disability
- u) know how to respond to evidence or concerns that a child or young person with a learning disability has been bullied
- v) understand how to work with children and young people with a learning disability to support their safety and wellbeing
- w) understand the importance of online safety for children and young people with a learning disability
- x) know the ways in which the social, economic and cultural environment can impact on the outcomes and life chances of children and young people with a learning disability.

Tier 3

Tier 2 learning outcomes plus the following

The person or practitioner will:

- a) understand the value of timely intervention on the lives of children and young people with a learning disability and their families
- b) understand the possible impact of a learning disability, special requirements (additional needs) and attitudes on longer term positive outcomes for children and young people
- c) understand the rights of disabled children and young people and those with special educational needs
- d) be able to support age and developmentally appropriate learning, play and leisure opportunities for children or young people with a learning disability
- e) be able to differentiate the emotional and practical needs of various family members
- f) understand the practical and organisational implications of developing partnerships with families
- g) be able to support children and young people with a learning disability and their families and carers to assess their quality of life
- h) understand how quality of life for children and young people with a learning disability and their families and carers can be improved through empowering them
- i) understand how children learn to communicate from engaging in early playful interactions, and the importance of establishing this foundation, in addition to functional strategies, for developing meaningful social communication in children and young people with a learning disability
- j) be able to use and evaluate the effectiveness of a range of social and functional communication strategies in planned and spontaneous interactions with children and young people with a learning disability
- k) be able to plan, implement and evaluate a personalised communication intervention for a child or young person with a learning disability in consultation with other professionals, their family and carers
- l) understand the range of communication that children and young people with a learning disability use to express their needs

- m) be aware of a range of learning activities which encourage good mental health
- n) understand the risk factors impacting on a child or young person with a learning disability's emotional wellbeing
- o) understand the interface between learning disability and mental health, and its impact on learning, progress and attainment
- p) understand the issues relating to promoting collaborative working across the range of professional groups in support of children and young people with a learning disability
- q) be able to assess the development needs of children or young people with a learning disability and prepare a development plan
- r) be able to support the provision of environments and services that promote the development of children or young people with a learning disability
- s) understand how working practices can impact on the development of children and young people with a learning disability
- t) understand and be able to promote the principles of working inclusively with disabled children and young people and those with specific requirements
- u) be able to evaluate, support and develop existing practice with children and young people with a learning disability and their families.

Relevant guidance and/or legislation

Sources of further guidance and links to relevant legislation are shown in the appendices. Examples of national guidance with specific relevance to this capability are shown below:

- [Working together to safeguard children: A guide to inter-agency working to safeguard and promote the welfare of children \(HM Government, July 2018\)](#)
- [Special educational needs and disability code of practice: 0 to 25 years \(DFE, 2013\)](#)
- [Department for Education: Training materials for teachers of learners with severe, profound and complex learning difficulties](#)

Indicate mapping to other relevant frameworks

Core Capabilities Framework for Supporting Autistic People:

(www.skillsforhealth.org.uk/autism-framework)

- Capability 7. Supporting changes throughout life

Generic Service Interventions Pathway (www.hee.nhs.uk/our-work/learning-disability/workforce-capability)

- Pathway point 5: Role support interventions

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Capability 19: Preparing young people with a learning disability for adulthood

Introduction

The Children and Families Act 2014 introduces a new SEND system. At the heart of these changes is a commitment to ensuring that children, young people and their families are at the centre of decision-making so that they achieve better outcomes.

From at least year 9 the SEND reforms require those supporting young people to focus on preparing for adulthood outcomes such as paid employment; independent living (choice and control over your life and support, and good housing options); community participation (friends, relationships and community inclusion); and health and wellbeing. The new system requires a joined-up approach including co-production, holistic planning and multi-agency working.

The implications for workforce development are significant, as the SEND reforms represent a change not just in process but also in thinking about outcomes, coproduction, and what it takes to support young people to move into adulthood with ordinary lives.

Target audience

Tier 2 – Health and social care staff and others with responsibility for providing care and support for a person or people with a learning disability, but who would seek support from others for complex management or complex decision-making

Tier 3 – Health, social care and other professionals with a high degree of autonomy, able to provide care in complex situations and/or may also lead services for people with a learning disability.

Key learning outcomes

Tier 2

Domain C Tier 1 outcomes plus the following

The person or practitioner will:

- a) be aware of the steps and stages of moving from childhood into adulthood for young people with a learning disability
- b) know how having a learning disability may affect the process of moving from childhood into adulthood
- c) be aware of how the welfare benefits system and other support systems can help or act as a barrier throughout the transition into adulthood for a young person with a learning disability
- d) know the options for supporting a young person with a learning disability to make the transition into adulthood.

Tier 3

Tier 2 learning outcomes plus the following

The person or practitioner will:

- a) be able to support a young person with a learning disability through transition into adulthood
- b) be able to support a young person with a learning disability and their family and carers to reflect on the transition into adulthood and understand the importance of this
- c) be aware of changing parental responsibility and decision-making rights from age 16
- d) understand the difference in ethos and practice between statements, LDAs and EHC plans including the right to maintain an EHC plan until the age of 25 if someone is in education or training
- e) know national best practice and the evidence base in relation to helping young people with a learning disability prepare for adulthood
- f) know what is required for an EHC plan to be compliant
- g) understand how specific person-centred practices contribute to the information required in EHC plans
- h) understand the process of the Preparing for Adulthood review
- i) be able to facilitate the Preparing for Adulthood review, and to ensure that everyone is fully prepared
- j) understand the difference between good and poor outcomes
- k) be able to co-produce summaries that young people with a learning disability and their families and others can understand, under the relevant headings.

Relevant guidance and/or legislation

Sources of further guidance and links to relevant legislation are shown in the appendices. Examples of national guidance with specific relevance to this capability are shown below:

- [Special educational needs and disability code of practice: 0 to 25 years \(DFE, 2013\)](#)
- [The Preparing for Adulthood Review: A Good Practice Toolkit \(NDTi, January 2015\)](#)

Indicate mapping to other relevant frameworks

Core Capabilities Framework for Supporting Autistic People:

(www.skillsforhealth.org.uk/autism-framework)

- Capability 7. Supporting changes throughout life

Learning Disabilities Transition Pathway Competency Framework (www.hee.nhs.uk/our-work/learning-disability/workforce-capability)

Generic Service Interventions Pathway (www.hee.nhs.uk/our-work/learning-disability/workforce-capability)

- Pathway point 1: Promoting appropriate access to service

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Capability 20: Supporting older people with a learning disability

Introduction

Older people with a learning disability often face specific challenges relating to health and social care needs due to both lifestyle and genetic factors and the history of the care and support they have received.

Some people with a learning disability are genetically predisposed to certain health conditions in later life. For example, prevalence rates of clinically diagnosed dementia are higher for people with Down's syndrome than for people without a learning disability. The condition is also likely to develop at a much earlier age, with a small number of people with Down's syndrome diagnosed with dementia when they are in their 30s and the number steadily increases in prevalence into their 60s. According to 'Dementia and people with a learning disability' published by the Royal College of Psychiatrists²⁰, nearly 70% of older adults with Down's syndrome would be likely to develop dementia symptoms if they all lived to the age of 70. All people with a learning disability are at greater risk of developing dementia than the general population.

Overall, older people with a learning disability are 2.5 times more likely to experience health problems than other people (Department of Health, 2001). Adults with a learning disability are far more likely to have sensory impairment compared to the general population, but are less likely to access sight, hearing and dental checks (Health Inequalities & People with a learning disability in the UK: 2012), especially if they are living independently or with family. Sensory impairment is itself a barrier to social participation and access to health and care services.

Some older people with a learning disability can also be at increased risk of other health problems because of their genetic make-up. For example, musculoskeletal disorders are higher among people with Fragile X syndrome and diabetes is higher among people with Prader–Willi syndrome (Royal College of Nursing, 2011).

As well as health problems, older people with a learning disability may also experience particular difficulty in finding housing and social care services which meet their needs. Two-thirds of adults with a learning disability live with their families, usually their parents. Of these, 40% live with a parent aged over 60 and 33% with a parent aged over 70 (British Institute of Learning Disabilities, 2012). If their parents become frail, the person with a learning disability may assume a caring role and the family members may become interdependent. If their parents die or themselves need residential care, the person with a learning disability may remain in the family home or if their home is unsuitable, they may be placed in an older people's residential services at a much younger age than the general population. Older people with a learning disability living in the community may not be known to health, social care or housing services; data from the Department of Health in 2001 showed that up to 25% of people with a learning disability living with older family carers are not known to services until there is a crisis (BILD Supporting Older People with a Learning Disability, 2014).). It is common in these situations that poor decisions are made on a person's behalf and in a rush in the absence of services that could support them.

It is important to note that all the capabilities in this framework include learning outcomes that are relevant to older people with a learning disability. This capability includes specific learning outcomes that relate to care and support for older people with a learning disability and dealing with transitions that are not covered elsewhere in the framework.

²⁰ 'Dementia and people with learning disabilities' (Royal College of Psychiatrists, 2015),

Target audience

Tier 2 – Health and social care staff and others with responsibility for providing care and support for a person or people with a learning disability, but who would seek support from others for complex management or complex decision-making

Tier 3 – Health, social care and other professionals with a high degree of autonomy, able to provide care in complex situations and/or may also lead services for people with a learning disability.

Key learning outcomes

Tier 2

Domain C Tier 1 outcomes plus the following

The person or practitioner will:

- a) understand the impact of age-related changes and activity on older people with a learning disability including changes to communication and cognitive abilities
- b) understand factors relating to a person with a learning disability's experience of dementia
- c) understand the impact of recognition and diagnosis of dementia for a person with a learning disability
- d) understand the importance of identifying and assessing the health and social care needs of older people with a learning disability specifically related to ageing.

Tier 3

Tier 2 learning outcomes plus the following

The person or practitioner will:

- a) be able to undertake care and support planning and crisis and positive risk taking with older people with a learning disability, including joint working with housing, employment, education and related services
- b) be able to undertake ongoing review of changing needs, crisis management, contingency and future planning
- c) be able to provide practical and emotional support with ageing (for example, relating to finances, retirement, bereavement and life changes)
- d) understand that people's needs for meaningful activity, sexual expression and good relationships do not diminish with age and know how to help people overcome any barriers they face as they get older.

Relevant guidance and/or legislation

Sources of further guidance and links to relevant legislation are shown in the appendices. Examples of national guidance with specific relevance to this capability are shown below:

- [Care and support of people growing older with learning disabilities, NICE Guideline \[NG96\] \(2018\)](#)
- [Supporting older people with learning disabilities: a toolkit for health and social care commissioners, BILD and NDTi: 2014](#)
- [Dementia and people with learning disabilities: making reasonable adjustments guidance \(2018\)](#)
- [Social Care Institute for Excellence \(Learning disabilities and dementia\)](#)

Indicate mapping to other relevant frameworks

Core Capabilities Framework for Supporting Autistic People:

(www.skillsforhealth.org.uk/autism-framework)

- Capability 7. Supporting changes throughout life

Core Skills/Capabilities Frameworks (www.skillsforhealth.org.uk/cstf)

- Dementia Training Standards Framework
- Frailty: A framework of core capabilities

Generic Service Interventions Pathway (www.hee.nhs.uk/our-work/learning-disability/workforce-capability)

- Pathway point 1: Promoting appropriate access to service

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Domain D. Risk, legislation and safeguarding

Capability 21: Law, ethics and safeguarding

Introduction

Anyone involved in supporting adults (age 16+) with a learning disability must be fully aware of their duty to comply with the supporting laws and legislation. In cases of decision making (MCA 2005) this requires the legal position of presumption of capacity in the first instance. In some cases this might include ethical issues such as the need to balance a person's safety with their right to autonomy, but knowing how and when to apply the mental capacity act, enabling people to make their own decisions and defending those decisions and sometimes (where relevant) deciding what is in the best interest of a person who has been found to lack the capacity to make a particular decision at a particular time (e.g. if a person is unable to consent to care or treatment) is essential. It involves knowing the legal duties around involving family and those close to the person whilst also recognising that a person's needs and choices may sometimes conflict with the needs or views of others.

People with a learning disability may also be vulnerable to situations where they could suffer neglect, harm or exploitation. In recent years several high-profile cases have highlighted distressing examples where there have been failings in the duty of care as documented in the Francis Report (2013) and Transforming care: A national response to Winterbourne View Hospital (2012). These cases serve to highlight the vital importance of raising concerns as soon as possible and continuing to highlight concerns until there is an adequate response. Therefore, health and social care staff must be able to recognise and address any areas of concern and have the confidence to speak out when required.

Target audience

Tier 2 – Health and social care staff and others with responsibility for providing care and support for a person or people with a learning disability, but who would seek support from others for complex management or complex decision-making

Tier 3 – Health, social care and other professionals with a high degree of autonomy, able to provide care in complex situations and/or may also lead services for people with a learning disability.

Key learning outcomes

Tier 2

Domain D Tier 1 outcomes plus the following

The person or practitioner will:

- a) understand how legislation and policies protect the rights of people with a learning disability
- b) be aware of key legislation relevant to mental capacity, deprivation of liberty, equality and human rights
- c) understand that people with a learning disability have the right to make their own decisions and must be assumed to have capacity to do so unless it is proved otherwise
- d) understand that people with a learning disability have a right to be supported to make their own decisions and must be given all appropriate help before anyone concludes that they cannot make a decision
- e) understand that adults with a learning disability must retain the right to make what might be seen as eccentric or unwise decisions
- f) be able to support a person to get advocacy to help them make a decision
- g) understand that if a person is not capable of making a decision then anything done on their behalf must be in their best interest and must be the least restrictive of their rights, in accordance with the Mental Capacity Act
- h) understand that lacking capacity to make a decision at the time it needs to be made doesn't mean that the person is not capable of making that decision another time or of making other decisions.
- i) understand how duty of care contributes to safe practice in learning disability care and support
- j) be aware of dilemmas that may arise between the duty of care and a person with a learning disability's rights and/or family and carers wishes
- k) be able to communicate effectively about proposed care and support to enable a person with a learning disability to make informed choices
- l) be aware that many people with a learning disability may have had traumatic experiences or been discriminated against, and in some cases, they will have been the victims of abuse
- m) be able to recognise a range of factors which may indicate neglect, abuse or exploitation is happening
- n) know what to do if neglect, abuse, unsafe practices or exploitation is suspected, including how to raise concerns within local safeguarding or whistle blowing procedures
- o) understand the national and local context of safeguarding and protection from abuse for people with a learning disability, including 'making safeguarding personal'
- p) understand ways to reduce the likelihood of abuse for people with a learning disability
- q) understand the risks associated with the internet and online social networking.

Tier 3

Tier 2 learning outcomes plus the following

The person or practitioner will:

- a) understand the legislation, regulations and policies that underpin the protection of people with a learning disability including key legislation relevant to mental capacity, deprivation of liberty, equality and human rights
- b) understand implications for practice of key legal and ethical issues
- c) understand the options available when informed consent may be compromised
- d) be able to lead service provision that protects people with a learning disability from harm or abuse
- e) understand safeguarding should be a personalised approach, done with, not to, people to achieve meaningful improvement to their circumstances rather than just a process of 'investigation' and 'conclusion'
- f) be able to manage inter-agency, joint or integrated working in order to protect people with a learning disability at risk of harm or abuse
- g) be able to monitor and evaluate the systems, processes and practice that safeguards people with a learning disability at risk of harm or abuse
- h) understand the roles and responsibilities of the different agencies involved in investigating allegations of harm or abuse
- i) understand the importance of sharing safeguarding information with the relevant agencies and the actions to take if there are barriers to alerting the relevant agencies
- j) understand the role of self and others when supporting people with a learning disability who have experienced harm or abuse
- k) be able to support people with a learning disability to disclose harm or abuse
- l) be able to support people with a learning disability who have experienced harm or abuse
- m) be able to challenge others who are not behaving in an ethical way.

Relevant guidance and/or legislation

Sources of further guidance and links to relevant legislation are shown in the appendices. Examples of national guidance with specific relevance to this capability are shown below:

- [Department of Health \(2009\), Reference guide to consent for examination or treatment](#)
- [Department of Health \(2014\), Care and Support Statutory Guidance: Issued under the Care Act 2014](#)
- [Making Safeguarding Personal \(Local Government Association\)](#)
- [Working Together to Safeguarding Children: A guide to inter-agency working to safeguard and promote the welfare of children \(HM Government, July 2018\)](#)

Indicate mapping to other relevant frameworks

Core Capabilities Framework for Supporting Autistic People:

(www.skillsforhealth.org.uk/autism-framework)

- Capability 15. Law, ethics and safeguarding

Statutory/Mandatory Core Skills Education and Training Framework (CSTF) at:

www.skillsforhealth.org.uk/cstf

- Subject 8. Safeguarding adults
- Subject 9. Safeguarding children

Care Certificate Standards (www.hee.nhs.uk/our-work/care-certificate)

- Standard 10: Safeguarding adults
- Standard 11. Safeguarding children

Generic Service Interventions Pathway (www.hee.nhs.uk/our-work/learning-disability/workforce-capability)

- Pathway point 1: Promoting appropriate access to service

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Capability 22: Equality, diversity and inclusion

Introduction

Learning disabilities affect people (children, young people and adults) from all cultural and ethnic backgrounds.

Issues of cultural and ethnic diversity may have an impact on how people experience a learning disability, including the acceptance of the condition within their family or community.

In addition, many of the characteristics covered by the Equality Act and related to the wider determinants of health can have a significant bearing on experiences of learning disabilities, including but not limited to a person with a disability's sexuality, gender, faith or geographical location.

Target audience

Tier 2 – Health and social care staff and others with responsibility for providing care and support for a person or people with a learning disability, but who would seek support from others for complex management or complex decision-making

Tier 3 – Health, social care and other professionals with a high degree of autonomy, able to provide care in complex situations and/or may also lead services for people with a learning disability.

Key learning outcomes

Tier 2

Domain D Tier 1 outcomes plus the following

The person or practitioner will:

- a) be aware of their own values and beliefs
- b) know what is meant by:
 - diversity
 - equality
 - inclusion
 - discrimination
 - ethnicity and religion
- c) know ways in which discrimination may deliberately or inadvertently occur in a learning disability setting and/or a person with a learning disability's local community
- d) understand how practices that support equality and inclusion reduce the likelihood of discrimination
- e) know how to work in an inclusive way
- f) know which legislation and codes of practice relating to equality, diversity and discrimination apply to your own role and to other services that people you support may use
- g) be able to interact with people in ways that respects their beliefs, culture, values and preferences

- h) know how to challenge discrimination in a way that encourages positive change
- i) know a range of sources of information, advice and support about diversity, equality and inclusion and who to ask for advice and support about equality and inclusion
- j) know ways of working with a range of people with a learning disability to ensure diverse needs are met
- k) be able to adapt assessment, support and care planning taking account of equality issues (e.g. cultural diversity, disabilities, gender and sexual orientation)
- l) understand diversity in family arrangements and the local community
- m) be aware of the stigma, myths and stereotypes associated with learning disability
- n) be aware of socio-cultural differences in how the care giving role is viewed e.g. based on gender
- o) be able to actively challenge any discriminatory practice that may compromise the right of a person with a learning disability to dignity, respect and safety.

Tier 3

Tier 2 learning outcomes plus the following

The person or practitioner will:

- a) understand legislation relevant to equality, diversity and human rights
- b) understand the impact that discrimination and stigma may have on the life of the person (child, young person and adult) with a learning disability, their family and carers
- c) be able to lead practice and an organisational culture that values and respects equality, inclusion and the diversity of people with a learning disability and those who work in the service and encourages challenges to any form of discrimination
- d) understand how to develop systems and processes that promote diversity, equality and inclusion.

Relevant guidance and/or legislation

Sources of further guidance and links to relevant legislation are shown in the appendices. Examples of national guidance with specific relevance to this capability are shown below:

- [Department of Health \(2014\), Care and Support Statutory Guidance: Issued under the Care Act 2014](#)

Indicate mapping to other relevant frameworks

Core Capabilities Framework for Supporting Autistic People:

(www.skillsforhealth.org.uk/autism-framework)

- Capability 16. Equality, diversity and inclusion

Statutory/Mandatory Core Skills Education and Training Framework (CSTF) at:

www.skillsforhealth.org.uk/cstf

- Subject 1. Equality, diversity and human rights

Care Certificate Standards (www.hee.nhs.uk/our-work/care-certificate)

- Standard 4: Equality and diversity

Generic Service Interventions Pathway (www.hee.nhs.uk/our-work/learning-disability/workforce-capability)

- Pathway point 1: Promoting appropriate access to service

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Domain E. Leadership and management, education and research

Capability 23: Leadership and management

Introduction

The delivery of high-quality learning disability care and support requires skilled and confident leaders and managers.

People working in a leadership or management role in care and support for people with a learning disability are not only responsible for supporting those who need care and support, but for taking care of their staff and influencing the quality of care across the sector.

Leaders at all levels have a responsibility to provide direction, disseminate best practice and to motivate and support colleagues in meeting their objectives. This requires an understanding of the environment in which the organisation or team operates and an understanding of current research and developments in learning disability care and support. Leaders can also influence the culture of their workplace regarding desired attitudes and ways of working (such as promoting value based, person-centred approaches to care). As well as supporting staff in their own organisation, leaders will be required to work collaboratively to deliver integrated services as part of a multi-agency team.

Target audience

Tier 2 – Health and social care staff and others with responsibility for providing care and support for a person or people with a learning disability, but who would seek support from others for complex management or complex decision-making

Tier 3 – Health, social care and other professionals with a high degree of autonomy, able to provide care in complex situations and/or may also lead services for people with a learning disability.

Key learning outcomes

Tier 2

Tier 1 outcomes plus the following

The person or practitioner will:

- a) understand the importance of co-production with people with a learning disability and their families and carers
- b) understand the changing nature of learning disability care and support and the impact of current developments on own role
- c) know why management and leadership styles need to be adapted to manage different situations in learning disability care and support
- d) understand the features of effective team performance within learning disability care and support
- e) be able to support a positive culture within the team for learning disability care and support
- f) be able to promote a shared vision within the team for a learning disability setting
- g) be able to develop a plan with team members to meet agreed objectives for a learning disability setting
- h) be able to support individual team members to work towards agreed objectives in learning disability care and support
- i) be able to describe strategies and tools that could be adopted to reduce stress levels, to build resilience and to maintain the wellbeing of staff within the team
- j) be able to manage conflict situations during professional supervision in learning disability care and support
- k) be able to evaluate own practice when conducting professional supervision in learning disability care and support
- l) be able to lead inclusive provision that gives individuals' choice and control over the outcomes they want to achieve
- m) know the appropriate type and level of resources required to deliver safe and effective services in learning disability care and support
- n) know the induction requirements for staff in learning disability care and support.

Tier 3

Tier 2 learning outcomes plus the following

The person or practitioner will:

- a) be able to work with people with a learning disability and families and carers to co-produce services, resources, and support models
- b) understand the importance of collaborative working and coproduction in the provision of care and support for people with a learning disability and their families and carers
- c) be aware of the key drivers and policies which influence national learning disability strategy and service development
- d) be able to anticipate and prepare for the future by scanning for ideas, best practice and emerging trends that will have an impact on outcomes for people with a learning disability
- e) be aware of evidence-based research, innovations and developments in learning disability care and support
- f) understand the current legislative framework and organisational health, safety and risk management policies, procedures and practices that are relevant to learning disability care and support
- g) be able to lead the implementation of policies, procedures and practices to manage risk to individuals and others in learning disability care and support
- h) be able to promote a culture where needs and risks are balanced with health and safety practice in learning disability care and support
- i) be able to improve health, safety and risk management policies, procedures and practices in learning disability care and support
- j) know the importance of challenging poor and unethical practice in learning disability care and support
- k) understand the importance of demonstrating leadership in delivering compassionate person-centred care
- l) understand the importance of learning and development and support in meeting the needs of people with a learning disability
- m) understand the importance of collecting quality assurance information including feedback from people with a learning disability and their families and carers
- n) be able to obtain and act on the feedback and experiences of people with a learning disability and their families and carers
- o) be able to develop creative solutions to transform care and support for people with a learning disability
- p) be aware of the roles and responsibilities of different agencies involved in learning disability care and support
- q) understand the importance of systems leadership in supporting people with a learning disability
- r) be able to work across services and organisations to meet the needs of the growing number of people with a learning disability and complex medical conditions and those who rely on care and support from different agencies.

Relevant guidance and/or legislation

Sources of further guidance and links to relevant legislation are shown in the appendices. Examples of national guidance with specific relevance to this capability are shown below:

- [The Leadership Qualities Framework For Adult Social Care \(NSA\)](#)
- [Positive Behavioural Support A Competence Framework - Positive Behavioural Support \(PBS\) Coalition UK \(May 2015\)](#)
- [NHS Leadership Academy](#)

Indicate mapping to other relevant frameworks

Multi-professional framework for advanced clinical practice in England (HEE 2017)

<https://www.hee.nhs.uk/our-work/advanced-clinical-practice/multi-professional-framework>

- Pillar 2. Leadership and Management

Generic Service Interventions Pathway (www.hee.nhs.uk/our-work/learning-disability/workforce-capability)

- Pathway point 1: Promoting appropriate access to service

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Capability 24: Education and personal development

Introduction

People working in learning disability services need to maintain their own continuing professional development in order to ensure their professional practice remains current, safe and effective. This includes recognising and planning for a range of formal and informal learning opportunities, including learning with colleagues and from the lived experience of people who have a learning disability and their families and carers.

Target audience

Tier 2 – Health and social care staff and others with responsibility for providing care and support for a person or people with a learning disability, but who would seek support from others for complex management or complex decision-making

Tier 3 – Health, social care and other professionals with a high degree of autonomy, able to provide care in complex situations and/or may also lead services for people with a learning disability.

Key learning outcomes

Tier 2

Tier 1 outcomes plus the following

The person or practitioner will:

- a) understand the importance of continuing professional development
- b) understand the process for agreeing a personal development plan and who should be involved
- c) know why feedback from others is important in helping to develop and improve working practice
- d) understand the principles of reflective practice and why it is important
- e) understand the purpose and benefits of supervision and appraisal or similar arrangements
- f) be aware of a range of learning opportunities and how they can be used
- g) be able to implement a personal development plan through accessing development opportunities
- h) use opportunities with others to reflect on learning in order to continuously improve practice
- i) disseminate information about knowledge and evidence-based practice that will be useful to others
- j) challenge poor practice in ways that promote the use of knowledge and evidence-based practice to safeguard individuals and enhance their wellbeing
- k) appreciate and utilise the lived expertise of people who have a learning disability and their families and carers in one's own personal development
- l) undertake personal development based on the changing needs of the individuals using the service to ensure that the service provided meets those needs.

Tier 3

Tier 2 learning outcomes plus the following

The person or practitioner will:

- a) critically assess and address own learning needs, negotiating a personal development plan that reflects the breadth of ongoing professional development
- b) engage in self-directed learning, critically reflecting to maximise clinical skills and knowledge, as well as own potential to lead and develop both care and services
- c) advocate for and contribute to a culture of organisational learning to inspire future and existing staff
- d) facilitate collaboration of the wider team and support peer review processes to identify individual and team learning
- e) identify further developmental needs for the individual and the wider team and supporting them to address these
- f) supporting the wider team to build capacity and capability through work-based and interprofessional learning, and the application of learning to practice
- g) provide training in trauma informed care so that people with a learning disability are not traumatised by services
- h) act as a role model, educator, supervisor, coach and mentor, seeking to instil and develop the confidence of others.

Relevant guidance and/or legislation

Sources of further guidance and links to relevant legislation are shown in the appendices.

Indicate mapping to other relevant frameworks

Multi-professional framework for advanced clinical practice in England (HEE 2017)

<https://www.hee.nhs.uk/our-work/advanced-clinical-practice/multi-professional-framework>

- Pillar 3. Education

Generic Service Interventions Pathway (www.hee.nhs.uk/our-work/learning-disability/workforce-capability)

- Pathway point 8: Monitoring and measurement, research and evaluation

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Capability 25: Research and evidence-based practice

Introduction

The continuing development of learning disability care and support requires on-going research and development of evidence-based practice. This includes evaluating the outcomes and impact of services and interventions. When people (children, young people and adults) with a learning disability agree to participate in research activities this must be handled with due regard for the ethical issues involved.

Target audience

Tier 2 – Health and social care staff and others with responsibility for providing care and support for a person or people with a learning disability, but who would seek support from others for complex management or complex decision-making

Tier 3 – Health, social care and other professionals with a high degree of autonomy, able to provide care in complex situations and/or may also lead services for people with a learning disability.

Key learning outcomes

Tier 2

Tier 1 outcomes plus the following

The person or practitioner will:

- a) know the importance of research and evidence-based practice and support for people with a learning disability and their families and carers
- b) know where to find research and development evidence (including the rich qualitative data available from people with lived experience) and how to use it to underpin ways of working to benefit a person with a learning disability
- c) be able to report data and outcomes as required in a learning disability setting
- d) know how to interpret and use data as evidence effectively in a learning disability setting
- e) be able to translate research into practice when supporting people with a learning disability
- f) know how to adapt and develop monitoring and measuring tools to collect appropriate information, in line with current research and evidence
- g) be able to present data relating to intervention and outcomes in a user-friendly format
- h) understand the difference between service evaluation and research and be able to participate in service evaluation and research in a learning disability setting
- i) know how people with a learning disability, their families and carers may be involved in service evaluation and research
- j) be able to support people with a learning disability and/or family members to direct research, or to be co-researchers
- k) be able to share knowledge and good practice and incorporate new knowledge into own practice
- l) be able to evaluate the sharing of knowledge and good practice.

Tier 3

Tier 2 learning outcomes plus the following

The person or practitioner will:

- a) understand systematic research methods to facilitate evidence-based practice in a learning disability setting
- b) understand the range of evidence that informs decision-making, care practice and service delivery
- c) understand approaches to evaluating services and measuring impact, including the use of outcomes reported by people with a learning disability
- d) understand the ethical issues related to conducting research with people with a learning disability
- e) be able to justify a topic for research within services for people with a disability
- f) be able to contribute to a research project within services for people with a learning disability as a part of a research team
- g) be able to analyse research findings
- h) be able to disseminate research findings clearly and accurately in written reports or verbal presentations
- i) understand the importance of continuing professional development to ensure that research and evaluation methods used are robust, valid and reliable.

Relevant guidance and/or legislation

Sources of further guidance and links to relevant legislation are shown in the appendices. Examples of national guidance with specific relevance to this capability are shown below:

[The National Institute for Health and Care Excellence \(NICE\)](#) provides national guidance and advice to improve health and social care. They do this by:

- Producing evidence-based guidance and advice for health, public health and social care practitioners
- Developing quality standards and performance metrics for those providing and commissioning health, public health and social care services
- Providing a range of informational services for commissioners, practitioners and managers across the spectrum of health and social care
- Research and evaluation
- Sharing knowledge and good practice.

Indicate mapping to other relevant frameworks

Multi-professional framework for advanced clinical practice in England (HEE 2017)

<https://www.hee.nhs.uk/our-work/advanced-clinical-practice/multi-professional-framework>

- Pillar 4. Research

Generic Service Interventions Pathway (www.hee.nhs.uk/our-work/learning-disability/workforce-capability)

- Pathway point 8: Monitoring and measurement, research and evaluation

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Appendix 1: How this framework was developed

This framework was commissioned to update the original Learning Disabilities Core Skills Education and Training Framework (launched in 2016). The aim was to review and update the content of the original framework, and where necessary, to develop additional content. In particular some key themes to be added and/or further enhanced within the framework were identified as:

- Health promotion and raising awareness of health conditions.
- Reasonable adjustments, addressing health inequalities and avoiding premature mortality.

The update of the framework was guided by a steering group representing key stakeholders, including British Institute of Learning Disabilities, Care England, Health Education England, Mencap, NHS England, Skills for Care, Skills for Health and VODG (Voluntary Organisations Disability Group).

A wider stakeholder list was established to include a more diverse range of organisations and individuals that wished to be up-dated on the review of the framework and to provide comments or feedback as part of the consultation process. Individuals were able to register their interest in the project from a project web page.

Initial desk research was based on a review of the original framework and identification of more recent references and resources (see Appendix 5. Sources of further guidance and information, and Appendix 6. Bibliography).

Initial revisions to the framework were based on the findings of the desk research and consultation with the project steering group. Subsequently, during February 2019 a wider online consultation survey was conducted, with a total of 143 respondents and based on analysis of these survey outcomes, further amendments and refinements were undertaken. With the support of Mencap, Easy Read copies of the consultation documents were developed, and focus groups and workshops were facilitated to consult with people with a learning disability, many of whom had previous experience in providing learning disability training. A final draft of the framework was completed at the end of March 2019.

Appendix 2: Related standards and frameworks

Core Skills Training Frameworks

Skills for Health originally developed the UK Core Skills Training Framework which sets out the expected learning outcomes and standards for delivery of training related to the most common statutory and mandatory training subjects within the health sector. The aim is to help ensure the quality and consistency of such training, and to help prevent unnecessary duplication of training.

In addition, a range of other core skills/capabilities frameworks are now offered as guidance and good practice for development of the current and future workforce, including this framework for Learning Disability and others for, Dementia; Mental Health; End of Life Care; Person-centred Approaches; Musculoskeletal and Frailty.

All core skills/capabilities frameworks can be accessed from: www.skillsforhealth.org.uk/cstf.

Care Certificate Standards

Following the Francis Inquiry, Camilla Cavendish was asked by the Secretary of State to review and make recommendations on the recruitment, learning and development, management and support of healthcare assistants and social care support workers. The resulting [report](#), published in July 2013, found that the preparation of healthcare assistants and social care support workers for their roles within care settings was inconsistent, and one of the recommendations was the development of the Care Certificate.

Skills for Health, Health Education England, and Skills for Care worked together to develop and pilot the draft Care Certificate documents. The Care Certificate was formally launched in April 2015, replacing both the National Minimum Training Standards and the Common Induction Standards. Further information about the Care Certificate is available from [Skills for Health](#) and [Skills for Care](#).

National Occupational Standards (NOS)

National Occupational Standards (NOS) are statements of the standards of performance for individuals when carrying out functions in the workplace, together with specifications of the underpinning knowledge and understanding. NOS are developed for employers by employers through the relevant Sector Skills Council or Standards Setting Organisation.

All national occupational standards are available from the [NOS Directory](#)

Competence search tools are also available from the [Skills for Health Tools web site](#).

Appendix 3: Relevant legislation and policy

[Mental Health Act \(1983\)](#)

The Mental Health Act covers the reception, care and treatment of people with a mental health disorder, the management of their property and other related matters. People detained under the Mental Health Act need urgent treatment for a mental health disorder and are at risk of harm to themselves or others. In particular, it covers cases when a person can be detained (also known as sectioned) and treated without their agreement.

[Disability Discrimination Act \(1995\)](#)

An Act to make it unlawful to discriminate against disabled persons in connection with employment, the provision of goods, facilities and services or the disposal or management of premises; to make provision about the employment of disabled persons; and to establish a National Disability Council.

[Human Rights Act \(1998\)](#)

The Human Rights Act gives effect to the human rights set out in the European Convention on Human Rights. These rights are called Convention rights. Examples of Convention or human rights include:

- the right to life
- the right to respect for private and family life
- the right to freedom of religion and belief.

The Human Rights Act means you can take action in the UK courts if your human rights have been breached.

[Mental Capacity Act \(2005\)](#)

The Mental Capacity Act (MCA) applies to England and Wales. The primary purpose of the MCA is to promote and safeguard decision-making within a legal framework. It does this in two ways:

- by empowering people to make decisions for themselves wherever possible, and by protecting people who lack capacity by providing a flexible framework that places individuals at the heart of the decision-making process
- by allowing people to plan ahead for a time in the future when they might lack the capacity.

[Health and Social Care Act 2008 \(Regulated Activities\) Regulations 2014](#)

The Health and Social Care Act provides the regulations (including fundamental standards) against which the [Care Quality Commission \(CQC\)](#) inspects and monitors health and social care services. The fundamental standards include:

- Regulation 9. Person-centred care
- Regulation 10. Dignity and respect
- Regulation 11. Need for consent
- Regulation 12. Safe care and treatment
- Regulation 13. Safeguarding service users from abuse and improper treatment
- Regulation 14. Meeting nutritional and hydration needs

[Autism Act \(2009\)](#)

The Autism Act (2009) put a duty on the Government to produce a strategy for autistic adults in England, which was published in March 2010: [Fulfilling and Rewarding Lives \(2010\)](#).

Building on the themes in Fulfilling and Rewarding Lives (2010), a new strategy, [Think Autism](#), was then published in April 2014. Think Autism set out a programme of action the Department of Health and other government departments will take to improve the lives of autistic people.

One of the key goals of the autism strategy is a commitment to increasing understanding of autism by improving autism awareness training for all frontline public service staff, in line with the needs of their job, and developing specialist training for staff in health and social care.

[Equality Act \(2010\)](#)

The Equality Act 2010 legally protects people from discrimination in the workplace and in wider society. It replaced previous anti-discrimination laws with a single Act, making the law easier to understand and strengthening protection in some situations. It sets out the different ways in which it's unlawful to treat someone.

[NHS \(2011\), The NHS Constitution](#)

In March 2011, the Department of Health published the NHS Constitution (updated in 2015). It sets out the guiding principles of the NHS and your rights as an NHS patient. The seven key principles guide the NHS in all it does. They are underpinned by core values which have been derived from extensive discussions with staff, patients and the public.

[Care Act \(2014\)](#)

The Care Act brings together care and support legislation in England with the principle of well-being at its heart. The Care Act changes the way councils, care providers and user organisations work. It changes peoples' roles in the delivery of care, and the expectations and duties placed on people.

[Children and Families Act \(2014\)](#)

An Act to make provision about children, families, and people with special educational needs or disabilities; to make provision about the right to request flexible working; and for connected purposes.

[NHS England \(2014\), Five Year Forward View](#)

The NHS Five Year Forward View was published on 23 October 2014 and sets out a new shared vision for the future of the NHS based around the new models of care. It has been developed by the partner organisations that deliver and oversee health and care services including Care Quality Commission, Public Health England and NHS Improvement (previously Monitor and National Trust Development Authority).

[Transforming Care Programme \(2015\)](#)

Transforming care is a programme with the aim to develop health and care services so that more people with a learning disability and/ or autistic people can live in the community, with the right support, and close to home. This means that fewer people will need to go into hospital for their care.

There is a national plan about how to do this called '[Building the right support](#)' (October 2015), and there are 48 transforming care partnerships (TCPs) across England to support this.

[Learning Disabilities Mortality Review \(LeDeR\) Programme \(2015-2019\)](#)

The Learning Disabilities Mortality Review (LeDeR) Programme is the first national programme of its kind aimed at making improvements to the lives of people with a learning disability. The Programme is developing and rolling out a review process for the deaths of people with a learning disability, helping to promote and implement the new review process, and providing support to local areas to take forward the lessons learned in the reviews in order to make improvements to service provision.

[Accessible Information Standard \(2016\)](#)

All organisations that provide NHS care and/or publicly-funded adult social care are legally required to follow the Accessible Information Standard. The Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss.

[Integrated Care Systems \(2016\)](#)

In 2016, NHS organisations and local councils came together to form 44 sustainability and transformation partnerships (STPs) covering the whole of England and set out their proposals to improve health and care for patients.

In some areas, a partnership will evolve to form an integrated care system, a new type of even closer collaboration. In an integrated care system, NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve.

[NHS Long Term Plan \(2019\)](#)

The launch of the NHS Long Term Plan (2019) has provided greater focus on actions the NHS will take to strengthen its contribution to prevention and health inequalities, including mechanisms to ensure that people with learning disability and/or autism get better support. It sets out actions to improve understanding of the needs of people with learning disability and autism, to improve their health and wellbeing and to tackle the causes of morbidity and preventable deaths.

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Appendix 4: Suggested standards for training delivery

The employing organisation should be assured that learning facilitators have the appropriate experience and background to deliver training to a satisfactory standard. For guidance, this may include the following:

- a current and thorough knowledge of the relevant subject
- experience of teaching and learning, including the ability to meet the competences expected for [LSILADD04 Plan and prepare specific learning and development opportunities](#).

The organisation should also ensure that they have put in place a quality assurance mechanism, whereby the accuracy of the content and the effectiveness of its delivery has been quality assured and is subject to periodic observation.

Where e-learning is used, the organisation must ensure the accuracy of the content and its coverage of the required learning outcomes. Consideration must also be given to whether e-learning is appropriate, recognising when face to face training, practical methods or a blended approach may be more effective.

Co-producing training

The LeDeR programme recommended that learning disability awareness training should be delivered in conjunction with people with a learning disability and their families. As well as articulating the experiences and perspectives of people with a learning disability, co-production demonstrates the wider positive strengths, contributions and impact that they can make.

Therefore, the active involvement of people with a learning disability, family and carers is central to effective training delivery and where possible, sessions should be co-designed to model person-centred approaches and to meet learning outcomes.

People with a learning disability may also contribute by sharing their story (either in person, or through a medium such as video or podcast) while others may wish to actively co-deliver as much as possible.

It is important to recognize that how people train is as important as what is taught. Education should include training that is co-designed and co-delivered by people with lived experience, in community settings” (Realising the Value 2016²¹)

The [Education Outcomes Framework \(Department of Health 2013\)](#) provides further guidance on the quality of training with a focus on improvements in patient care, health outcomes and addressing variation in standards.

The [Health Education England \(HEE\) Strategic Framework 15](#) provides the context and strategic direction for the education and training of the current and future healthcare workforce.

²¹ Realising the Value, The Health Foundation (2016) at: <https://www.health.org.uk/collection/realising-value>

Appendix 5: Sources of further guidance and information

The following are some suggested sources of further guidance and information (this list is not exhaustive). Click on the links below to access the relevant web sites:

- [Ambitious about Autism](#)
- [Autism Alliance UK](#)
- [Autism Plus](#)
- [British Institute of Learning Disabilities \(BILD\)](#)
- [British Psychological Society](#)
- [Care Quality Commission \(CQC\)](#)
- [Challenging Behaviour Foundation](#)
- [Disability Matters / Autism Spectrum Matters](#)
- [Down's Syndrome Association](#)
- [Foundation for people with learning disabilities](#)
- [General Medical Council \(GMC\) / Learning Disabilities](#)
- [Health Education England \(HEE\) / Learning disability](#)
- [Mencap](#)
- [National Autistic Society](#)
- [NICE](#)
- [NHS Leadership Academy](#)
- [NHS England / Learning Disabilities](#)
- [NHS England / Accessible Information Standard / Resources](#)
- [PBS Academy](#)
- [PHE Learning Disabilities Observatory \(IHaL\)](#)
- [Royal College of General Practitioners / Health checks for people with learning disabilities toolkit](#)
- [Royal College of Nursing](#)
- [Royal College of Psychiatrists](#)
- [Royal College of Speech and Language Therapists](#)
- [Scope](#)
- [Social Care Institute for Excellence \(SCIE\)](#)
- [Skills for Care](#)
- [Skills for Health](#)
- [University of Bristol, Learning Disabilities Mortality Review \(LeDeR\) Programme](#)

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BSc (Hons) Nursing Student Handbook

NMC approved to deliver against the four fields of nursing practice across the UK and in the Bailiwick of Guernsey

(Reviewed May 2022)

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Section 1: Introduction to the BSc (Hons) Nursing programme

1.1 Welcome to the Open University

The Nursing programme team at The Open University would like to warmly welcome you to this exciting and innovative Future Nurse degree programme. This is the start of your journey toward professional registration with the Nursing and Midwifery Council. The Open University has offered a pre-registration nursing programme since 2002 working in partnership with a wide range of health and social care partners and the programme offers adult, mental health, children & young people and learning disability pathways.

Looking always to meet changing expectations in the external health and social care arena, as well as those of our student and professional regulatory bodies, our focus is future proof through this Future Nurse Curriculum. In return we expect our students to participate with the learning opportunities we provide and take responsibility for managing their own learning and be ambassadors for the University and their chosen field of practice (i.e. Adult, Learning Disabilities, Children and Young People or Mental Health).

As you progress through your programme, you will develop knowledge and skills using a variety of different teaching methods and tools including enquiry-based learning via online tutorials using Adobe Connect; our online tutorial and learning system, clinical support and forum discussions, all underpinned by excellent scholarship and research. Throughout the qualification, you will consider ways in which the learning from module materials can inform your practice.

Support in practice will help you gain confidence and competence in your person-centred nursing practice. Innovative educational technologies have been employed to maximise and capitalise on the excellent learning and teaching opportunities available. Vibrant and diverse learning materials and activities are brought together to bring an exciting and innovative approach to learning. The curriculum is flexible and student-centred, responsive to the changing service requirements, and aims to produce nurses who can improve patient care experience in a professional, caring and cost-effective manner.

This Student Handbook provides you with information about your nursing programme and about the academic services that are here to support you. It is not intended to be exhaustive but should help you to understand your programme and provide you with the routes available to resolve any challenges you might experience. Please ensure that you do take time to read the handbook, familiarise yourself with its contents and return to it regularly when you have questions about the programme. The latest version of the Handbook is found on the Nursing Qualification webpage.

So, enjoy your study with the Open University and please utilise any support services that you need.

1.2 The pre-registration nursing curriculum changed in 2020. Why is this?

In May 2018, the Nursing and Midwifery Council (NMC) published, [Future Nurse, Standards of proficiency for registered nurses](#). Standards are regularly reviewed by the NMC so that nursing knowledge and skills remain contemporary and reflect the dynamic health needs of individuals across the UK. These standards set the standard necessary for nurses to deliver effective, safe and compassionate care. They set out what nurses and midwives need to know and be able to do by the time they register with the NMC and what approved education institutions (AEIs) and their practice placement partners must provide when delivering education and training courses. From September 2020, all Approved Education Institutions (AEIs) must deliver a curriculum that reflects the Future Nurse standards of proficiency so at the end of your programme, you will be amongst the first groups of learners to qualify against these new standards.

The key components of the roles, responsibilities and accountabilities of registered nurses are designed to apply across all four fields of nursing practice (Adult, Learning Disabilities, Children and Young People or Mental Health) and across all care settings. Although you will be registered against one field of practice, for example mental health, for many years it has been considered essential that registered nurses must be able to meet the person-centred, holistic care needs of individuals they encounter in their practice who may be at any stage of life and who may have a range of mental, physical, cognitive or behavioural health challenges. You will find therefore that opportunities for learning and gaining insight or experience from practice will extend beyond your own field of practice.

Additionally, the 2018 [NMC Standards for student supervision and assessment](#) outline changes to the way students are supervised and assessed with opportunity for other registered health and care professionals to support learners in practice. This will increase the pool of professionals available to support and improve the quality of student learning. The changes should allow greater independence of assessment, innovation, and development of placements across more practice settings.

Whichever your chosen field of nursing (i.e. Adult, Learning Disabilities, Children and Young People or Mental Health), your programme of study has been designed to equip you with the appropriate knowledge and skills to meet the complex healthcare needs of members of the community across a range of practice settings promoting a population-based focus. Throughout the programme key concepts support the development of professional behaviours, inter-professional working, and the values and attitudes expected of a compassionate nurse who can demonstrate connectedness, emotional intelligence, and moral responsibility. This supports the integration of physical and mental health, as well as integration of care across health and social care. This will enable you, as a graduate of the Open University, to demonstrate the professional values expected to deliver high quality evidence informed care to children, young people, adults, families and carers. You will be a critical user of evidence enabling you to develop a well informed and creative approach to care, this includes critical engagement with research as well as other forms of evidence.

We have ensured that the curriculum reflects the four UK Nations and Guernsey including relevant nation specific legislation and policy as well as core themes that will be embedded throughout the curriculum. These themes include: Quality Improvement, Safety and Enhancement, Safeguarding Across the Life course, Mental Capacity Legislation and Deprivation of Liberties, Mental Health and Wellbeing across the life course, Learning Disability across the life course, a Four-Nation perspective, and Leadership. Critically, skills development in alignment with The NMC (2018) standards and proficiencies will be addressed.

1.3 Rationale for the new curriculum

This Future Nurse Curriculum was developed following a critical review of our pre-registration provision in light of the publication of the [Nursing and Midwifery Council Standards \(NMC 2018\)](#) Future Nurse: Standards of proficiency for registered nurses.

Additionally, the development of this exciting new programme has been influenced by the changing landscape of health and social care within the UK and Guernsey, national and local agendas and policy drivers. For example, nationally 'Next steps on the NHS Five Year Forward View' (2017) and the NHS 10-year plan (2019) are both underpinned by the clear acknowledgement that the health service needs to change; and the "All Our Health" framework for personalised care and population health (Public Health England 2019) sets out changes for the future with the aim of integrating care for patients. The Department of Health Northern Ireland launched its Transformation Plan "Health and Wellbeing 2026: Delivering Together" in October 2016, providing a 10-year approach to transforming health and social care (Department of Health NI 2016). The Welsh Government published "A Healthier Wales: Our Plan for Health and Social Care" outlining a strategy for a long-term future vision of a 'whole system approach to health and social care', focussed on health and wellbeing, and on preventing illness (Welsh Government 2019). The Scottish Government launched its Health and Social Care Delivery Plan in December 2016 which sets a clear intention to strengthen national leadership for the sustained protection and improvement of Scotland's health. NHS Health Scotland (2017) then published its Fairer Healthier Scotland: A strategic Framework for Action 2017-2022. This document sets out the key priorities for fairer health improvement in Scotland and provides a framework for the new public health body (NHS Health Scotland 2017). The programme is also underpinned by the Chief Nursing Officer's 2030 vision (Scottish Government, 2017), the GCU Common Good values and attributes (GCU, 2015) and the GCU Centre for Living research themes (GCU 2017).

The National Health Service (NHS) is facing several challenges, including demographic and workforce changes, a rise in chronic conditions and complex comorbidities, continuing financial pressures, all combined with a rise in patient expectations. Populations no longer live in the world which the NHS was originally designed for. People live longer, medicine has advanced and technology is transforming the way individuals live, lifestyles and expectations have changed. Treating people in hospitals when they are ill is only a small part of modern health and social care. These challenges require new models of care, incorporating the need for a flexible and multi skilled workforce for the future. As well as building capacity in the workforce, registrant nurses need to be able to work within the fast-changing landscape of technology enabled services, and ever-changing applications for digital health and social care. Different models of service delivery are also required to address the integrated care agendas. There is also a need to take into account the changes that are taking place in society, as well as in health and social care, (NMC 2018). The argument, therefore, continues for workforce transformation in relation to nursing practice, and the further development of future roles and new ways of working (HEE 2017; NHS England 2017, 2019). It is therefore, envisaged that you as a future nurse graduating from the Open University will contribute and help to lead these changes.

The Open University aims to work in partnership with yourself as a student using Enquiry-Based Learning as an approach to embed co creation, creative engagement in your learning and to help ensure that we afford each student authentic learning. Students have also been involved in the co-production of the programme, its design, and how we will deliver it. This approach is in alignment with the University ambition and mission to transform lives and be open to people, places, methods and ideas, whilst also enabling future nurses to transform and contribute to quality healthcare delivery.

It is envisaged that the demand for our programmes across all fields of nursing practice will continue to grow with an ever-increasing need for health and social care professions and professionals to be educated to make decisions in the context of complexity, uncertainty and varying levels of risk. As an OU future graduate of nursing you will be able to work with other health and social care professionals in different care settings with diverse populations and with adults, children and young people or adults with complex needs. You will be able to cope with challenges within Health and Social Care and the changing technological advances that will ensure that digitally enabled care is the norm.

1.4 Programme Philosophy

The underpinning philosophy of your nursing programme is 'Person-Centred', placing the individual at the heart of their care. An approach whereby the person is at the centre of the decision-making processes and the design of their care needs, their nursing care and treatment plan. It is a way of thinking and providing health care to ensure that care is personalised to the individual. It is also about focusing care on the needs of individual and ensuring that people's preferences, needs and values guide clinical decisions. It is also about providing care that is respectful of and responsive to the individual needs of the child, young person, adult and their families or carers. This therefore, requires a holistic and inclusive approach to care and facilitates shared decision making between the individual service user and those delivering care and services. In turn service users are viewed as individuals who play an important part in decisions that are made about their care delivery.

The theoretical underpinnings of the curriculum philosophy also align with virtue ethics, theories of human caring across the lifespan, personalised care, family-centred care salutogenesis and professionalisation. Salutogenesis is fundamental to the philosophy allowing a focus on factors that support human health and well-being rather than on factors that cause disease (pathogenesis). Personalised care represents a new relationship between people, professionals and the system. It is about making the most of the expertise, capacity and potential of people, families and communities. To recognise the value of nursing, students and staff will work collaboratively and creatively in the teaching and learning experience, to positively influence the nursing student's personal and professional development. Enquiry-Based Learning (EBL) is used to facilitate this development at levels 2 & 3 of your programme to facilitate students acquiring requisite knowledge and skills. EBL is a student-centred teaching approach that motivates and engages students with direct decision making, applied analytical thinking and results in competent, reflective, autonomous practitioners, able to think critically, problem solve and respond in the ever-changing landscape of health and social care. This research-orientated approach will inspire students to learn for themselves in readiness for lifelong learning and leadership.

The values-based curriculum philosophy articulates how becoming and being a qualified 21st century nurse will be cultivated throughout the programme. To generate a personal, caring and compassionate approach to evidence-based nursing practice, the curriculum embeds key concepts such as: connectedness, affective awareness, emotional intelligence and resilience to support the student to nurture safe practice and moral responsibility.

Therefore, the overarching philosophy of the curriculum represents the shared values and beliefs of key stakeholders, such as Open University staff, practice colleagues, nursing students, service users across the life course, carers and families to identify what being a compassionate and caring nurse means and therefore, the kind of nurse the curriculum needs to enable and develop. This values-based approach places students as partners of the learning process and moreover at the centre of the curriculum. The programme will foster students' ability to make sound clinical judgments and to continuously improve nursing care delivery through effective leadership, critical thinking and life-long learning. Moreover, it will support the development of person-centred graduate nurses who demonstrate the knowledge, skills and understanding required of a health care practitioner in the 21st century.

The programme is an integrated curriculum and therefore the fields of practice¹ have been integrated throughout to prepare registrants to work with service users across the four fields of practice. Therefore, this overarching programme philosophy applies to all four fields of nursing practice (adult, children and young people, learning disabilities, mental health). However, the operationalisation of this philosophy will demonstrate field of practice variance as follows:

- Nursing students are allocated practice assessors and academic assessors who are registered nurses with appropriate and relevant equivalent experience to support the students in the field of practice that they are registered.

¹ Adult, Learning Disabilities, Children and Young People or Mental Health nursing

- All modules will have a module team attached which will consist of academic staff from each field: adult, children and young people, learning disabilities and mental health nursing
- Within the modules there will be master classes and enhancement activities that will enable the student to develop expertise within their chosen field of practice
- EBL scenarios will be contextualised to each field whilst also integrating physical and mental health care in order to achieve parity of esteem (HM Government, 2011)

To ensure that the programme incorporates learning opportunities to meet all NMC (2018) proficiencies, as well as reconcile the expectation that students will be able to demonstrate skills and undertake procedures at an appropriate level for their intended field of practice, Annex A and Annex B have been mapped across the programme for all students reflecting *variance appropriate* to each field of practice in relation to:

- [Annexe A](#), Section 3 “Evidence-based, best practice communication skills and approaches for providing therapeutic interventions apply to all registered nurses, but the level of expertise and knowledge required will vary depending on the chosen field of practice. Registered nurses must therefore be able to demonstrate the ability to undertake these procedures at an appropriate level for their intended field(s) of practice” (NMC, 2018, Future nurse: Standards of proficiency, p27)
- [Annex B](#), Part 1 “Procedures for assessing needs for person-centred care, sections 1 and 2 apply to all registered nurses, but the level of expertise and knowledge required will vary depending on the chosen field(s) of practice. Registered nurses must therefore be able to demonstrate the ability to undertake these procedures at an appropriate level for their intended field(s) of practice” (NMC, 2018, Future nurse: Standards of proficiency, p31).

The Annex A and B Skills are the skills that registered nurses should be able to demonstrate they can do at the point of registration in order to provide safe nursing care. Annex A specifies the communication and relationship management skills required, and Annex B specifies the nursing procedures that registered nurses must demonstrate that they are able to perform safely. As with the knowledge proficiencies, the annexes also identify where more advanced skills are required by registered nurses, working in a particular field of nursing practice (NMC 2018: 6).

1.5 Mission statement

Our mission is to ensure that Open University nursing graduates leave this programme as a person-centred, proficient registrant. You will therefore feel empowered to lead on evidence based integrated care for all people. Equipped with digital literacy skills you will understand the importance of being and becoming a technology enabled nurse for the future. The programme team is committed to developing nurses who can make a difference to the health and wellbeing of individuals, families, communities and populations, shaping the future health and social care landscape.

1.6 Programme aims

The aim of this programme is for you to develop all the skills and proficiencies you need to be a Registered Nurse. The programme enables you to stay in work while you study, provided you have the support of your employer, with a balance of theory and practice delivered through practice-based and distance learning. During the course, you will experience a range of alternative practice settings developing the professional skills and knowledge to deliver high quality, safe and effective person-centred care for people with varied health needs in a range of care settings.

On successful completion of the course you will be able to register as a Registered Nurse (Adult, Learning Disabilities, Children and Young People or Mental Health) with the Nursing and Midwifery Council. This qualification can also be undertaken as a degree apprenticeship in England and Northern Ireland, in accordance with each country's specific requirements.

1.7 Programme Learning Outcomes

The programme contains a number of critical learning outcomes around your Knowledge and Understanding, Cognitive Skills, Key Skills and Practical and/or Professional Skills.

Knowledge and Understanding

When you complete your studies for this qualification, you will have knowledge and understanding of:

KU1	a systematic and extensive knowledge and understanding of the contemporary context for health and social care, the range of settings and the principles of integrated, person-centred care.
KU2	an extensive knowledge and critical understanding of the biological, pharmacological, physical, socio-cultural, political, legal, ethical, organisational and psychological concepts and theories relevant to contemporary nursing practice.
KU3	an understanding of the principles of research, the evidence base for healthcare and nursing practice, and the ability to recognise the potential uncertainty, ambiguity and limits of knowledge.

Cognitive Skills

On completion of this qualification you will have developed the following cognitive skills:

CS1	Critique concepts and information from a wide range of sources, including current research, scholarly, and professional literature, and evaluate applicability for nursing and healthcare.
CS2	Critically analyse risks in health and social care and evaluate strategies for improving safety and quality.

Key Skills

When you complete this qualification you will be able to:

KS1	Demonstrate problem-solving, decision-making and critical thinking skills, applied to nursing practice.
KS2	Communicate effectively and manage relationships with service users, families, carers and health and social care colleagues, using a range of appropriate methods and applying emotional intelligence.
KS3	Demonstrate the literacy, digital literacy, technological literacy and numeracy skills required to ensure safe and effective nursing practice.
KS4	Demonstrate effective skills in leadership, management, coordination, teamworking and collaboration

Practical and/or Professional Skills

When you complete this qualification, you will be able to:

PPS1	Demonstrate achievement of the Nursing and Midwifery Council proficiencies for registered nurses in the chosen field of practice (either Adult, Learning Disabilities, Children and Young People or Mental Health)
PPS2	Demonstrate resilience and acknowledge the impact and demands of professional nursing practice on your personal health and wellbeing, engaging in self-care and accessing support when required.

PPS3 Demonstrate independent learning skills and the ability to learn from feedback, reflecting on your own personal and professional development, and demonstrating a commitment to lifelong learning.

1.8 Pedagogy (The approach to teaching)

Constructive alignment is the curricular approach chosen to underpin this value-based caring framework (Biggs 2003). This means that you will construct meaning from the range of relevant learning activities available throughout the programme. Teaching is viewed as a catalyst for your learning. The 'alignment' aspect refers to what the teacher does, which is to set up a learning environment that supports the learning activities appropriate to achieving the desired learning outcomes. The teaching methods used and the assessment tasks, are aligned with the intended learning outcomes of the programme and of the individual modules that you will be studying within the programme. Our task is to get you to engage in activities which help you achieve those learning outcomes. You will demonstrate achievement of the learning outcomes within the range of assessment tasks that you will undertake within each module. You will need to demonstrate different levels of understanding as you progress through the programme.

As a student you will be exposed to more than an empirical basis for future practice. We will adopt a holistic approach whereby students work as partners in their learning, but also take responsibility for their learning both in practice and theory. To effectively teach caring and compassion, academics must also role model these attributes to nursing students (Sawatzky et al 2009). This involves accepting and treating students as having value, worth, and the potential for growth. Therefore, facilitators of learning must enable students to develop throughout the programme in a structured way that builds and fosters their development from novice to proficient practitioner (Benner 1984, 2001). This is achieved in part through the application of emotional intelligence to understand self and to develop the personal integrity of the health and social care of the student as a leader.

In practice-based learning/placements you will as a student move from novice to advanced beginner, onwards to becoming competent. The 'expert' stage to then be developed over a period of time post-registration (Benner 1984). Therefore, in level 1 you will be expected to demonstrate guided participation in care, performing with increasing confidence and competence. In level 2 we expect you to become more "Competent" in your abilities, through active participation in care with minimal guidance and performing with increased confidence and competence. By the end of your programme and level 3 you will be able to demonstrate your ability to achieve the NMC's (2018) generic and field specific proficiencies and be regarded as eligible for registration with the NMC. The expectation being that at the end of the programme you will be able to practice independently with minimal supervision, lead and co-ordinate care with confidence.

1.9 What is different about being an Open University student?

The OU's mission of being open to people, places, methods and ideas aims to provide access to higher education to all, regardless of their circumstances.

As an OU student you often choose when and where you study, whether that's at home in the evenings, in the local library at the weekend, in the office after work or on the move during your commute. This is different from going to a traditional university, college or school where you would be expected to be at a set place, at a specific time. It also allows you to continue working and develop your new-found knowledge and skills in the workplace.

Studying on your own does not mean that you will be isolated or unsupported in your studies. You will have a tutor for all the modules you study, as well as a team of people at the OU to support you in succeeding in your studies and beyond.

The use of Adobe Connect synchronous tuition (online tutorials) means that when used you will come together with other students at fixed times, so you need to make yourself available for these sessions. This is especially important when you are working as part of EBL groups as you will be working closely with a small number of other learners. We will make sure you have plenty of notice of this via your module study planner.

To support your studies, you will receive high-quality materials that are available 24 hours a day, 7 days a week, wherever you have an internet connection. Please try not to fall behind with your studies and if you find that you are struggling, please contact your Module tutor or Practice Tutor/Academic Assessor to discuss how you might be helped to get back on track or what your options might be.

Remember there are lots of people to support you and provide information, advice, and resources. Don't struggle. Ask for support early.

Remember:

- **Don't struggle.**
- **Ask for support early.**

Section 2: Programme structure

2.1 What is the programme structure?

The programme is delivered as one of two qualifications, the Standard programme (R39) or the Apprenticeship programme (R43) the content and structure of which is identical.

R39 - Standard: BSc (Honours) Nursing

R43 - Registered Nursing Degree Apprenticeship (RNDA): BSc (Honours) Nursing

Both qualifications are delivered through one of the four chosen specialisms structured across the below levels of theory and practice modules.

- **Adult**
- **Children & Young people**
- **Learning Disabilities**
- **Mental Health**

	Theory	Practice
Level 1	Introduction to health and social care K102 (60 credits)	Introduction to healthcare practice K104 (60 credits)
Level 2	Understanding nursing: knowledge and theory K210 (60 credits)	Developing nursing practice K211 (60 credits)
Level 3	Assimilating nursing: knowledge and theory K325 (60 credits)	Becoming an autonomous practitioner (60 credits) K326 Adult K327 Mental Health K328 Learning Disability K329 Children and Young People

2.2 How flexible is the programme?

Our nursing degree is offered as both a standard or apprenticeship route with several start dates allowing students some flexibility for the length of their study:

October:

3 years (163 weeks)

4 years (215 weeks)

February:

3 years (170)

4 years 4 months (234 weeks)

All routes and students study together at level 1. If students need to change the length of their studies, *it may* be possible to opt onto the three- or four-year option at level 2, with agreement from their employer. Students may also change their chosen field of practice before year three, however this must be in agreement with their employer and Staff Tutor.

2.3 Nationwide and local study

Much of the course material has been developed to address the learning outcomes and NMC standards (2018) with a UK-wide perspective. At times, we intentionally focus on individual nations/state (i.e. Scotland, Wales, Northern Ireland, England and Bailiwick of Guernsey) to give you a local perspective. In addition, you will need to meet local level legislation, policy and training standards relevant to your geographical region of practice and field of practice (i.e. Adult, Learning Disabilities, Children and Young People or Mental Health). Your staff tutors will be able to support you if you have any queries regarding your nursing practice as you progress through the course.

Section 3: Learning and Assessment

3.1 Learning and Teaching on the programme

3.1.1 What is the learning and teaching strategy?

The BSc (Hons) nursing programme integrates both academic and practice-based learning. This pre-registration nursing programme includes a range of teaching methods recognising that students have different preferred learning styles. During the programme you will learn directly from your experiences in practice and through knowledge and understanding acquired from specially prepared learning materials. You will be able to focus your learning on your field of practice although you will have the opportunity to reflect on practices across all four fields (Adult, Learning Disabilities, Children and Young People or Mental Health).

Each module guides your learning by providing underlying theory on key concepts and evidence-based knowledge to enable you to learn the necessary skills to practise nursing.

During levels 2 & 3, you will use an EBL approach to your learning. You will be encouraged to reflect on what you learn, carry out activities and participate in group learning. You'll learn more of this process as we introduce this in the programme, but we hope the peer learning that this approach provides will help avoid feelings of isolation that students can experience when studying via distance learning. For level 2 and level 3 modules, EBL uses scenarios that reflect real life situations and the complexity of healthcare, people's health needs across the lifespan and the range of care settings. Learning will be in small facilitated groups and you will develop skills to become an independent learner, who can identify your learning needs, seek out and appraise information, and apply your learning in practice.

Information literacy and evidence-based practice are integral to your learning.

To progress through the qualification, you will be required to integrate your theoretical learning (learning for practice) and your practice-based learning (learning in practice) in order to inform the delivery of safe, effective, compassionate, person and family-centred care.

As you progress, you will be expected to learn and practise increasingly independently and will be encouraged to form 'communities of learning' with other students on the qualification. This will be promoted through online discussion forum activities, online tutorials using Adobe Connect, telephone and email contact. A practice tutor/academic assessor, practice-based supervisors and practice-based assessors will facilitate and support your practice learning in each setting where you gain experience.

3.1.2 How do I learn?

Your learning begins with studying the module materials which can be accessed from module websites. The Student Dashboard on each module provides a guide to all aspects of your study, including the recommended order of visiting the learning materials and associated forums, and the hyperlinks that will enable you to access web-based materials and the online formative assignments for the module. It will also provide a progress monitor to see how you are progressing. You'll have access to an online study planner to guide you through each week. This can be a great starting point when planning your studies.

You will learn directly from your experiences in practice and through knowledge and understanding acquired from specially prepared learning materials. These materials use a variety of learning approaches, including service user and carer accounts, self-assessment questions, video and audio materials, reference texts, computer-aided learning packages, directed reading, formative and summative interactive computer-marked assessments (iCMAs), forums, tutorials, and web-based resources.

3.1.3 How do I learn on a distance learning course?

As an OU student you can often choose when and where you undertake your academic study. As highlighted above in section 1.9, this may be at home in the evenings, in the local library at the weekend, or on the move during your commute. This is different from going to a traditional university, college or school where you would be expected to be at a set place, at a specific time. Studying on your own doesn't mean that you'll be isolated or unsupported in your studies. You'll have an allocated tutor for the modules you study, as well as a team of people at the OU to support you in succeeding in your studies and beyond. When you are part of an EBL group, your tuition will be via synchronous tuition therefore please make yourself available at times of tuition to connect with your fellow peers and tutors.

It will though be important that you establish a work schedule and study pattern that suits you. Planning ahead will be important. It will not mean giving up your social life but instead you will need to get the balance right between your study, work/practice-based learning, social and personal commitments. You might wish to think about which time of day you find it best to study. It might be when you are better able to concentrate, or less likely to be distracted. You will also need to plan ahead for what you need to do each day.

It may be helpful to adopt the following approach to your learning:

- Engage in short, frequent study sessions of about an hour. This may be more productive than for example, engaging in one long three-hour session.
- Take regular breaks, about 10 - 15 minutes to refresh your thinking.
- Stop or move on to something else if not progressing.

Think about what works for you, how good you are at managing your time and the steps you need to take to support your learning.

Don't forget that even when you study on your own, you can meet your fellow students, the module tutors and the module team through the online forums, which are accessed via the website.

An introduction to supported open learning and what to expect when studying with the OU is available in the free OpenLearn course '[Am I ready to be a distance learner?](#)' and the OU induction resource for those who are [New to OU study](#).

3.1.4 What will I learn?

You will learn about the underpinning theory to enable you to be a compassionate, knowledgeable nurse working in a modern health care setting. This encompasses developing specific understanding of sociology, anatomy and physiology, psychological changes and specific conditions across the lifespan and service user groups in diverse settings.

All modules will support your achievement of the NMC's proficiencies. These proficiencies are: Being an accountable professional; Promoting health and preventing ill health; Assessing needs and planning care; Providing and evaluating care; Leading and managing nursing care and working in teams; Improving safety and quality of care; Coordinating care.

You will learn and develop the skills to be able to demonstrate specified communication and relationship management skills, and nursing procedures. Throughout the programme you will develop more advanced skills applied to your specified field of practice.

3.1.5 What is EBL?

EBL is a method of learning in which learners first encounter a challenge/concern or issue (the enquiry) from practice which they explore by a systematic, student-centred enquiry process. Typically, students

work in small groups with a tutor who acts as a facilitator of discussions and learning rather than as a direct source of information.

You will be introduced to this approach to learning in Level 2 of your programme and utilise this approach throughout the remainder of the programme.

Using the teaching and learning strategy of EBL tutors will be facilitators – encouraging small groups of learners to examine the learning that emerges from the triggers of the unfolding scenarios. You will work in small groups with students from your own field of practice (i.e. Adult, Learning Disabilities, Children and Young People or Mental Health).

3.1.6 What is reflection and reflective writing?

Many of the activities in your modules ask you to think back over things you have already read and see if you understand them or can apply them to your own life. 'Thinking back' in this way is a vital component of what we mean by reflection. Reflection allows us to learn from what went well, and from our mistakes, to ensure that we become better at what we do. Models and frameworks, for example, Gibbs' (1988) model, are frequently applied to facilitate reflective practice. By applying this systematic method of evaluating, analysing, problem-solving, identifying patterns and creating meaning you will not only reach a higher level of learning, but you will also be able to identify your own learning needs, improve your professional development, and make better professional decisions and judgement calls (meeting the requirements of each situation).

Keeping a note of your reflections in a learning journal helps you to both record and consolidate your learning. Using a journal in this way ensures that you capture your thoughts; otherwise there is always a strong possibility that they are lost.

Reflective writing will help you to clarify, develop and demonstrate (to yourself as well as others) the connections between your prior knowledge and experience (theory and practice), your new learning, the rationale for your learning and future practice, and identify what you have yet to learn. Reflecting on your successes is a basis for successful practice, while reflecting on mistakes or problems can help you avoid repeating them or help to find an appropriate solution. This forms the basis of personal and professional development planning (continuing professional development or CPD). Reflective writing is explorative in nature; it includes description (What? When? Who?), and analysis (How? Why? What if?) and can also result in more questions than answers.

3.1.7 What does level 1,2 and 3 study mean?

Your pre-registration nursing qualification is divided into levels and modules of study. Just as you progress through three stages in your practice learning, you progress through three academic levels as you study the qualification. In doing so you will gain confidence and skills in expressing yourself in writing to create a balanced argument, critical thinking and critical evaluation skills.

→ **It is important that you take responsibility for your own learning as an adult learner.**

Level 1: At Level 1 you demonstrate your knowledge about what you find out while discussing relevant topics. Its purpose is to stimulate and facilitate interest in health and social care and how it is applied to your care settings. You are encouraged to describe what you have learned. This will link into your practice experiences of the unique needs of the various client groups you meet while in your core practice base and alternative care setting.

Level 2: At Level 2 you not only discuss what you have found out, but you apply it to your own practice as a student nurse. At this level you assimilate a substantial amount of knowledge so that you can gain insight into and understand the diverse range of client and patient groups you will encounter and how to address their needs through analysis of their needs set against the evidence-based responses of care services.

Level 3: By Level 3 you develop the critical skills of analysis to work in a complex health care setting as an autonomous and innovative nurse. You develop your skills of analysis and critique where the emphasis is not on the amount of knowledge you have accumulated but on how you handle and critique that knowledge.

3.1.8 I am in a tutor group. How is this organised?

You'll normally be part of a group of students, typically in practice-based modules groups of 15-20 students from all fields of practice, whereas for Enquiry Based Learning you will be in a smaller group of 8 students who are in the same field of practice (i.e. Adult, Learning Disabilities, Children and Young People or Mental Health). These are supported by the same tutor. Interaction with your tutor group varies depending on the module, but you usually have a tutor group forum where you can discuss ideas online. You may also meet and work with members of your tutor group and other tutor groups in online tutorials.

Attending your tutorials is **mandatory**. Please refer to section 5.2.2 for the Policy on completion of theory hours, and the Module Guide, to understand the exact responsibility expected from you in the particular module that you are studying.

3.1.9 What is a forum?

These are online discussion areas where you can interact with other students. They are moderated by your tutors. The forums could be specific to your tutor group, include students from several different tutor groups or could be module wide. You'll find these on your module website. On most modules participation in the forums is optional but sometimes there are activities where participation counts towards an assignment. You'll be clearly told if this is the case.

✓ Tutor group forum

The tutor group forum is just for you and the rest of your tutor group.

How the forum is used will depend on the individual module. On some modules it will be used for discussion of module content and activities. Your tutor will usually start any formal discussions or activities. Your tutor may also use this forum to share information with you, such as tutorial notes.

✓ Module-wide forum

The module-wide forum is available to everyone registered on the module, and all OU staff with a connection to the module. It usually opens before the tutor group forum and is a good place to get early questions answered and get in touch with other students.

3.1.10 How are online tutorials organised?

Each module requires you to engage in a series of tutorials to support your learning. These are organised in a virtual 'room' (using Adobe Connect). The tutorials are facilitated by one (or more) tutors. Participation is mandatory as the tutorials contribute to your required learning hours, so that you can register with the NMC on completion of your course. Therefore, it is important you pay attention on your study calendar as to when the tutorials are scheduled (these are found in the module website). The tutorials are held with 15-20 students across all four fields of practice, so that you benefit from broad perspectives during your learning.

However, unlike other modules on the course, the scheduling of EBL tutorials in K210 and K325 will be negotiated with your tutor and peers. The first week (i.e. the Introductory tutorial) will provide opportunity for you to feed into a group decision to agree when tutorials will be held. It is anticipated that you will leave this session with a clear understanding of the arrangements in place for tuition. Therefore, you will be aware of the times/dates during the entire presentation of the module. In the exceptional circumstance

that you did miss a tutorial, please refer to the Module Guide for detailed instructions on what to do. These tutorials are in smaller groups of approximately 8 students, within the same field of nursing practice.

3.1.11 What is Adobe Connect?

Your tutorials will take place in our online rooms, using software called Adobe Connect. Links to joining the tutorials will be on the tutorials page for your module. You can think of these as virtual meeting rooms, where you can talk (by voice or text) to other students and tutors, and see material shared by the tutor, have a go at online polls, contribute your thoughts and ideas in discussions and sometimes work in small groups with other students.

As with all online systems, getting to grips with this can take a little bit of getting used to and the best thing to do is to have a go! All you need to get started is a broadband connection, a head set with an integrated microphone. The [student guide for Online Rooms](#) provides some really useful information to help you get started. We encourage you to [watch the familiarisation video](#).

You'll find it becomes easier the more you use Adobe Connect and all of the tutors, and your fellow students will all have had some teething experiences when starting off. They will help you with tips and advice to use it to its full potential and enable you to fully engage with the many learning activities it offers. If you do need help accessing a room and getting started, you can contact the Computing Helpdesk on: +44 (0) 1908 653972 or you can fill out a web form or make use of the [webchat facility](#) offered as part of the [Help Centre](#).

The functions in Adobe Connect will be the same for each module.

Many modules will record tutorials just in case you're unable to attend, or if you want to revisit them later to help refresh your memory or when you are revising. You'll find information on your module website about how to access these recordings.

Attending live tutorials provides the best opportunity for your learning. You learn most when you're actively engaging with what's going on – and that is much easier to do when there are other students and your tutor in there with you at the same time. Being able to ask questions and join in makes a lot of difference!

3.1.12 Masterclasses

Throughout your progression in the modules, you will have the opportunity to attend 'Masterclasses'. These have been developed to address a wide variety of contemporary topics in nursing and healthcare practice. A range of presenters, such as nurse academic staff (from the OU), NHS or Private, Independent and Voluntary (PVI) service representatives and services users will share their specialist knowledge and insights, providing you with a broader perspective on relevant topics.

The Masterclasses are additional to your module tutorials. Attendance at masterclasses is optional. However, we highly recommend that you participate fully to benefit from the unique learning opportunities and knowledge offered. The masterclasses will be scheduled in the module website (so you have plenty of notice) and will be delivered via Adobe Connect (unless advised otherwise) each lasting 60 minutes. Normally there will be an opportunity for you to ask questions, either during or at the end of the masterclass.

3.1.13 Do I need to undertake the online activities?

There are online activities within each module that are an essential part of your study. These may be associated with EBL, videos, audio material or accompanying text. You will be directed to these from the learning material. Although some may not be assessed directly, the activities will help you to engage with the material and add context to your learning. They also help inform you and tutors of your

understanding/application of the learning material as you progress. Please refer to Section 5.5.2 Policy on completion of theory hours for clarification.

3.1.14 How do I plan my studies?

Your study planner shows the module activity week-by-week. You're given the date that the week starts and any specific resources you need to access. If your course has an online guide, then there are clear links to this as well. You can use the planner to keep track of your progress by clicking the progress indicators on the planner. You have the choice of having either a narrow view (just the current three weeks of information shown) or an expanded view (showing all weeks). The planner is a great way of finding out what you should be doing.

3.1.15 Distressing subjects or content

As part of this programme, you will cover some topics that you might find distressing, for example death, dying and bereavement. Where possible, we have added a warning prior to this study content which highlights that the forthcoming content may be distressing and signposts you to support, if necessary. You may find it beneficial to speak with your tutor who will further advise where to access support.

Support from the OU for mental health and wellbeing services can be found on this [link](#).

3. 2 Assessment

3.2.1 What is the Assessment Strategy?

The core purpose of assessment across the modules in the BSc (Hons) Nursing is to ensure that you achieve the qualification's learning outcomes, which are aligned with the NMC proficiencies for registered nurses, required for registration with the NMC. In order to complete the pre-registration nursing qualification successfully, you must demonstrate an appropriate level of theoretical knowledge and a range of specified essential nursing skills that will enable you to practise as a safe and competent practitioner.

We understand that assessment can be a cause of anxiety for students and you will have to write academic essays, but we have designed the assessment strategy to include a range of assessment types which will relate to activities you will have to undertake as a registered nurse. There is also lots of support available to help you with your assignments. You can get some useful advice on assessment from students who are currently studying with the OU in the [OU Student's association videos on YouTube](#). You will also find lots of useful information in section 5 of this handbook.

The assessment strategy aims to enable you to fulfil your potential, at each level of the qualification, to prepare you for employment as a competent registered nurse. Assessment builds from developing your confidence in your performance, self-assessment and reflecting on your learning and practice at level 1, through to demonstration of independent learning, problem-solving and decision-making, critical analysis and synthesis of information, and developing and presenting complex arguments at level 3. There is a strong emphasis on developing professional skills and proficiencies, particularly in the practice modules. Each module will have a single component assessment strategy comprising a series of assessment tasks, which are aligned with the learning outcomes and develop different skills.

You will be assessed at increasing levels of complexity as you progress through the qualification. Some assessments are designed to be formative and the feedback is intended primarily for you to reflect and learn from. Other assessments will be summative and provide a formal assessment of competence that will determine your progression through the qualification and count towards the classification of your degree at levels 2 and 3.

Your practice modules will be assessed using the Practice Assessment Documentation (PAD). In each practice learning module, you must successfully complete skills and proficiencies, developed under supervision and assessed by a named practice assessor, on a Pass/Fail basis. Other compulsory NMC components for each practice learning module are completion of required practice learning hours and confirmation of good health and good character. More information about using the PAD and practice experience is explored in section 4 of this handbook.

You will have opportunities to practise for assessments through self-assessment quizzes and activities embedded in your learning guides in your modules. You will be introduced and supported to achieve the practice assessment criteria at regular meetings with your practice supervisors and assessors.

The general regulations and processes concerning assessment in the OU can be found in the [Help Centre](#)

You are encouraged to familiarise yourself with the [Student Policies and Regulations](#) in particular those show below:

[Assessment Handbook](#)

[Code of practice for student assessment](#)

[Code of practice for student discipline](#)

[Changing your study plans policy \(deferrals, withdrawals and cancellation\)](#)

[Policy on plagiarism](#)

3.2.2 How will the programme be assessed?

Throughout the programme you will be assessed both in the University and in clinical practice using a range of methods. These include:

- Essays
- Case studies
- Interactive computer marked assignments (iCMA)
- Reflective accounts
- Reports
- Practice Assessments Document (PAD)
- For Apprentices only: via the integration of the End Point Assessment (EPA) (refer to section 7)
- For Apprentices only: functional skills development and testing (level 2)

The assessments are designed to allow you to develop skills you need to be a competent registered nurse. These include writing reports, reflecting on your practice, designing information leaflets, producing care plans and service improvement plans. As a registered nurse you need to be able to problem-solve, make decisions, analyse information and present complex arguments. To do this you need to be able to search and evaluate relevant evidence and develop academic writing skills by producing essays, reports and writing reflective accounts. Your knowledge of anatomy, physiology and pharmacology will be assessed mainly through interactive computer marked assignments.

Each module of the qualification has its own assessment scheme, details of which can be found in the Assessment Guidance on the module website. You will receive feedback on your performance on all assessments, which will enable you to plan how to meet your development needs.

→**NB:**

To meet the requirements to pass each of the three practice modules, you must submit your completed PAD and undertake an End of Module Assignment.

The Open University takes its responsibility to integrate and promote Health & Safety, Equality, Diversity, Inclusion, British Values, Safeguarding and PREVENT very seriously. It is an essential part of your nursing journey. You need to demonstrate your role and responsibilities as both a learner, an employee and a colleague. You will need to keep your Employer mandatory training up to date throughout the programme.

3.2.3 Do I have to complete assessments for all my modules?

All assessments are compulsory.

Each module has a single component assessment which can include Tutor Marked Assignments (TMA), Interactive Computer Marked Assignments (iCMAs) and an End of Module assessment (EMA). The pass mark for the continuous assessment component and the EMA components is 40%. In your practice modules you must also submit your PAD. These are graded as pass or fail.

There is a resubmission opportunity if required.

3.2.3.1 Numeracy iCMA in level 3

In level 3 you will undertake a Numeracy exam as an iCMA where you are required to achieve 100% pass mark. You are given 2 attempts. This is an NMC requirement for satisfactory completion of the course.

Throughout the module material in level 1, 2, and 3, there are learning opportunities to practice your numeracy skills. Nurses need to understand how to manipulate numbers to recognise basic calculations. This might be to recognise when a drug dose appears wrong, or to make calculations to deliver medication. If you have a learning difficulty with numbers such as dyscalculia, you are encouraged to discuss this with your tutor who can help you get extra support.

3.2.4 What do I do if I feel unable to submit an assignment?

Extensions are permitted for TMAs (but not EMA) but check the module assessment guidance and the Undergraduate Assessment Handbook which is available online. You must contact your tutor for advice and guidance when factors are impacting on your study which may affect your ability to keep to the assessment deadlines.

For exams and EMA's if a situation arises which affects your performance you can submit special circumstances. You can also contact the Student Support Team for advice and guidance. There is a link to your Student Support Team on your [StudentHome page](#).

3.2.5 What is formative assessment?

You will be prepared for the academic assessments not only through teaching and learning sessions and associated activities but also through formative assessments. Formative assessments are important and allow you to test your knowledge and get feedback on your work. The feedback you get doesn't count towards your final result but helps you to develop. Some formative assignments are compulsory, so you must submit them even though the scores don't contribute to your result.

3.2.6 What is summative assessment?

Summative assessments are used to determine whether you have achieved the learning outcomes for the module. You need to pass all components of the summative assessment. This may include TMA's, iCMA's, EMA or PAD. The scores for these assignments count towards your final result.

The assessment strategy for your module will tell you which category each assignment falls into. You can access the assessment strategy from StudentHome. In the centre panel, under the title of the module you are enrolled on, select 'Assessment', then select 'Assessment strategy'. You'll be given a zero score for any summative assignment you don't submit.

3.2.7 What is Single Component Assessment?

Single Component Assessment (SCA) is where your module grade is determined solely through a weighted average of all the assessment tasks.

This will include your TMAs (+ iCMAs where appropriate) and an EMA. Your module grade will be determined solely through a straight average of all the assessment tasks. To pass the module you require a final mark of 40% or above.

The assessment strategy for each module will outline the specific assessment tasks, weightings and dates for work to be submitted.

You must engage with the final assessment task in order to be eligible for a resit/resubmission opportunity.

3.2.8 What is a TMA (Tutor marked assignment)?

Tutor-marked assignments are spread across the study time for your module. You will be given time in your study planner to prepare your TMA, and guidance to help you. Your allocated tutor will provide feedback and a mark for TMAs. Tutors use detailed marking guidelines to ensure consistency. Your tutor will return your marked TMA with feedback that will help you focus on areas to develop for future work.

3.2.9 What is iCMAs (interactive computer-marked assignments)?

Modules may also use iCMAs as part of assessment. As with TMAs they are designed to help you learn. Many of them give you instant feedback, and if you haven't answered the question correctly you may also be given the chance to try again.

If your module uses iCMAs you will be able to locate them in the Assessment section on your module website.

3.2.10 What is an EMA (end of module assignment)?

Some modules have an end-of-module assessment (EMA). This is a larger assignment you do at the end of a module and is completed and submitted in a similar way to TMAs but brings together what you've learned across the module and is in place of an exam.

The EMA will be submitted online to the OU secure servers, marked, moderated and managed through the established OU assessment and quality assurance processes.

You will need to have recorded a PASS in each component of the module assessment in order to PASS the qualification. There is no compensation between assessments and two attempts only may be made at any assessment. All assessments will be subject to the Open University regulations which are described in the Assessment Handbook

If you have declared a disability to the University, we will be able to make adjustments and special arrangements if you require them. Further information is contained in the [Accessibility policy](#).

3.2.11 How do I submit my assignments?

You'll usually submit TMAs and EMAs using the OU's online eTMA (electronic tutor-marked assignment) system. You can access the eTMA system from your module record page on StudentHome. You can practise using the eTMA system before your first assignment is due by sending a 'dummy' document. This is also known as TMA00 and a button for this should appear seven days before your module starts. You may find your tutor asks you to do this as practice.

Submitting a TMA is quick and easy to do. Just remember to follow the guidance you'll be given on how to format and submit your file.

3.2.12 How is my practice assessed?

Practice assessors will assess your competence in practice and record their assessment in your Practice Assessment Document (PAD). In addition, students undertake a Practice Assessment Interview (PAI) at each stage of the programme with their practice assessors, in combination with your Practice Tutor/Academic assessor and formally review your progress.

More information can be found in section 4 *Practice experience and supervision*.

3.2.13 How do I get feedback on my assignments?

Feedback will be obtained from various sources including feedback built into iCMAs, TMA feedback, feedback in group sessions (tutor and peers) where facilitated, practitioner feedback, and through script marker feedback on your EMAs. Feedback will ultimately continue to be steered towards building confidence in your performance and developing a deeper understanding of key concepts of nursing and its' related sciences when applied to practice.

Feedback will follow the OU standard process, with the iCMAs generating immediate feedback and all other work, except for the EMA, being marked by your tutor and moderated by the module team. If you

submitted your TMA online, you'll receive an email telling you when it's available to download. We call this 'collecting' your marked assignment. Typically, you'll get it back within 10 working days from your submission deadline. This allows you ample time to understand and respond to the feedback. You will receive written differentiated feedback from your EMA at the end of the module. This feedback will be provided by your script marker.

To collect your TMA, you'll go back to the eTMA system. Here you should see your score for the TMA and a button to collect it. When you click 'collect' you'll be able to download your TMA and tutor feedback as a zip file which you'll need to save to your computer or device. When you open the file, you'll find your tutor's comments and feedback.

Do make sure that you collect your work and read all of the feedback – there is usually feedback on your TMA document as well as an attached form with a summary of the feedback. Don't just look at the mark, as the feedback you get is really important and will help you improve.

Assignments marked by module tutors are monitored to ensure a reasonable uniformity of marking standards and an adequate level of teaching comments.

3.2.14 What can I do if I am unhappy with my TMA result?

If you want to query the score awarded for any TMA (except for end-of-module TMAs), you must return the assignment to your tutor within 14 days of the date of return on the Assessment Summary/TMA form (PT3), stating the grounds on which you're querying the score.

There is information and guidance on your [module results in the Help Centre](#).

3.2.15 Guidance for presenting your assessments: style guide

This style guide has been developed to provide guidance and structure to the presentation of your written assessments and follows recognised academic good practice. You will need to refer to the individual assessment guidance, particularly for assessments that use alternative submission formats, e.g. a poster/leaflet or personal development plan (template) for further instructions on how to structure your work.

Page layout

- Use a title page and add a table of the following details (example):

TMA/EMA	TMA01
Assessment title	Reflective practice in mental health nursing
Module code	K*999
Name	Chris Smith
PI Number	PI= 12345678
Word count	1529
Statement of confidentiality	I confirm that this is my own work and that I adhere to the NMC code on confidentiality and anonymity

- Add page numbers at the bottom of the page.

Formatting of text

- Follow the assessment guidance for the individual TMA/EMA
- Use a size 11 or 12, plain font (e.g. Arial, Calibri or Verdana).
- Use black print (colour print should only be used occasionally e.g. for diagrams).
- Use 1.5 line spacing.

- Organise the assignment into paragraphs/sections. Normally longer assignments will have several sections, each of which will have at least one paragraph per section.
- Leave a blank line between paragraphs.
- Subheadings are generally not to be used in essays unless you are advised to do so in a specific TMA or EMA assessment guidance. Subheadings would normally apply to reports or proposals.
- Keep the use of bold text or italics to a minimum (avoid using these in the main text).

Word count

- Adhere to the word count
- Follow the [HWSC guidance](#) policy on word limits.

Confidentiality

- Ensure that you comply with HWSC guidance on [confidentiality](#). This means you must not mention the names of people, places or agencies/Trusts in your work. You are able to use Trust Policies to support your written work and these must be cited as per Harvard cite-them-rite guidance on how to reference [Placements](#) and unpublished or confidential sources.

Referencing

- Ensure your in-text citations and your references in your final list all match. Refer to the [OU guidance](#) on [cite-them-rite](#) Harvard reference style when creating your reference list to reduce the likelihood of making referencing errors.
- Please read the guidelines in the '[Plagiarism](#)' section of the OU help pages. Use your own words to explain your ideas, do not copy and paste from other sources.

Final checks

- If spelling and grammar are not your strong point, use the spelling and grammar check in your word processing software to help you.
- Proof-read your assignment to check for typographical errors that the spell checker will not identify (e.g. form instead of from) and against the assignment guidance to check for omissions.

Remember: Give a quick, visual scan of your assignment at the end to check its presentation.

The following skills activities will help you with the presentation of your assignments:

- [Formatting your text](#)
- [Layouts, headers and footers](#)
- [Checking spelling and grammar](#).

Section 4: Practice experience and supervision

4.1 The importance of practice experience

As a student nurse, half your programme of study is based in practice or work-placed learning, so that you are provided with opportunities to achieve the required standards of proficiency for admission to the register. Equal importance is given to theory and practice learning.

You must be supported to learn in practice and that will include you being supernumerary, which means you should not be counted as part of the staffing required to deliver safe and effective care in that setting.

Apprentice students are considered students for all of their contracted hours, whereby your employer will formally release you undertake the NMC supernumerary hours required for practice learning, where you will undertake student nurse hours (and roles) (as opposed to your regular HCA/AP hours and role).

4.1.1 Why are practice experiences important?

As well as observing what type of care is provided in each setting, you should be given the opportunity to learn and provide care across a range of different learning environments to enable you to meet learning outcomes and experience a variety of care situations, working with patients, service users and carers across the lifespan, in acute and community settings. This is important so that you are able to develop professionally, take part in the delivery of safe and effective care, and maintain the safety of patients and yourself at all times.

4.1.2 What types of practice experiences are there?

Practice experiences may be in a variety of settings and may include acute, community, private, voluntary or independent sector settings. They do not have to be confined to particular areas such as hospital but are more concerned with ensuring appropriate learning experiences. This means you may be learning in a group, on a one to one basis, in a classroom, using simulation or by taking part in direct patient care. This is often referred to as 'Hub-and-Spoke' type placements and this allows for students to gain broad experience across varied settings in short, bespoke areas by locally agreed arrangements.

You may follow a person's episode or experience of care, and you should experience interdisciplinary and interprofessional learning, to identify the role of other members of the care team.

You may also have an opportunity to be involved in simulated care experiences, which is an artificial representation of real-world practice. You will be encouraged to reflect on your practice experiences and maintain a reflective journal.

Please be aware that for students studying on the Island of Guernsey some practice undertaken as part of 'spoke' learning opportunities may require you to travel off the Island to access appropriate practice.

4.1.3 How will practice experiences be documented?

All students will have access to a PAD. There are a range of PADs used across England, N Ireland, Scotland, Wales and Bailiwick of Guernsey and the document you will use will have been agreed locally. You will be directed to this by local OU staff. This document has been developed to support nursing students to achieve the criteria set out in the NMC (2018) [Future Nurse: Standards of proficiency for registered nurses](#).

All practice experiences and the achievement of proficiencies and learning outcomes will be documented in your PAD and summarised in the Ongoing Achievement Record (OAR). Specific guidance will be provided on how to complete the PAD and the interview process you will need to follow to ensure all documentation is completed accurately.

You will also need to record the number of hours spent in areas of practice, as well as any time you take as sickness or other absence that may occur. You will need to submit this information to your Practice Tutor/Academic Assessor at the end of each calendar month, for the duration of your study.

For Apprentices' any hours that are used from their 20% off-the-job learning must also be recorded and submitted to their Practice Assessor/Academic Assessor at the end of each calendar month, for the duration of your study

4.1.4 How can I make the most of every practice experience?

It is important to prepare ahead for your practice experiences. Make sure you find out exactly where the practice experience is and that you know how to get there so that you are on time for your shifts.

Take time to find out what your practice experience can offer you – for example, is it a hospital ward that specialises in a particular type of surgical care for patients? If so, do you need to revise your understanding of anatomy to make sure you can make sense of the care being provided? Or is it a practice setting that

supports young people with profound learning disability? What preparation do you feel you need? Or will you be meeting community nursing colleagues? What arrangements do you need to agree with them on where to meet and do you know what the policy on lone working is? Will you be able agree some Hub and Spoke placements visits and meet other members of the community team, such as the health visitor, the community midwife, the chiropodist and occupational therapist.

Thinking about what your practice experience can offer you in terms of learning opportunities is well worth the effort, because you can start to plan your learning and map that against the requirements of the PAD. It is important that you have an induction to each practice area you work in, so that you know about hours of working, what to do in an emergency, and what to do should you be ill and unable to attend, for example.

Keeping a record of your practice experiences is important, not only as a record of your achievements which you will need to complete your PAD, but also as a personal reflection to demonstrate your growth and development as a safe and accountable practitioner.

4.2 Supervision and assessment in practice

4.2.1 Why is supervision of practice so important?

There is a strong emphasis in your programme, on developing professional skills and proficiencies, particularly in the practice modules. Each module will have a single component assessment strategy comprising a series of assessment tasks, which are aligned with learning outcomes and develop different skills. In each practice learning module, students must successfully complete a range of skills and proficiencies evidenced within the PAD, developed under supervision and assessed by a named practice assessor, on Pass/Fail basis. Other compulsory NMC components for each practice learning module are completion of required practice learning hours and confirmation of good health and good character.

4.2.2 Who supervises me in practice?

It is important that you have a practice supervisor available to you whenever you are in a practice learning environment. All nurses and midwives in any practice learning environment should be able to act as a role model and practice supervisor. Practice supervisors must be registered with a professional regulator such as the NMC, GMC or HCPC. Health and social care professionals who are not registered with a professional regulator cannot be practice supervisors. However, those health and social care professionals who are not registered with a professional regulator but are working in a practice learning environment, such as phlebotomists or teachers (in a primary or secondary school) may also contribute to your education, depending on the role they play. There may be a particular skill they have, or they may have experience within that area that would be useful for you to be aware of and learn from.

4.2.3 The Practice Assessment Interview (PAI)

Practice Assessors/Academic assessors are registered nurses, midwives and nursing associates, who assess your practice learning. They will have been prepared for their role and have current knowledge and experience relevant for the programme you are studying, although they do not necessarily have to be registered in the same field of practice as the one you will be studying for.

Practice assessors can be assigned to you for a placement or a series of placements, or for the whole of an academic year, but they cannot be your assessor throughout your whole programme.

Each stage of the Nursing/Nursing Associate Programme includes a Practice Assessment Interview (PAI) as part of their assessment strategy. A PAI is a short, professional discussion held between the Academic Assessor (AA), the PA and yourself.

The three PAIs (across the three stages of the programme) will enable you to demonstrate how you are progressing on your journey from novice student to graduate nurse. Each PAI is based on one or more of the professional values listed in the NA/Nursing PADs and reflects the module materials of that stage.

4.2.4 What do practice assessors do?

Practice assessors assess and confirm your achievement of practice learning in a placement or series of placements. They do not necessarily have to assess you in each practice setting you experience, but assess your overall performance, taking account of whether or not relevant proficiencies and programme outcomes have been achieved, and if you are displaying the required values of the nursing profession. Your nominated practice assessor will communicate with your practice supervisors and also with your nominated academic assessor, who makes a recommendation about your progression throughout the programme.

4.2.5 What is a practice tutor/academic assessor?

The Open University provides you with a practice tutor/academic assessor. Academic assessors collate and confirm student achievement in the academic environment for each part of the programme. They work with your nominated practice assessor to make recommendations for progression for each student they are assigned to. This means that you will be visited by your practice tutor/academic assessor at the beginning of your practice experience to ensure you have learning opportunities available and appropriate supervision and support. They will make a further visit mid-way through your practice learning to ensure progress is being made, and a final visit will be made on completion of the practice experience to work with the practice assessor, bringing together all results of academic work as well as progress in practice, to confirm that you should progress to the next part of the programme, or to confirm that you have not achieved and cannot progress to the next part of the programme.

Academic Assessors are NMC registrants who maintain current and up to date knowledge and expertise relevant to their field of nursing practice and university regulations for taught programmes. Additionally, they also comply with NMC revalidation requirements.

Students will be assigned to a different nominated practice tutor/academic assessor as they progress through each part of the programme, and the practice tutor/academic assessor will understand the proficiencies and programme outcomes that the student they confirm is aiming to achieve.

The NMC (2018) standards state that an academic assessor will be assigned to a student for a part of the programme. Following this period, they will have to 'handover' the responsibility for the student to the next academic assessor. At the Open University this will be at the end of each level of study. This is because the academic assessor cannot confirm the student for concurrent parts of the programme. So, for example, a student on a 3-year programme might have the same practice tutor/academic assessor for years 1 and 3 with a different practice tutor/academic assessor for year two of the programme. If a student has commenced the programme in year two for example, because of recognised prior learning, a different practice tutor/academic assessor will be assigned for each part of the programme.

4.2.6 What happens if I don't succeed?

It is unlikely that you would be unaware that you are not making progress in practice or work-based learning as you should be in regular communication with your practice supervisors, your practice assessor and your practice tutor/academic assessor. If you appear not to be making progress, the reasons for this will be explored and remedial action put in place once identified. This may include the development of an action plan with specified learning opportunities.

Your practice tutor/academic assessor must explain the basis on which any decision not to recommend progression is being made and you will have an opportunity to contest the decision, as with any other academic result, based on the process used to achieve the result, rather than the actual result itself.

Section 5: Help and Support available while you study

5.1 How will I be supported?

5.1.1 Who will support me throughout the programme?

Support for your theory-based and practice-based learning is provided by a range of different people.

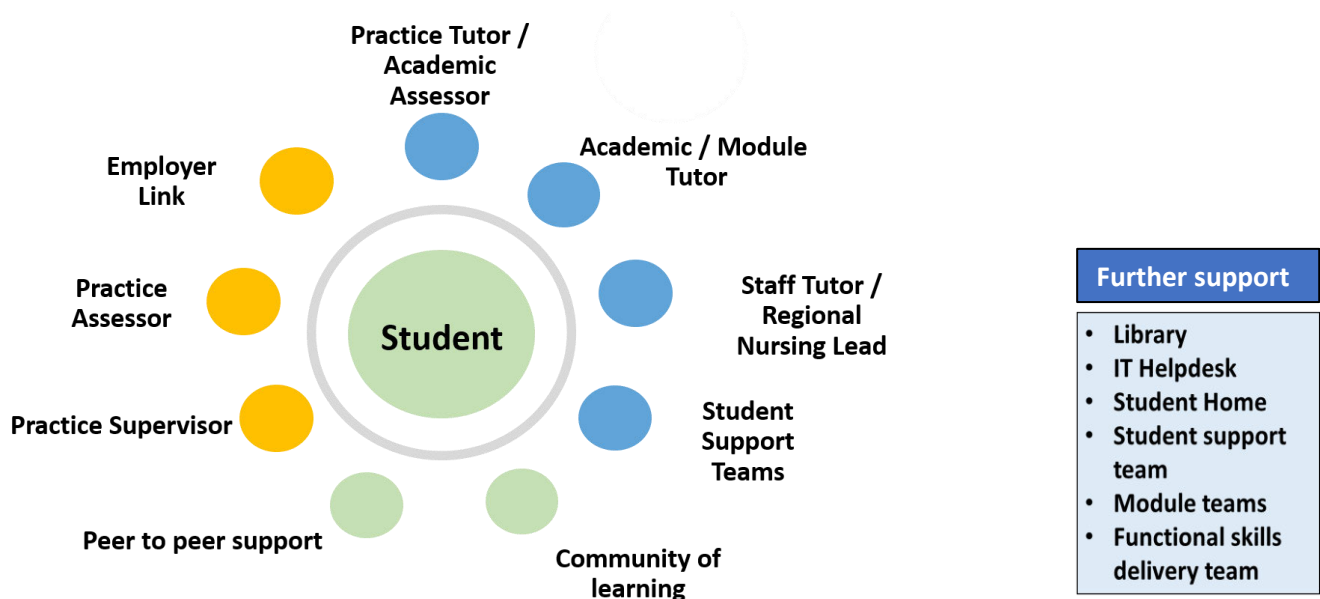


Figure 1 Support network for nursing students

5.1.2 Who are my module tutors?

Module tutors are part-time lecturers appointed for their module-specific expertise. They will steer your learning through the module materials, encourage you to keep on track according to the module study planner, facilitate tutorials and moderate online forums, provide study skills support and development, advise on writing assignments, and assess and provide detailed constructive feedback on each assignment.

You should contact your module tutor if you have any module-specific queries or concerns relating to your theory-based learning.

5.1.3 Who are my practice tutors/academic assessors?

A practice tutor will be appointed to support your learning in practice. Practice tutors are practising nurses, who are typically registered in the field of practice you are studying towards (i.e. Adult, Learning Disabilities, Children and Young People or Mental Health). Their role is to:

- quality assure the practice learning environments in which you gain experience
- ensure that appropriate arrangements are in place for you to comply with NMC requirements for practice learning
- monitor your achievement of the required experiences, completed practice hours and academic progress

- support your production of evidence to demonstrate achievement of the NMC competencies
- participate in three-way (tripartite progress review) meetings with you and your practice assessor
- implementation and monitoring of your individual learning plan
- ensure you are effectively supported by your practice supervisors/practice assessors
- review the completion of assessment documentation
- provide you with information about any further support or pastoral care that you might require.
- For Apprentices only: monitor attainment of your 'off-the-job' learning hours every month and discuss any unplanned leave

You should contact your practice tutor if you have any queries or concerns relating to your practice learning, or if you have personal problems that are affecting (or may affect) your progress on a practice-based module. You are required to send to your practice tutor information regarding your practice learning every month.

5.1.4 Who is my staff tutor?

There is at least one staff tutor in each nation/locality where students are studying the pre-registration nursing qualification. The staff tutor is responsible for overseeing the local delivery of the qualification. They are registered nurses who support, advise and manage the module tutors and practice tutors, as well as having responsibility for the quality assurance of the pre-registration nursing qualification in their locality. You can contact the staff tutor directly if you have any issue or concern about the qualification that you believe has not been fully addressed by the relevant tutor.

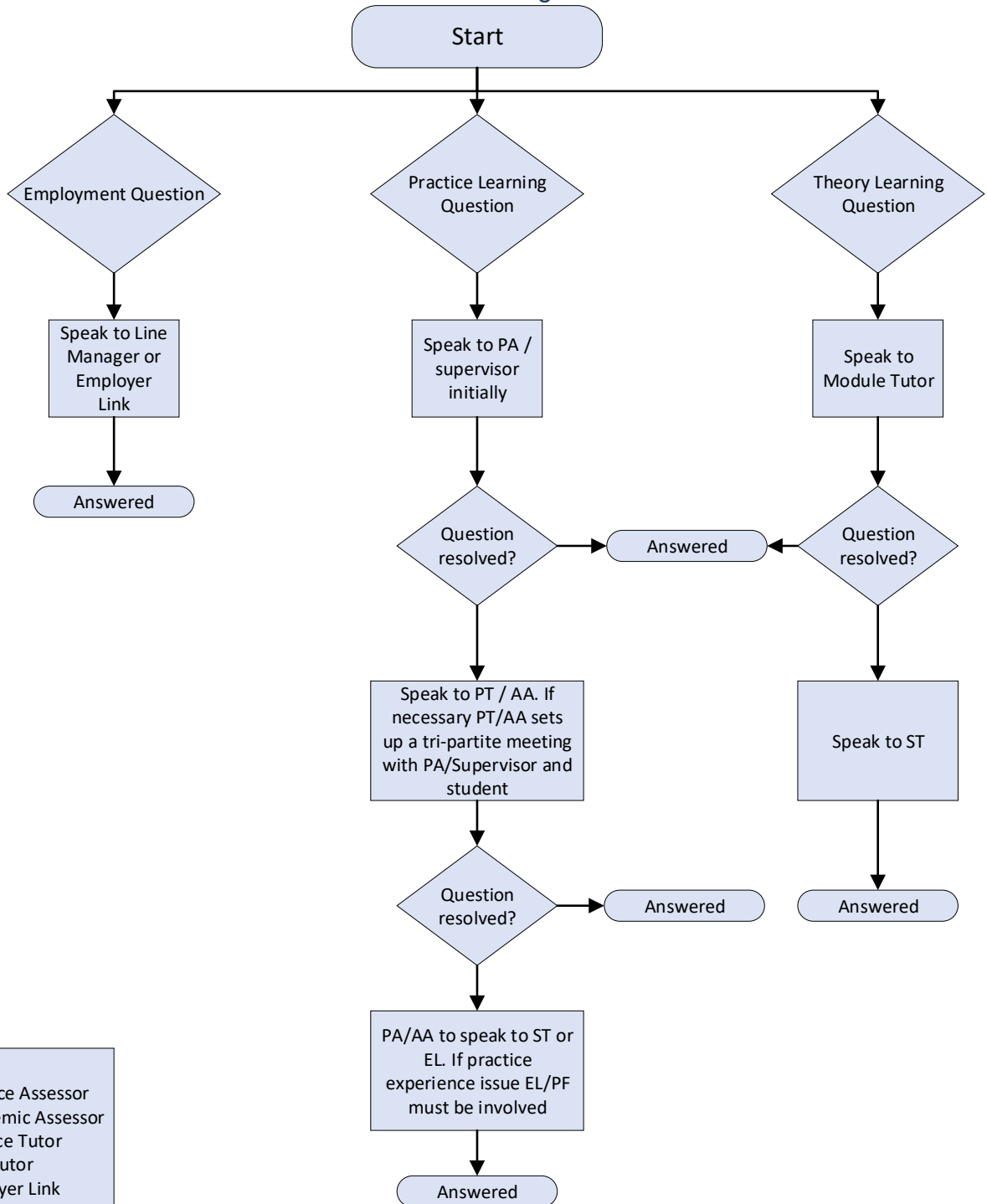
5.1.5 What is the role of my Employer link?

In each employer organisation that supports students on the OU's pre-registration nursing qualification, there is a key contact – an employer link – whose responsibility it is to ensure that the OU has access to key information such as preparation processes for practice supervisors and practice assessors, learning environment audits and practice learning capacity. Importantly, they keep the OU informed about any practice reconfigurations that might affect your learning. You should contact your employer link if you have any concerns about such changes or if you have a query relating to your role as a student nurse. Queries might relate to the local policy on uniforms, identity badges, travel expenses, local learning contracts and applying for posts on completion of the qualification. If in any doubt, please contact your employer link.

Organisations must provide release for students to complete all supernumerary practice hours as required by the NMC. Release for theory hours is subject to local negotiation.

For Apprentices: Employers must provide 20% of time to 'Off-the-Job' learning across the entire programme.

5.1.6 Where do I go for advice?



Roles
 PA = Practice Assessor
 AA = Academic Assessor
 PT = Practice Tutor
 ST = Staff Tutor
 EL = Employer Link

Figure 2 Flowchart for further advice

You can also access support from the Student Support Team, library services and the computing help desk if your query pertains to continuing study or IT. Please see below:

5.1.7 Where do I go for help with writing essays and referencing?

Many students are anxious about writing essays and referencing. [The Help centre](#) provides excellent information including note taking, preparing for assignments, revising for exams and referencing.

Your module tutor will give you written feedback on your TMA which will help you develop your study skills. If required, additional support sessions can be organised. It is important to keep in contact with your tutor and speak to them if you have any concerns. There is lots of help and support available to you.

5.1.8 How do I access the library and search for articles?

You can access the library from [StudentHome](#). You have access to a wide range of online academic resources offered by OU library. There is also lots of useful information and support on the library webpage including: Referencing guidelines, finding and using library resources, how to use libraries near where you live and assistance with using the library resources.

The library staff can also be contacted by telephone, email and chat 24hrs a day. You will find the contact information in your contacts in StudentHome.

5.1.9 Where do I find help with computer issues?

Computing Help provides you with information and support including: computing tips and techniques, how to overcome computer issues, access to study skills online, help using OU systems including Adobe connect online rooms, types of equipment and software you need to study and accessibility information.

The Computing Helpdesk can be contacted by telephone, email or chat. You will find the contact information in your contacts in StudentHome.

IT helpdesk –
09:00 - 21:30 Monday - Friday
09:00 - 17:00 Saturday - Sunday
10:00 – 16:00 most Bank Holidays

5.1.10 What help can the Student Support Team provide?

The Student Support Team (SST) are based in Nottingham and are aligned to our School of Health, Wellbeing and Social Care. They are aware of the different programmes that we offer. Your Student Support Team works with your tutors to provide information, administrative support and specialist advice to students on a wide range of issues. Your module tutor and practice tutor (academic assessor) are your first point of contact for any queries directly related to the content of your module, including assignments and tutorials and practice placements.

In the SST there are student recruitment advisors, senior advisors and education advisors. Advisors engage with both new enquirers and existing students answering calls and emails and referring on to the faculty, e.g. staff tutors and or senior advisors and education advisors as required. Senior advisors can help with queries about study issues, or queries about EMAs or exams, or changing study intentions including deferring a module but this must also be discussed with your local staff tutor and employer link.

In some cases, you may have a complex study history and will need more in-depth guidance, in which case you will be referred on to an Education Advisor within the SST. The SST also send out messages to students at specific points on their module or qualification, for example reminders, prompts and where to seek guidance on their studies.

The student support team can be contacted via your StudentHome page, click on the link and you can fill out an online contact form outlining your query, or you can phone them on 01908 541070. They are open 08:00 - 20:00 Monday – Friday and 09:00 - 17:00 on Saturday.

5.1.11 What help is available if I have a disability?

If you have a disability of any kind, you may be eligible for additional support or reasonable adjustments to support you in your studies. You can access information about disability support through the Help Centre link on your StudentHome page. Information is available on who can get disability support and the reasonable adjustments available through the Open University via [The Help Centre](#). There are also specific areas of information on mental health difficulties, specific learning difficulties such as dyslexia and dyspraxia, being blind or partially sighted, being deaf or hard of hearing, limited mobility, autistic spectrum, pain or fatigue, and specific information for international students. If you cannot find the information you need on this part of the website, you can also contact the Student Support Team, following the link from your StudentHome page, either by leaving a web message or making a telephone call to one of the advisers.

For Apprentices: Students with a declared disability may speak with their employer and may be able to apply for Access to Work funding support.

5.1.12 What do I do if I am sick and cannot attend my placement?

You should inform your practice tutor as soon as possible, as well as your employer, place of work and your placement if this is different from your usual place of work. You should also inform your Practice Tutor if you are absent from your workplace and let your practice tutor know when you are returning to work. This helps support your ongoing learning needs that may be impacted due to any absence. This is because the NMC requirement for practice and theory hours is integral to satisfactory completion of the course. Make sure all episodes of sickness or other reasons for absence are identified on your record of hours sheets.

5.1.13 What do I do if I think I cannot complete my assessments?

Assessments here refers to TMAs, iCMAs, EMAs, PADs and PAI.

We recognise that life events can occur which affect your studies. These may be related to bereavement, illness, finance, caring responsibilities, pregnancy and many others. There is lots of support available to you. You should inform your module tutor as soon as possible and talk to the student support team. The student support team can help you think through your options. You may find it helpful to write down some questions before getting in touch with them. If you don't want to call you can always email. You can find their contact details in your StudentHome.

5.1.14 What do I do if I decide the programme is not for me and I need to leave, or if I need to take sickness or maternity leave?

It is important that you must let your practice tutor and must contact the staff tutor in your locality know as soon as possible if you think you want to leave the programme. This is so that your learning can be managed in response to your circumstance. They will discuss options that may be available to you, such as taking a break in learning or postponing your studies. It is also important that your employer is informed as soon as possible so that any tuition payments can be adjusted.

Information about changing your study plans including deferring or withdrawing your modules is available on the Help Centre in your StudentHome, but it is essential that you speak to your staff tutor in the first instance.

5.2 Rights and Responsibilities

5.2.1 What are my rights and responsibilities as a student?

As an OU student, you can expect that all matters will be dealt with in accordance with OU policies and procedures. The OU has several policies relating to students, including computer use, social networking, academic conduct, bullying, harassment and data protection. Please ensure that you are familiar with these.

The OU Student Charter sets out a summary of what you can expect of the OU and what the OU expects from you. As a student of the OU, you are expected to act in accordance with this charter. Furthermore, you must follow the [NMC guidance on Raising concerns](#): Guidance for nurses, midwives and nursing associates.

5.2.1.1 The NMC standards and student conduct

As a nursing student you need to comply with the NMC Code. Professional standards of practice and behaviour for nurses, midwives and nursing associates (2018). You must also ensure you are familiar with the NMC social media guidance, which is underpinned by the Code. This covers the need to use social media and social networking sites responsibly

Behaving with professional integrity is required by the NMC extends to your activities as an OU on-line learner. This means that we expect your conduct and communication during teaching activities including on forums to remain professional and collegiate at all times. In the event that you communicate in a manner that causes concern to the AL, this will be referred to the ST (and Module Chair) for further investigation and may require a full investigation to take place. Following this, the matter is referred to the Programme Leaders and a decision will be made whether to refer the incident to a Fitness to Practice panel for review. It is important that you recognise that questions regarding your professional integrity are taken seriously and you may be expelled from the qualification, if the incident is serious enough and is found to be in breach of the NMC code (2018).



Furthermore, you must follow the NMC guidance on Raising concerns: Guidance for nurses, midwives and nursing associates.

5.2.2 Policy on completion of theory hours

The NMC (2018) require you to meet a minimum of **2300 hours of theory** and 2300 hours of practice. To achieve the 2300 hours of theory, this is demonstrated in several ways:

- Teaching through the module materials including resources and integrated learning activities are carefully timed and tested as part of the module development process. The timing of units of learning, any associated reading resources and the module activities is made explicit throughout all materials.

- Integrated learning activities includes learning you may undertake in practice, in discussion or related to the theory parts of your learning and understanding. Practice supervisors are registered practitioners who support a student's learning in practice, but do not undertake formative or summative assessment (these terms are explained further in the Student Handbook). However, they can verify evidence produced by a student, who has spent time learning knowledge or skills with their supervision, in addition to raising concerns about levels of poor engagement, in relation to the academic level/NMC part being undertaken.
- It is important that you use your study planner to guide your progress through each module. By doing so, the study effort required of you is made explicit and your progress through each module will therefore be aligned to the timetabled tutorial and online focused activities. There is a study planner provided on each module website.
- Module tutors will work with you in tutor groups of 8 students for EBL modules and 15-20 students in practice modules. Tutors will monitor your participation and engagement with module material and related activities. Students will be identified as non-attending and the students' subsequent actions following the missed session will be recorded.
- You will have contact with tutors through a mix of face-to-face tuition, synchronous sessions using Adobe Connect and asynchronous online forums. It is **Mandatory** that you attend all tutorials and engage in all the online forum activities across the qualification. This is a requirement for you to obtain your qualification.
- Module tutors will follow up individual students who are not participating in these learning processes. Ongoing concerns about lack of student participation will be reported to the Staff Tutor at Region or Nation level so this can be investigated, and appropriate action taken.
- Assessment, particularly the Tutor-Marked Assignments (TMAs) and Interactive Computer Marked Assignments (iCMAs), is often linked to small clusters of learning (blocks). Feedback from assessments will reflect your participation and level of learning from the module materials and activities.

Due to the nature of EBL any absence will have a detrimental effect on the learner. Therefore;

1. There should be no more than 3 absences from the Tutorials across the module(s), particularly, given that you are involved in the initial negotiation dates for tuition and had dates pre-identified with time to discuss with employers.
2. That the student is absent for no more than 2 tutorials in succession –this constitutes two thirds of learning from any EBL scenario and will compromise peer relationships, support and learning
3. You must show evidence of engagement by contacting your tutor prior or immediately after missed tutorials (as outlined in the relevant Module guide).

Please note, **progression through the qualification will be compromised if you do not participate fully with all the module resources and the learning opportunities presented.**

5.2.3 How do I make a complaint?

It is anticipated that any concerns you have can be addressed through informal discussion with members of the team supporting your learning. However, should you wish to make a formal complaint or appeal, you will find information and guidance on this in the OU [Complaints and appeals procedure](#).

All complaints are taken seriously; every complaint will be fully investigated, and you will be kept informed of progress throughout.

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5.3 Academic Conduct

5.3.1 What is plagiarism

Plagiarism is using, without acknowledgement, someone else's ideas or work as your own. Developing your skills in referencing will help you avoid plagiarism.

It is important to understand that if you do not acknowledge fully the sources that have contributed to and informed your work you are misrepresenting your knowledge and abilities. Since this may give you an unfair academic advantage in assessment it is considered to be academic misconduct.

There is lots of help and support on the library services website to [develop your skills in referencing](#).

5.3.2 What is the Assessment policy and academic regulations?

Your learning will be assessed throughout the qualification (see Sections 3 & 4).

The general regulations and processes concerning assessment in the OU can be found in the [Help Centre](#)

You are encouraged to familiarise yourself with the [Student Policies and Regulations](#) in particular those show below:

[Assessment Handbook](#)

[Code of practice for student assessment](#)

[Code of practice for student discipline](#)

[Changing your study plans policy \(deferrals, withdrawals and cancellation\)](#)

[Policy on plagiarism](#)

You will have noted that the link provided above is part of your StudentHome web page. Spend time navigating this site to explore what is included that might be useful for you. The information is designed to be both accessible and practical, and we anticipate you will make a lot of use of this throughout your studies.

As a nursing student you will also have professional requirements you must adhere to. You will find information about this in section 6.

5.4 Quality assurance of your student experience

5.4.1 How is my programme quality assured?

Your programme is approved by the NMC and the Open University maintains standards set out by the QAA and Ofsted, as required by these regulators. The regulators require quality monitoring reports to ensure continued adherence to the approved status of the programmes. In addition, the OU maintains further quality assurance on your work in Nursing through the following methods;

The assessment of learning outcomes provides a framework for your module tutor to assess each Tutor Marked Assignment (TMA) and provide feedback to facilitate your progression. Grading and feedback is monitored to assure that you are assessed equitably with other students. TMAs and feedback are monitored by experienced module team academics. External examiners are asked to confirm that the programme meets the required standards and that these are comparable to others found in other higher education institutes. Module tutors and Practice Tutors/Academic Assessors are mostly NMC registrants, many work part time for the Open University as many work in other universities or continue to work in practice. Module Tutors and Practice Tutors/academic assessors (Associate Lecturers ALs) are subject to observation of their tuition and samples of their marking are regularly monitored.

5.4.2 Assuring the quality of practice learning

Each area you are placed within is subject to a learning environment audit which also identifies learning opportunities available and availability of appropriate supervision and assessment, and capacity to accommodate learners in practice. There are regular operational meetings held locally between the employers and the OU representative to ensure the programme is continuing to meet the required standards and to review student progress. Other quality assurance reviews are considered at this meeting and there is usually student representation.

Section 6: Professional issues

6.1 Role transition

6.1.1 What are the funding options available for the BSc Nursing programme?

Some of you will be sponsored by your country's Department of Health (Bailiwick of Guernsey, Northern Ireland, Scotland and Wales), some of you will be fee paying (England) and some will be employed by healthcare organisations as nursing apprentices with tuition fees paid by the Education and Skills Funding Agency's apprenticeship levy. Whichever funding route you are following, if you are following the extended time route, typically you are continuing to work part time as an employee in your supporting organisation. The core BSc (Hons) Nursing programme is the same regardless of your funding but the Apprenticeship Standard imposes additional requirements. These are highlighted throughout the handbook where relevant. If you have any questions in regard to the apprenticeship standard or related rules specifically, please ask your Staff Tutor.

6.1.2 How can I ensure my supernumerary hours are recognised?

When you are completing your supernumerary practice hours as a student nurse, it is important to stay focused on meeting your learning needs and so ensuring you meet the NMC's practice requirements. Undertaking fundamental nursing care is a core component of nursing, however, if you are asked to perform routine tasks that are normally part of your employee role on a regular basis, you will need to remind colleagues politely that you are there as a student and have specific learning needs to fulfil.

6.1.3 Can I use my existing skills on the degree programme?

If you are a fee paying/sponsored student please note that, during your supernumerary practice hours, if you are asked to undertake nursing procedures and/or apply specific skills that you normally undertake in your healthcare assistant role, you must ensure that your employer permits the procedure or skill to be undertaken by nursing students. Regardless of the skills and functions you are required to utilise within your employment, clinical interventions such as phlebotomy, cannulation, taking ECGs and monitoring blood glucose levels need to be fully assessed *within the programme* to demonstrate the level of proficiency required.

***N.B.** As a student nurse you are **not** allowed to dispense medicines in an unsupervised capacity, even if you have done so in previous roles.

6.1.4 Do I need to wear a uniform?

If the wearing of uniform is required, this is agreed with your employer and OU uniforms may then be provided. Some employers have decided that students should wear their student uniform for the entire qualification, or you may just wear it when you are undertaking supernumerary hours. In order that you can be recognised as an OU student when in placements, the OU logo is embroidered onto the uniforms provided or name badge supplied by your employer. It is important that you comply with local policy with regard to appropriate dress and it is your responsibility to seek out this information prior to accessing practice experiences outside of your core practice-base and ensure you comply with it.

For Apprentices: You must wear your issued OU white uniform for all your contracted hours as you are not working as a HCA/AP during these contracted hours.

6.2 Confidentiality

6.2.1 How can ensure patient/service user confidentiality is maintained?

You must ensure that all aspects of your work with patients and service users respects the need for confidentiality at all times. You will need to make sure that the content of your written work is presented in a manner which ensures confidentiality for patients, service users and carers, and other members of staff. Failing to do this is a breach of professional guidance on conduct and ethics. You should remove anything that could be used to identify a service user. The real name and identity of a patient, service user or carer and any staff member should always be anonymised by the use of pseudonyms.

You will need to make a professional judgement as to what information can be shared. Any one issue should not normally identify a person or situation; however, you should be careful if you include a number of issues which might lead to the service user in question being identified. You should remember some individual issues may need to be discussed to show how they are addressing difference, for example gender or type of location.

[Guidance on maintaining confidentiality](#) is contained in the module assessment guidance. For further clarification please discuss with your Practice Tutor/Academic Assessor, or your module tutor for practice modules. If in doubt – leave it out!

6.3 Safeguarding, Safe Practice and Raising Concerns

6.3.1 What are my responsibilities toward safe practice?

It is the responsibility of every practitioner, including students, to ensure the wellbeing of patients is protected and action taken if we have any concerns about care practices and/ or interventions.

In the context of the practice experience provider's and your obligations to service users and carers you must:

- Only provide care to service users agreed with your practice supervisor
- In emergency situations provide care to a service user whose health status has changed only within the parameters of your competence and confidence
- Inform your practice supervisor immediately in non-emergency situations in which the health status of the service user has changed
- Raise the alarm or contact the emergency services in situations in which you are unsure about the 'emergency' status of the situation
- Raise the alarm or contact the emergency services as a priority in emergency situations outside of your sphere of competence/confidence.

6.3.2 What should I do if I have a concern about care?

The Care Act (2014) ensures safeguarding is everyone's responsibility. The NHS Constitution makes it clear that it is the duty of all NHS workers, including students, to report any concerns they have about practice or any mistreatment of patients/ service users receiving care from the health service.

Safeguarding the health and wellbeing of those in your care means these people should not be exposed to abuse or neglect. Abuse or neglect and the different circumstances in which they take place can take many forms. The NMC has developed [guidance for students about raising concerns](#) (NMC 2019).

You therefore have an obligation to report any concerns you have about your own or others' practice to your practice supervisor/practice assessor and practice tutor following the process in the flow chart without delay. Both the OU and its partners must investigate any concerns shared about practice incidents.

You are required to complete practice evaluations for every placement base used throughout the programme this ensures continued quality of the learning environment. All evaluations are reviewed by the Practice Tutor and returned to the Education Lead in the employing organisation who forwards these to the placement areas.

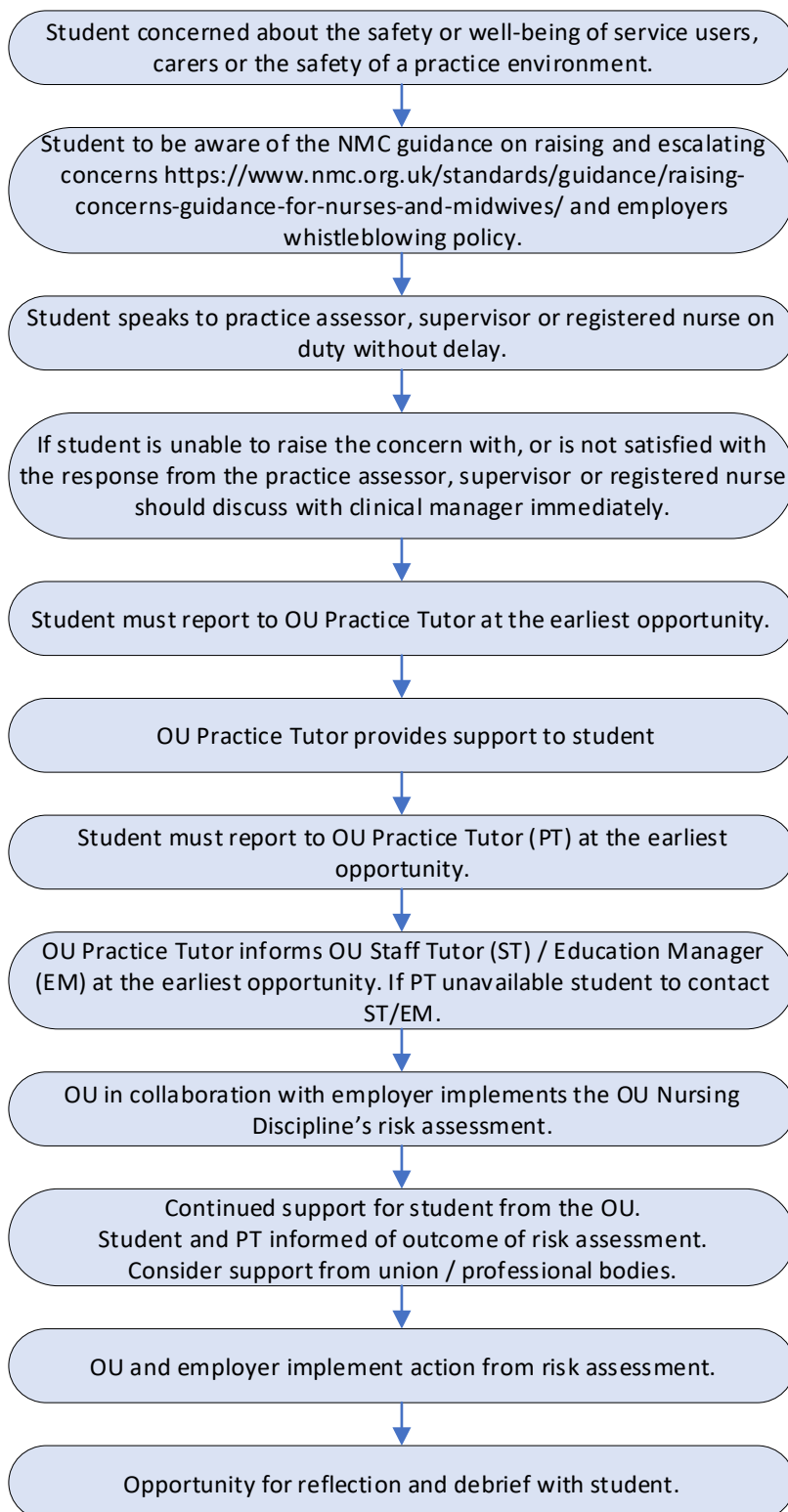


Figure 3 Process for raising concerns in practice

6.3.3 Where can I find out more about raising concerns?

Your employer will have a policy in place which will provide details of the process to be followed to escalate any concerns you may have. National resources can be found using the links below.

NHS Health Education England have produced a video which [provides guidance on raising concerns about patient safety](#).

The NMC (2019) [Raising concerns: guidance for midwives and nurses](#) also applies to nursing and midwifery students.

Please be aware that there may be local or nation specific requirements these resources and you will be informed about these at your programme briefing sessions and during your programme.

Information for Scottish Students only

New guidance '[Speaking up: National whistle blowing guidance for students in Scotland](#) has been developed to be used by nursing and midwifery students in Scotland whilst undertaking practice learning experiences during their pre-registration nursing and midwifery programmes. Within the guidance there is a requirement for a named person who can act as an advocate if required.

Within the OU the contact is Fiona MacKinnon [REDACTED]

This new guidance currently only applies to NHS Scotland settings. If you are in placement within a non NHS setting you should continue to use the 2019 national 'Raising Concerns: Student Guidance' <https://learn.nes.nhs.scot/51462/future-nurse-and-midwife/speaking-up-or-raising-concerns>.

6.3.4 Equipment and medicines safety?

The NHS Improvement website provides regular updates about any possible issues relating to equipment and/or medicines which may compromise the safety of patients. These alerts may not always apply to every Trust or care setting, but in order to be sure, you should visit the site regularly to check on all updates and identify any which may be relevant to your setting and need to be actioned.

6.3.5 Where can I find guidance on giving medicines and what is 'prescribing ready'?

In the Future Nurse: Standards of proficiency for registered nurses (NMC 2018) the NMC use the term 'prescribing ready' to describe how all student nurses will be prepared by their education programme for medicine management. This term means that student nurses will receive enhanced theoretical knowledge of pharmacology, pharmacokinetics and medicines management and dependent on locality may be ready to commence an education programme leading to a prescribing qualification within a year of registration with the NMC as a registered nurse. Nurses graduating from a Future Nurse programme will not be qualified to prescribe at the end of their degree programme. All nurses are still required to complete a post registration prescribing qualification.

Whatever level of the programme you have reached, the administration of medicines to clients must always be underpinned by the guidance published in January 2019. It has been co-produced by the Royal Pharmaceutical Society (RPS) and Royal College of Nursing (RCN) and provides principles-based guidance to ensure the safe administration of medicines by healthcare professionals.

Guidance is available on the [Royal Pharmaceutical Society medicines optimisation hub](#).

You need to carefully read this guidance and ensure that you understand your existing role as a nursing student as well as your future role as a registered nurse with respect to the safe administration of

medicines. You must also be familiar with the medicines management policies of any healthcare providers where you gain practice learning experiences.

The NMC provide further information on [medicines management](#).

6.4 Good Health and Character and Fitness to Practice

6.4.1 What does it mean to be, “of good health and good character”?

As a student on a professional nursing qualification, you are expected to maintain professional standards of practice and behaviour in accordance with [The Code \(NMC 2018\)](#).

For further information about professional standards and guidance go to the [NMC website](#).

The OU is required by the NMC to assure itself that students completing an NMC approved qualification leading to registration with the NMC are of good character and good health and therefore fit to practise as a registered nurse (NMC, 2019). A fitness to practise issue is any possible misconduct, lack of competence and/or a health/ disability matter that could place at risk the health and wellbeing of the public or calls your integrity into question.

The overriding purpose of the NMC’s Fitness to Practise Review Process is to safeguard the health and wellbeing of the public. It is vital you understand the importance of good health and good character in relation to your ability (conduct and character) and capacity (health and disability) to study the pre-registration nursing qualification. Please read the [guidance on health and character \(NMC 2019\)](#)

On application you must declare any convictions or cautions within the application form; these are dealt with through an Applicant Suitability Process managed by the programme managers. Any changes to your health and character during the programme must be reported to your Practice Tutor so that support and appropriate action can be taken. If, at any time during the module, you or others raise concerns about your health and/or character, which include any investigation about your conduct, or any team/group you are a part of, by your employer, you must contact your practice tutor immediately by email and complete the student self-declaration of health and character form (website version) found on your website. You must do this whether the concern/investigation relates to your role as an employee or a student.

You should also provide a statement explaining the concern. Failure to comply with this requirement could place successful completion of your qualification at risk. To ensure we respond appropriately to concerns about a student’s fitness to practise, we apply the Open University’s [Fitness to Practise \(FtP\) Procedure](#) which is initiated through the student management process.

6.4.2 When am I required to use the Declaration of Health and Good Character form?

Good health and character are fundamental values of professional nursing with the implication that practitioners have insight into knowing what is right or important. You will be required to complete this declaration on entry to the programme, at each progression point, before returning to the programme after a period of interruption of study, prior to entry to the NMC register and at revalidation points throughout your nursing career. The [NMC Code](#) (2018) outlines expected standards of practice and behaviour.

If at any time during your studies:

- Your health deteriorates
- You or anyone else has any concern about your health
- You commit a criminal offence
- You or anyone else has any concerns about your conduct

→ **You must self-declare these immediately to both your employer and the university.**

Self-declaration of a change in health or conduct will not necessarily preclude you from continuing your studies but will enable a risk assessment to be carried out in order to maintain public safety and ensure your wellbeing is protected. It is your responsibility to seek advice from your practice tutor and you will be required to complete the self-declaration of health and character form available from your practice module’s

website. This is critical because one of the NMC's requirements on completion of the qualification is seeking a confirmation statement that you are of sufficiently good health and good character to practise safely. If your practice tutor/academic assessor is not available, you must email your staff tutor for advice.

To ensure we respond appropriately to concerns about a student's fitness to practise, we apply the Open University's Fitness to Practise (FtP) Procedure. At all times the safety of the public and practitioners, including students, is of paramount importance.

Additionally, as a sponsored student you continue to be employed by your employer and therefore continue to be responsible for your conduct as an employee, as set out in your contract of employment. These personal and professional expectations of your behaviour will continue for the rest of your career after you enter the NMC professional register as a qualified nurse.

Remember it is always safer to ask for advice than engage in an activity that might leave you or a service user in a vulnerable position, due to misunderstanding or ignorance.

6.4.3 What happens if there is a complaint about my practice?

If a complaint is made about you whilst you are in your nursing student role or a complaint involves a time period during which you were in this role, you should:

- 1) Inform your practice tutor as soon as possible and at least within **24 hours** of being made aware of the complaint
- 2) Comply with the requirements of the healthcare provider organisation's policy/ procedure relating to complaints
- 3) Be aware that if, in investigating the complaint, it is determined that your actions or omissions suggest that you may be unfit to practise, the university will follow its own Fitness to Practise procedure and Code of Practice for student discipline.

Your practice tutor will offer you advice and support in relation to responding to the complaint. Your practice tutor will also alert the relevant staff tutor responsible for the nursing programme in the healthcare provider organisation.

6.5 Communication

6.5.1 To whom am I required to send records of my placement hours?

As a values-based profession, the programme aims to enhance personal development and nurture the values and behaviours required for professional and compassionate care.

Communication and interactions with others are fundamental to this vision and throughout the programme you will be expected to demonstrate this by your commitment to responding to any communication sent to you by your employer or the OU and ensuring regular communication with your Practice Tutor/Academic Assessor in the timely return of practice hours and practice placement evaluations.

6.5.2 What do I need to do if I'm sick and cannot attend my placement?

All sick time taken will need to be reported to your placement manager and your substantive line manager as well as your Practice Tutor/Academic Assessor and Practice Placement Facilitator. Return from sick leave also needs to be reported in a similar way so that any outstanding placement hours can be made up.

If you have/develop a health condition whilst on the programme which may impact on your performance and/or delivery of safe effective care, you must advise your employer, line manager, Practice Tutor/Academic Assessor so that a risk assessment can be carried out. If you are absent from work, please contact your practice tutor or academic assessor, so they can manage your learning plans.

6.6 Lone working

6.6.1 What do I need to do if working alone?

There may be times when working in community settings for example, escorting patients, during 1:1 consultation or collecting or leaving buildings at night, that you may be required to work alone. Any lone worker can be vulnerable to physical or verbal abuse and should ensure they protect their personal safety. Employers have a responsibility to keep employees safe and identify and manage risks to lone workers. You will be required to follow relevant policies and procedures, attend all mandatory training and report incidents to reduce or eliminate risks.

The following minimum standards of safety must be in place prior to agreement being reached that you may practise alone:

- Indirect supervision must be immediately available
- The method of indirect supervision will be made explicit to you
- Your practice supervisor must complete a risk assessment in relation to each service user with whom you will practise
- The service user case load and its profile are confirmed as being commensurate with your competence and confidence profile
- The service user case load profile is confirmed as appropriate to your learning needs
- The parameters of your role are made explicit, understood and agreed by all concerned
- Your right and responsibility to alert your practice supervisor if you do not feel confident and/or competent to practise with service users alone is made explicit to you by your practice assessor
- Your right and responsibility to decline to practise with service users alone if you feel the service user profile is not in keeping with your competence and/or confidence profile or if you feel an unacceptable risk is made explicit to you by your practice supervisor.

→ **Prior to practising alone, you must have received personal safety training.**

- Relevant practice experience provider policies must be made available and explained to you
- You must have an immediate means of contacting the practice supervisor
- You must have an immediate means of contacting the practice area/service to which you have been allocated
- You must adhere to the practice experience provider's policy and guidance on 'keeping oneself safe' and the 'lone worker'. For each 'lone working' activity you and your practice supervisor must agree the following:
 - Service users with whom you will practise alone
 - Anticipated time of contact with each service user from commencement to completion
 - Reporting to the practice supervisor and/or the base before and after each service user contact or at pre-agreed times
 - If you do not 'report in' by the pre-agreed time the practice supervisor or practice area/service will attempt to make contact
 - If contact with you is not achieved, agreed procedures will be instigated to affirm your wellbeing. For example, in community services this is often an arrangement with the police for them to be informed if the safety of a health worker is in question.

The Royal College of Nurses have also produced useful guidance on [Personal safety when working alone: guidance for members working in health and social care \(RCN 2016\)](#).

Section 7: Obtaining my degree and NMC registration

7.1 When will I complete my programme?

Once your final module result is available this will normally complete all results for your programme of study.

These will be presented at the Progression meeting which is the meeting at which final decisions are made regarding your compliance in meeting all regulatory, academic and practice related requirements of the programme.

7.2 The End Point Assessment (for apprentices only)

The Institute for Apprenticeships and Technical Education (IfATE) and NMC have agreed that the End Point Assessments (EPA) (for apprentices only) has been integrated in the final stage of their programme. This means that the apprentice is not required to carry out any additional assessments. The following process explains the integrated EPA;

The EPA Gateway period starts when

- their employer and the OU (AEI) are satisfied the apprentice has consistently demonstrated they meet the KSBs of the occupational standard (which has all been mapped against the NMC proficiencies for both 2010 and 2018 curricula),
- the apprentice has attained both of Functional Skills at minimum of Level 2 in Maths and English qualifications (if required/NA only)
- their final PAD/OAR (Part/Stage 3) has been signed off by their AA and PA.

The integrated EPA starts with the OU Examination board and finishes when the OU/AEI upload the apprentices course outcome, details and the required good health and character declarations to the NMC. Consideration by the examination board and notice of the decision of the examination board to the NMC meet the requirements of the integrated EPA. The apprentice is not required to carry out any additional assessments.

While COVID-19 flexibilities remain in place (with a 12 week 'notice of change' period), this means current OU nurse graduates do not need to undertake the original non-integrated EPA. Once flexibilities are lifted, and we have received confirmation of EPAO status, that the integrated EPA process will be used for all apprentice students who complete the programme.

7.3 What if something happens which affects my progression?

If issues have impacted on your progress through the programme this may delay you receiving your award and registering with the NMC. Your Staff Tutor will be able to give you advice and support you on what you need to do.

7.4 What do I need to do to register with the NMC?

The university will contact you by email and require you to complete a personal details form. Please ensure that you complete and return this form promptly. This ensures that the data that the university holds for you is up to date and therefore the Nursing and Midwifery Council will receive accurate information about you. The Open University will not uplift your electronic transcript to the NMC until we are in receipt of your personal details form.

Once the team in The OU Qualifications Centre has confirmed the award of your BSc (Hons) qualification, and we have your returned Personal Details form, your electronic transcript will be uplifted to the NMC. Provided that you meet all the requirements, information regarding your declaration of health and character will then be forwarded electronically to the NMC too.

→

PLEASE NOTE

You have five years to register your award with the NMC. In the event of a student failing to register their qualification within five years they will have to undertake additional education and training or gain such experience as specified in the NMC standards (NMC 2018).

7.5 When will I receive my NMC registration?

Once the NMC is satisfied that the data upload from the university to the NMC is successful, the NMC will send you a registration pack to complete. The NMC indicate that packs are normally sent out 7-10 days after successful data upload.

When the NMC receives your completed application form and registration fee, a registrations officer will review the documents and if everything is completed correctly, registration will be completed within 2-10 working days. You will then receive a statement of entry to the register.

The NMC updates its [registration fees](#) regularly so please go to the NMC website to check the fee that you will be required to pay.

After receipt of your statement of entry, your employer should then be able to complete their check that your entry is live on the register, and at that point you will be able to start work as a registered nurse. If all stages of the process proceed smoothly this will typically take 2-3 months from the date you received your final results.

7.6 When I graduate how is my degree classification worked out?

Honours degrees awarded by the Open University are classified in the same way as other UK universities. There are four classes of honours: First-class (1), Upper second-class (2.1), Lower second-class (2.2) and Third-class (3).

The classification is derived from the grades of pass obtained from 120 credits of level 3 study and from grades of pass in up to a further 120 credits of study at levels 2 or 3 (i.e. up to 240 credits in total). More information on [working out your degree classification](#) is available in your StudentHome

7.7 Is there a graduation ceremony?

Attending a ceremony is an important milestone in your journey with The Open University. It is your day to celebrate your amazing success with family, friends and fellow graduates, to reflect on your achievements and look forward to your future as a member of the Open University alumni family.

Our ceremonies are held throughout the UK and the ceremony schedule is split into two 'seasons'. March – June or September – November. You will be able to find information about the [graduation ceremonies](#) on StudentHome.

Section 8: Notes Page

This space is for you to make your own notes or list your own key contacts

The Open University**School of Health, Wellbeing and Social Care****NMC Programme mapping – Future Nurse curriculum****BSc (Hons) Nursing - Learning Disabilities / BSc (Honours) Nurse Degree Apprenticeship - Learning Disabilities**

The Future Nurse Curriculum at the Open University has been developed in alignment with the future Nurse Standards of proficiency for registered nurses (NMC 2018). Our curriculum therefore takes an across the life course approach in order to ensure that all students develop the required knowledge and skills to care for people of all ages and across all care settings. Students will collectively engage both within and outwith their field of practice. They will also undertake discrete learning relevant to their own the field of practice within all modules as detailed below.

Enquiry based learning will be used to facilitate the student's learning using triggers. These triggers will be strategically positioned within the student's learning journey to direct them to explore issues stimulated from unfolding scenarios. These are supported with learning resources that the student will access when following their route of enquiry related to their field of practice. They will be introduced to enquiry-based learning in year one, but it will be more extensively used in years two and three. This innovative approach of enquiry-based learning using unfolding scenarios will allow the students to engage in shared learning between and within fields. They will have field specific tutorials and master classes where they will focus on field specific content. For example, in K 210 one of the scenarios that will be used centres around a family with two children who have learning disabilities and complex care needs relating to the neurological and respiratory systems. Foundation enquiry will allow *all* students to examine care needs based around learning disabilities and children/young people, they will then focus on the complexity of the care required as relevant to their own field. Mental health students will focus on caring for individuals with a learning disability who also have mental health needs. Adult students will focus on the health needs of the parents in fulfilling their role in supporting their learning disabled children. The impact of the altered physiology in relation to neurological and respiratory systems will be studied across all ages thereby meeting the specific needs of all fields of nursing.

This is further illustrated in the table below, which identifies where the NMC proficiencies are mapped to course content. Importantly for learning disability we have mapped specifically against the [Learning Disability Capabilities Framework](#) and/or includes case examples of people with a learning disability and/or identifies a field specific learning activity.

The table below is intended to show the modules where the proficiencies are addressed and does not provide an overview of all the content but as indicated above provides exemplars.

(LG = Learning Guide)

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NMC requirement (competency/annexes)	K102 Introducing Health and social Care (60 Credits)	K104 Introduction to Healthcare Practice (60 Credits)	K210 Understanding Nursing: Knowledge and Theory (60 Credits)	K211 Developing Nursing Practice (60 Credits)	K325 Assimilating Nursing: Knowledge and Theory (60 Credits)	K328 Becoming an Autonomous Practitioner in Learning Disabilities Nursing (60 Credits)
	600 hours theory plus enhancement activities	Practice Module 770 hours practice 170 hours theory	680 hours theory plus enhancement masterclasses (8 hours)	Practice Module 770 hours practice 85 hours theory	680 hours theory plus enhancement masterclasses (8 hours)	Practice Module 770 hours practice 85 hours theory
Platform 1 Being an accountable professional					Variety of topics explored in field specific masterclasses	Variety of topics explored in field specific masterclasses
1.1 understand and act in accordance with the Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates, and fulfil all registration requirements	√ Block 1- Topic 6 – Skills and values for care	√ PAD appropriate to Level 1 Learning Guide (LG) 1- Becoming a nursing student in practice LG2 – Being a professional LG6 – Quality and safety of care	√ Resource (R) Developing a professional identity	√ PAD appropriate to Level 2 Learning Guide (LG)1 – Developing as a leader in nursing	√ LG3 Being an accountable professional and delivering ethical care LG4 Leadership, management and change management	√ PAD appropriate to Level 3 LG3 - Becoming a reflexive practitioner LG4 – Safeguarding across the life course
1.2 understand and apply relevant legal, regulatory		√	√	√	√	√

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NMC requirement (competency/annexes)	K102 Introducing Health and social Care (60 Credits)	K104 Introduction to Healthcare Practice (60 Credits)	K210 Understanding Nursing: Knowledge and Theory (60 Credits)	K211 Developing Nursing Practice (60 Credits)	K325 Assimilating Nursing: Knowledge and Theory (60 Credits)	K328 Becoming an Autonomous Practitioner in Learning Disabilities Nursing (60 Credits)
and governance requirements, policies, and ethical frameworks, including any mandatory reporting duties, to all areas of practice, differentiating where appropriate between the devolved legislatures of the United Kingdom		PAD appropriate to Level 1 LG2 – Being a professional	R – Developing a professional identity	PAD appropriate to Level 2	LG3 Being an accountable professional and delivering ethical care LG4 Leadership, management and change management	PAD appropriate to Level 3 LG1 – Becoming a leader LG3 - Becoming a reflexive practitioner LG4 – Safeguarding across the life course
1.3 understand and apply the principles of courage, transparency and the professional duty of candour, recognising and reporting any situations, behaviours or errors that could result in poor care outcomes		✓ PAD appropriate to Level 1 LG2 – Being a professional LG6 – Quality and safety of care	✓ ✓ R – Developing a professional identity	✓ PAD appropriate to Level 2 LG1 – Developing as a leader in nursing LG4 – Improvement science and patient safety	✓ LG3 Being an accountable professional and delivering ethical care LG4 Leadership, management and change management	✓ PAD appropriate to Level 3 LG4 – Safeguarding across the life course
1.4 demonstrate an understanding of, and the ability to challenge, discriminatory behaviour	✓ Block 1- Topic 1 – What is care?	✓ PAD appropriate to Level 1	✓	✓ PAD appropriate to Level 2	✓ LG3 Being an accountable	✓ PAD appropriate to Level 3

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NMC requirement (competency/annexes)	K102 Introducing Health and social Care (60 Credits)	K104 Introduction to Healthcare Practice (60 Credits)	K210 Understanding Nursing: Knowledge and Theory (60 Credits)	K211 Developing Nursing Practice (60 Credits)	K325 Assimilating Nursing: Knowledge and Theory (60 Credits)	K328 Becoming an Autonomous Practitioner in Learning Disabilities Nursing (60 Credits)
	Block 5 – Topic 4 - Discrimination	LG2 – Being a professional	R – Developing a professional identity	LG1 – Developing as a leader in nursing	professional and delivering ethical care LG4 Leadership, management and change management	LG1 – Becoming a leader LG3 - Becoming a reflexive practitioner
1.5 understand the demands of professional practice and demonstrate how to recognise signs of vulnerability in themselves or their colleagues and the action required to minimise risks to health	√ Block 6 – Topic 3 – Social Media and networks	√ LG2 – Being a professional	√ R – Developing a professional identity	√ LG1 – Developing as a leader in nursing LG5 – Safeguarding across the life course	√ LG3 Being an accountable professional and delivering ethical care LG4 Leadership, management and change management	√ LG3 - Becoming a reflexive practitioner LG4 – Safeguarding across the life course
1.6 understand the professional responsibility to adopt a healthy lifestyle to maintain the level of personal fitness and wellbeing required to meet people’s needs for mental and physical care		√ LG14 – Promoting health	√ R – Developing a professional identity	√	√ LG3 Being an accountable professional and delivering ethical care	√ LG3 - Becoming a reflexive practitioner

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NMC requirement (competency/annexes)	K102 Introducing Health and social Care (60 Credits)	K104 Introduction to Healthcare Practice (60 Credits)	K210 Understanding Nursing: Knowledge and Theory (60 Credits)	K211 Developing Nursing Practice (60 Credits)	K325 Assimilating Nursing: Knowledge and Theory (60 Credits)	K328 Becoming an Autonomous Practitioner in Learning Disabilities Nursing (60 Credits)
1.7 demonstrate an understanding of research methods, ethics and governance in order to critically analyse, safely use, share and apply research findings to promote and inform best nursing practice			√ R – Developing a professional identity	√ PAD appropriate to Level 2 LG2 – Evidence-based nursing practice	√ LG2 – Acute and managing long-term conditions LG4 Leadership, management and change management Advanced and applied critical thinking and research skills (Embedded within all LGs)	PAD appropriate to Level 3 LG1 – Becoming a leader LG2 – Nursing leadership in the global context
1.8 demonstrate the knowledge, skills and ability to think critically when applying evidence and drawing on experience to make evidence informed decisions in all situations			√ R – Improvement science and patient safety	√ LG2 – Evidence-based nursing practice	√ LG2 – Acute and managing long-term conditions LG4 Leadership, management and change management Advanced and	√ LG1 – Becoming a leader LG2 – Nursing leadership in the global context

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NMC requirement (competency/annexes)	K102 Introducing Health and social Care (60 Credits)	K104 Introduction to Healthcare Practice (60 Credits)	K210 Understanding Nursing: Knowledge and Theory (60 Credits)	K211 Developing Nursing Practice (60 Credits)	K325 Assimilating Nursing: Knowledge and Theory (60 Credits)	K328 Becoming an Autonomous Practitioner in Learning Disabilities Nursing (60 Credits)
					applied critical thinking and research skills (Embedded within all LGs)	
1.9 understand the need to base all decisions regarding care and interventions on people’s needs and preferences, recognising and addressing any personal and external factors that may unduly influence their decisions	√ Block 1- Topic 1 – What is care? Block 1- Topic 2 – The care context Block 5 – Topic 3 – Service users	√ PAD appropriate to Level 1 LG 3 – Person and family-centred care	√ R – Developing a professional identity R – Improvement science and patient safety	√ PAD appropriate to Level 2 LG2 – Evidence- based nursing practice	√ LG1 – Global public health and long-term conditions LG2 – Acute and managing long- term conditions LG3 Being an accountable professional and delivering ethical care LG4 Leadership, management and change management	√ PAD appropriate to Level 3 LG3 - Becoming a reflexive practitioner
1.10 demonstrate resilience and emotional intelligence and be		√	√	√	√	√

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NMC requirement (competency/annexes)	K102 Introducing Health and social Care (60 Credits)	K104 Introduction to Healthcare Practice (60 Credits)	K210 Understanding Nursing: Knowledge and Theory (60 Credits)	K211 Developing Nursing Practice (60 Credits)	K325 Assimilating Nursing: Knowledge and Theory (60 Credits)	K328 Becoming an Autonomous Practitioner in Learning Disabilities Nursing (60 Credits)
capable of explaining the rationale that influences their judgments and decisions in routine, complex and challenging situations		PAD appropriate to Level 1 LG2 – Being a professional	R – Developing a professional identity R – Improvement science and patient safety	PAD appropriate to Level 2	LG3 Being an accountable professional and delivering ethical care	PAD appropriate to Level 3 LG3 - Becoming a reflexive practitioner
1.11 communicate effectively using a range of skills and strategies with colleagues and people at all stages of life and with a range of mental, physical, cognitive and behavioural health challenges	√ Block 1- Topic 6 – Skills and values for care Block 2 – Topic 4 – Learning Disabilities Block 6 – Topic 3 – Social media and networks	√ PAD appropriate to Level 1 LG4 – Communication skills	√ R – Developing a professional identity	√ PAD appropriate to Level 2 LG1 – Developing as a leader in nursing	√ LG2 – Acute and managing long-term conditions LG3 Being an accountable professional and delivering ethical care LG4 Leadership, management and change management	√ PAD appropriate to Level 3 LG3 - Becoming a reflexive practitioner
1.12 demonstrate the skills and abilities required to support people at all stages of life	√ Block 1- Topic 1 – What is care?	√ PAD appropriate to Level 1	√ R – Developing a professional identity	√ PAD appropriate to Level 2	√ LG1 – Global public health and	√ PAD appropriate to Level 3

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NMC requirement (competency/annexes)	K102 Introducing Health and social Care (60 Credits)	K104 Introduction to Healthcare Practice (60 Credits)	K210 Understanding Nursing: Knowledge and Theory (60 Credits)	K211 Developing Nursing Practice (60 Credits)	K325 Assimilating Nursing: Knowledge and Theory (60 Credits)	K328 Becoming an Autonomous Practitioner in Learning Disabilities Nursing (60 Credits)
who are emotionally or physically vulnerable	Block 1- Topic 2 – The care context Block 1- Topic 6 – Skills and values for care Block 2 – Topic 4 – Learning Disabilities	LG2 – Being a professional LG3 – Person and family-centred care	R – Improvement science and patient safety R – Development across the life course R – Integrated services	LG1 – Developing as a leader in nursing LG4 – Improvement science and patient safety	long-term conditions LG2 – Acute and managing long-term conditions	LG4 – Safeguarding across the life course - nursing management responsibilities in Safeguarding within the context of Learning Disabilities
1.13 demonstrate the skills and abilities required to develop, manage and maintain appropriate relationships with people, their families, carers and colleagues	✓ Block 1- Topic 1 – What is care? Block 1- Topic 2 – The care context Block 1- Topic 6 – Skills and values for care Block 2 – Topic 4 – Learning Disabilities	✓ PAD appropriate to Level 1 LG2 – Being a professional LG 3 – Person and family-centred care	✓ R – Developing a professional identity R – Development across the life course R – Integrated services	✓ PAD appropriate to Level 2	✓ LG1 – Global public health and long-term conditions LG2 – Acute and managing long-term conditions LG4 Leadership, management and change management	✓ PAD appropriate to Level 3 LG3 - Becoming a reflexive practitioner
1.14 provide and promote non-discriminatory, person-centred and	✓	✓	✓	✓	✓	✓

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NMC requirement (competency/annexes)	K102 Introducing Health and social Care (60 Credits)	K104 Introduction to Healthcare Practice (60 Credits)	K210 Understanding Nursing: Knowledge and Theory (60 Credits)	K211 Developing Nursing Practice (60 Credits)	K325 Assimilating Nursing: Knowledge and Theory (60 Credits)	K328 Becoming an Autonomous Practitioner in Learning Disabilities Nursing (60 Credits)
sensitive care at all times, reflecting on people’s values and beliefs, diverse backgrounds, cultural characteristics, language requirements, needs and preferences, taking account of any need for adjustments	Block 1- Topic 1 – What is care? Block 1- Topic 2 – The care context Block 1- Topic 3 – Informal carers Block 1- Topic 4 – Formal care Block 1- Topic 5 – Networks of support Block 1- Topic 6 – Skills and values for care Block 5 – Topic 4 - Discrimination	PAD appropriate to Level 1 LG2 – Being a professional LG 3 – Person and family-centred care LG6 – Quality and safety of care	R – Developing a professional identity R – Development across the life course R – Integrated services R – Wellbeing	PAD appropriate to Level 2	LG1 – Global public health and long-term conditions LG2 – Acute and managing long-term conditions	PAD appropriate to Level 3 LG1 – Becoming a leader LG2 – Nursing leadership in the global context LG3 - Becoming a reflexive practitioner
1.15 demonstrate the numeracy, literacy, digital and technological skills required to meet the needs of people in their care to ensure safe and effective nursing practice		√ LG 5 – Medicines management and numeracy skills Assessed ICMA PAD appropriate to Level 1	√ R – Wellbeing	√ PAD appropriate to Level 2	√ LG2 – Acute and managing long-term conditions	√ PAD appropriate to Level 3 LG4 – Safeguarding across the life course
1.16 demonstrate the ability to keep complete,		√	√	√	√	√

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NMC requirement (competency/annexes)	K102 Introducing Health and social Care (60 Credits)	K104 Introduction to Healthcare Practice (60 Credits)	K210 Understanding Nursing: Knowledge and Theory (60 Credits)	K211 Developing Nursing Practice (60 Credits)	K325 Assimilating Nursing: Knowledge and Theory (60 Credits)	K328 Becoming an Autonomous Practitioner in Learning Disabilities Nursing (60 Credits)
clear, accurate and timely records		PAD appropriate to Level 1 LG2 – Being a professional	R – Developing a professional identity R – Improvement science and patient safety	PAD appropriate to Level 2	LG3 Being an accountable professional and delivering ethical care	PAD appropriate to Level 3 LG1 – Becoming a leader
1.17 take responsibility for continuous self-reflection, seeking and responding to support and feedback to develop their professional knowledge and skills		✓ PAD appropriate to Level 1 Reflective TMAs in K104 LG 1- Becoming a nursing student in practice	✓ R – Developing a professional identity	✓ PAD appropriate to Level 2	✓ LG3 Being an accountable professional and delivering ethical care LG4 Leadership, management and change management	✓ PAD appropriate to Level 3 LG3 - Becoming a reflexive practitioner
1.18 demonstrate the knowledge and confidence to contribute effectively and proactively in an interdisciplinary team		✓ PAD appropriate to Level 1 LG 3 – Person and family-centred care (developing)	✓ R – Integrated services	✓ PAD appropriate to Level 2	✓ LG3 Being an accountable professional and delivering ethical care LG4 Leadership, management and	✓ PAD appropriate to Level 3 LG1 – Becoming a leader

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NMC requirement (competency/annexes)	K102 Introducing Health and social Care (60 Credits)	K104 Introduction to Healthcare Practice (60 Credits)	K210 Understanding Nursing: Knowledge and Theory (60 Credits)	K211 Developing Nursing Practice (60 Credits)	K325 Assimilating Nursing: Knowledge and Theory (60 Credits)	K328 Becoming an Autonomous Practitioner in Learning Disabilities Nursing (60 Credits)
					change management	
1.19 act as an ambassador, upholding the reputation of their profession and promoting public confidence in nursing, health and care services		√ PAD appropriate to Level 1	√ R – Developing a professional identity	√ PAD appropriate to Level 2 LG1 – Developing as a leader in nursing	√ LG3 Being an accountable professional and delivering ethical care	√ PAD appropriate to Level 3 LG1 – Becoming a leader
1.20 safely demonstrate evidence-based practice in all skills and procedures stated in Annexes A and B.	See Annex A & B	See Annex A & B	See Annex A & B	See Annex A & B	See Annex A & B	See Annex A & B
Learning Disability Capabilities Framework	√ Block 2 Topic 4 (Identification and assessment of learning disabilities). Block 2 Topic 6 (Legislation, Communication, Empowerment),	√ LG 1 (Becoming a nursing student in practice) LG 2 (Being a professional), LG 3 (Person- and family-centred care, the	√ LG 1 (Section 3 (In)equality, reasonable adjustments and diversity), LG 2 (1.2 Communication Styles, personal awareness and	√ LG 1 (Developing as a leader in Nursing), LG 2 (Evidence- based nursing practice), LG 4 (Improvement	√ LG3/4 leadership in Learning Disabilities nursing. Research and evidence-based practice.	√ LG1/2/3 Management & leadership of complex conditions/long term conditions in learning disabilities practice

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NMC requirement (competency/annexes)	K102 Introducing Health and social Care (60 Credits)	K104 Introduction to Healthcare Practice (60 Credits)	K210 Understanding Nursing: Knowledge and Theory (60 Credits)	K211 Developing Nursing Practice (60 Credits)	K325 Assimilating Nursing: Knowledge and Theory (60 Credits)	K328 Becoming an Autonomous Practitioner in Learning Disabilities Nursing (60 Credits)
	moral values, professional values, being a professional), Block 2 Enhancement activity (Learning Disability Awareness). Block 3 Topic 5 (Ethics), Block 3 Topic 2 (Safeguarding), Block 3 Topic 3 (Safeguarding), Block 3 Topic 5 (Diversity).	interdisciplinary team in practice), LG 4 (Communication skills), LG 5 (Medicines management and numeracy skills, Medicines administration), LG 6 (Quality and safety of care), LG 8 (assessment skills and care planning), LG 15 (Supporting skills: Links between physical and emotional vulnerability), LG 16 (reflecting on your learning and development)	professional boundaries) LG 2 Section 2 (Developing Yourself as a Professional), LG 4 Equality, diversity and inclusion, LG 3 (Improvement science and patient safety, Decision making and the rationale that underpins that decision; Risk monitoring; Quality and Safety; Quality Improvement, Quality Checkers). Variety of topics explored in field	Science and patient Safety), LG 5 (Safeguarding across the life course). Research and evidence-based practice. Variety of topics explored in field specific tutorial groups	Variety of topics explored in field specific tutorial groups.	Variety of topics explored in field specific tutorial groups.

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NMC requirement (competency/annexes)	K102 Introducing Health and social Care (60 Credits)	K104 Introduction to Healthcare Practice (60 Credits)	K210 Understanding Nursing: Knowledge and Theory (60 Credits)	K211 Developing Nursing Practice (60 Credits)	K325 Assimilating Nursing: Knowledge and Theory (60 Credits)	K328 Becoming an Autonomous Practitioner in Learning Disabilities Nursing (60 Credits)
			specific tutorial groups.			
Platform 2 Promoting health and preventing ill health					Variety of topics explored in field specific masterclasses	Variety of topics explored in field specific masterclasses
2.1 understand and apply the aims and principles of health promotion, protection and improvement and the prevention of ill health when engaging with people		✓ PAD appropriate to Level 1 LG14 – Promoting health	✓ R – Development across the life course R – Integrated services R – Wellbeing	✓ PAD appropriate to Level 2	✓ LG1 – Global public health and long-term conditions LG2 – Acute and managing long- term conditions	✓ PAD appropriate to Level 3 LG2 – Nursing leadership in the global context
2.2 demonstrate knowledge of epidemiology, demography, genomics and the wider determinants of health, illness and wellbeing and apply this to an understanding of global		✓ LG14 – Promoting health	✓ R – Development across the life course R – Wellbeing		✓ LG1 – Global public health and long-term conditions	✓ LG2 – Nursing leadership in the global context

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NMC requirement (competency/annexes)	K102 Introducing Health and social Care (60 Credits)	K104 Introduction to Healthcare Practice (60 Credits)	K210 Understanding Nursing: Knowledge and Theory (60 Credits)	K211 Developing Nursing Practice (60 Credits)	K325 Assimilating Nursing: Knowledge and Theory (60 Credits)	K328 Becoming an Autonomous Practitioner in Learning Disabilities Nursing (60 Credits)
patterns of health and wellbeing outcomes						
2.3 understand the factors that may lead to inequalities in health outcomes	√ Block 1- Topic 2 – The care context	√ LG14 – Promoting health	√ R – Developing a professional identity R – Integrated services R – Wellbeing		√ LG1 – Global public health and long-term conditions LG2 – Acute and managing long- term conditions	√ LG2 – Nursing leadership in the global context
2.4 identify and use all appropriate opportunities, making reasonable adjustments when required, to discuss the impact of smoking, substance and alcohol use, sexual behaviours, diet and exercise on mental, physical and behavioural health and wellbeing, in the context of people’s individual circumstances		√ PAD appropriate to Level 1 LG14 – Promoting health	√ R – Development across the life course R – Integrated services R – Wellbeing	√ PAD appropriate to Level 2	√ LG1 – Global public health and long-term conditions LG2 – Acute and managing long- term conditions management	√ PAD appropriate to Level 3 LG2 – Nursing leadership in the global context

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NMC requirement (competency/annexes)	K102 Introducing Health and social Care (60 Credits)	K104 Introduction to Healthcare Practice (60 Credits)	K210 Understanding Nursing: Knowledge and Theory (60 Credits)	K211 Developing Nursing Practice (60 Credits)	K325 Assimilating Nursing: Knowledge and Theory (60 Credits)	K328 Becoming an Autonomous Practitioner in Learning Disabilities Nursing (60 Credits)
2.5 promote and improve mental, physical, behavioural and other health related outcomes by understanding and explaining the principles, practice and evidence-base for health screening programmes		√ LG14 – Promoting health	√ R - Wellbeing	√ LG2 – Evidence-based nursing practice	√ LG4 Leadership, management and change management	√ LG2 – Nursing leadership in the global context LG3 - Becoming a reflexive practitioner
2.6 understand the importance of early years and childhood experiences and the possible impact on life choices, mental, physical and behavioural health and wellbeing	√ Block 1- Topic 2 – The care context Block 2 – Topic 1 – What is human development and the life course? Block 2 – Topic 4 – Learning Disabilities	√ LG3 – Person and family-centred care	√ R – Developing a professional identity R – Development across the life course R – Integrated services R – Wellbeing	√ LG5 – Safeguarding across the life course	√ LG1 – Global public health and long-term conditions LG2 – Acute and managing long-term conditions	√ LG2 – Nursing leadership in the global context
2.7 understand and explain the contribution of social influences, health literacy, individual circumstances,	√ Block 1- Topic 2 – The care context	√ LG14 – Promoting health	√ R – Developing a professional identity	√ LG5 – Safeguarding	√ LG1 – Global public health and	√ LG2 – Nursing leadership in the global context

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NMC requirement (competency/annexes)	K102 Introducing Health and social Care (60 Credits)	K104 Introduction to Healthcare Practice (60 Credits)	K210 Understanding Nursing: Knowledge and Theory (60 Credits)	K211 Developing Nursing Practice (60 Credits)	K325 Assimilating Nursing: Knowledge and Theory (60 Credits)	K328 Becoming an Autonomous Practitioner in Learning Disabilities Nursing (60 Credits)
behaviours and lifestyle choices to mental, physical and behavioural health outcomes	Block 2 – Topic 4 – Learning Disabilities		R – Development across the life course R – Integrated services R – Wellbeing	across the life course	long-term conditions LG2 – Acute and managing long-term conditions	
2.8 explain and demonstrate the use of up to date approaches to behaviour change to enable people to use their strengths and expertise and make informed choices when managing their own health and making lifestyle adjustments	✓ Block 1- Topic 6 – Skills and values for care	✓ PAD appropriate to Level 1 LG14 – Promoting health	✓ R – Development across the life course R – Integrated services R – Wellbeing	✓ AD appropriate to Level 2 LG4 – Improvement science and patient safety	✓ LG2 – Acute and managing long-term conditions	✓ PAD appropriate to Level 3 LG2 – Nursing leadership in the global context LG3 - Becoming a reflexive practitioner
2.9 use appropriate communication skills and strength-based approaches to support and enable people to make informed choices about their care to manage health challenges	✓ Block 1- Topic 1 – What is care? Block 1- Topic 2 – The care context Block 1- Topic 5 – Networks of support	✓ PAD appropriate to Level 1 LG4 – Communication skills LG14 – Promoting health	✓ R – Developing a professional identity R - Improvement science and patient safety	✓ PAD appropriate to Level 2 LG4 – Improvement science and patient safety	✓ LG2 – Acute and managing long-term conditions LG3 Being an accountable professional and	✓ PAD appropriate to Level 3 LG1 – Becoming a leader LG4 – Safeguarding

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NMC requirement (competency/annexes)	K102 Introducing Health and social Care (60 Credits)	K104 Introduction to Healthcare Practice (60 Credits)	K210 Understanding Nursing: Knowledge and Theory (60 Credits)	K211 Developing Nursing Practice (60 Credits)	K325 Assimilating Nursing: Knowledge and Theory (60 Credits)	K328 Becoming an Autonomous Practitioner in Learning Disabilities Nursing (60 Credits)
in order to have satisfying and fulfilling lives within the limitations caused by reduced capability, ill health and disability	Block 1- Topic 6 – Skills and values for care Block 6 – Topic 6 – Innovation in practice		R – Development across the life course R – Integrated services		delivering ethical care	across the life course
2.10 provide information in accessible ways to help people understand and make decisions about their health, life choices, illness and care	✓ Block 1- Topic 6 – Skills and values for care Block 6 – Topic 6 – Innovation in practice	✓ PAD appropriate to Level 1 LG 3 – Person and family-centred care LG4 – Communication skills LG14 – Promoting health	✓ R – Developing a professional identity R – Development across the life course R – Integrated services	✓ PAD appropriate to Level 2	✓ LG3 Being an accountable professional and delivering ethical care LG4 Leadership, management and change management	✓ PAD appropriate to Level 3 LG4 – Safeguarding across the life course
2.11 promote health and prevent ill health by understanding and explaining to people the principles of pathogenesis, immunology and the		✓ PAD appropriate to Level 1	✓ R – Development across the life course R – Wellbeing	✓ PAD appropriate to Level 2	✓ LG1 – Global public health and long-term conditions	✓ PAD appropriate to Level 3 LG2 – Nursing leadership in the global context

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NMC requirement (competency/annexes)	K102 Introducing Health and social Care (60 Credits)	K104 Introduction to Healthcare Practice (60 Credits)	K210 Understanding Nursing: Knowledge and Theory (60 Credits)	K211 Developing Nursing Practice (60 Credits)	K325 Assimilating Nursing: Knowledge and Theory (60 Credits)	K328 Becoming an Autonomous Practitioner in Learning Disabilities Nursing (60 Credits)
evidence-base for immunisation, vaccination and herd immunity		LG14 – Promoting health (developing)			LG3 Being an accountable professional and delivering ethical care	
2.12 protect health through understanding and applying the principles of infection prevention and control, including communicable disease surveillance and antimicrobial stewardship and resistance.		√ PAD appropriate to Level 1 LG7 – Infection prevention and control	√ R - Improvement science and patient safety R – Development across the life course R – Integrated services R – Wellbeing	√ PAD appropriate to Level 2 LG2 – Evidence-based nursing practice	√ LG1 – Global public health and long-term conditions LG4 Leadership, management and change management	√ PAD appropriate to Level 3 LG2 – Nursing leadership in the global context
Learning Disability Capabilities Framework	√ Block 1 Nursing enhancement activity (Dignity and respect), Block 2 Topic 4 (defining and diagnosing learning disability,	√ LG 4 (Communication skills, Checking understanding) LG 7 (Infection prevention and control,	√ LG 1 (Section 3.1 Health inequalities in learning disability), LG 2 (Section 1 Autonomy and rights),	√ LG 1 Developing as a leader in nursing, LG 4 (Medicine Optimisation and Pharmacology),	√ Understanding and managing long-term conditions Variety of topics explored in field	√ Leadership in health promotion. Variety of topics explored in field specific tutorial groups

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NMC requirement (competency/annexes)	K102 Introducing Health and social Care (60 Credits)	K104 Introduction to Healthcare Practice (60 Credits)	K210 Understanding Nursing: Knowledge and Theory (60 Credits)	K211 Developing Nursing Practice (60 Credits)	K325 Assimilating Nursing: Knowledge and Theory (60 Credits)	K328 Becoming an Autonomous Practitioner in Learning Disabilities Nursing (60 Credits)
	<p>transition to adulthood, health, relationships, puberty, relationships, sexuality, managing transition), Block 2 Topic 6 – (communication), Block 2 Enhancement activity (Categories of learning disabilities, Health inequalities, Untimely deaths, LeDeR, CIPOLD, STOMP, Prevalence of mental illness and/or dementia, prevalence of physical health</p>	<p>vulnerability to infection), LG 13 (Acute and emergency care, Sepsis).</p>	<p>LG 4 (Genetics and Genomics, inheritance, Cognitive development, Emotional resilience, adverse childhood experiences), LG 5 (Cardiology, Respiratory, Neurology/ Epilepsy, Diabetes, Dysphagia), LG 6 (Pain assessment and management), LG 9 (Section 1 The impact of short- and long-term conditions), LG 10 Dementia and changes in behaviour)</p>	<p>Research and evidence-based practice. Variety of topics explored in field specific tutorial groups</p>	<p>specific tutorial groups</p>	

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NMC requirement (competency/annexes)	K102 Introducing Health and social Care (60 Credits)	K104 Introduction to Healthcare Practice (60 Credits)	K210 Understanding Nursing: Knowledge and Theory (60 Credits)	K211 Developing Nursing Practice (60 Credits)	K325 Assimilating Nursing: Knowledge and Theory (60 Credits)	K328 Becoming an Autonomous Practitioner in Learning Disabilities Nursing (60 Credits)
	problems, communication difficulties, Augmentative and Alternative Comm unication, diagnostic overshadowing, hospital passports, Advance statements, mental capacity and decision making).		LG 11 (Mental wellbeing, mental health). LG 12 (Assistive technologies - communication), Variety of topics explored in field specific tutorial groups			
Platform 3 Assessing needs and planning care					Variety of topics explored in field specific masterclasses	Variety of topics explored in field specific masterclasses
3.1 demonstrate and apply knowledge of human development from conception to death when undertaking full and		√ PAD appropriate to Level 1	√ R – Development across the life course	√ PAD appropriate to Level 2	√ LG2 – Acute and managing long- term conditions	√

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NMC requirement (competency/annexes)	K102 Introducing Health and social Care (60 Credits)	K104 Introduction to Healthcare Practice (60 Credits)	K210 Understanding Nursing: Knowledge and Theory (60 Credits)	K211 Developing Nursing Practice (60 Credits)	K325 Assimilating Nursing: Knowledge and Theory (60 Credits)	K328 Becoming an Autonomous Practitioner in Learning Disabilities Nursing (60 Credits)
accurate person-centred nursing assessments and developing appropriate care plans		LG 8 – Assessment skills and care planning		LG2 – Evidence-based nursing practice		
3.2 demonstrate and apply knowledge of body systems and homeostasis, human anatomy and physiology, biology, genomics, pharmacology and social and behavioural sciences when undertaking full and accurate person-centred nursing assessments and developing appropriate care plans	√ LG2 Being a professional within the context of Learning Disabilities Nursing (Anatomy and Physiology)	√ LG 5 – Medicines management and numeracy skills LG6 – Bladder and bowel health LG11 – Nutrition and hydration LG12 – Hygiene, skin integrity and wound care	√ R – Development across the life course R - Wellbeing	√ vLG2 – Evidence-based nursing practice LG3 – Medicines optimisation and pharmacology	√ LG1 – Global public health and long-term conditions	√ LG4 – Safeguarding across the life course

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NMC requirement (competency/annexes)	K102 Introducing Health and social Care (60 Credits)	K104 Introduction to Healthcare Practice (60 Credits)	K210 Understanding Nursing: Knowledge and Theory (60 Credits)	K211 Developing Nursing Practice (60 Credits)	K325 Assimilating Nursing: Knowledge and Theory (60 Credits)	K328 Becoming an Autonomous Practitioner in Learning Disabilities Nursing (60 Credits)
3.3 demonstrate and apply knowledge of all commonly encountered mental, physical, behavioural and cognitive health conditions, medication usage and treatments when undertaking full and accurate assessments of nursing care needs and		√ LG 8 – Assessment skills and care planning (developing)	√ R – Development across the life course R – Integrated services R – Wellbeing	√ LG2 – Evidence-based nursing practice LG3 – Medicine optimisation and pharmacology	√ LG2 – Acute and managing long-term conditions	√ LG3 - Becoming a reflexive practitioner LG4 – Safeguarding across the life course

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NMC requirement (competency/annexes)	K102 Introducing Health and social Care (60 Credits)	K104 Introduction to Healthcare Practice (60 Credits)	K210 Understanding Nursing: Knowledge and Theory (60 Credits)	K211 Developing Nursing Practice (60 Credits)	K325 Assimilating Nursing: Knowledge and Theory (60 Credits)	K328 Becoming an Autonomous Practitioner in Learning Disabilities Nursing (60 Credits)
when developing, prioritising and reviewing person-centred care plans						
3.4 understand and apply a person-centred approach to nursing care, demonstrating shared assessment, planning, decision making and goal setting when working with people, their families, communities and populations of all ages	√ Block 1- Topic 1 – What is care? Block 1- Topic 2 – The care context Block 1- Topic 4 – Formal care Block 1- Topic 5 – Networks of support Block 5 – Topic 3 – Service users	√ PAD appropriate to Level 1 LG 3 – Person and family-centred care LG 8 – Assessment skills and care planning	√ R – Development across the life course R – Integrated services R – Wellbeing	√ PAD appropriate to Level 2 LG2 – Evidence- based nursing practice	√ LG2 – Acute and managing long- term conditions	√ PAD appropriate to Level 3 LG3 - Becoming a reflexive practitioner LG4 – Safeguarding across the life course
3.5 demonstrate the ability to accurately process all information gathered during the assessment process to identify needs for individualised nursing care and develop person- centred evidence-based plans for nursing		√ PAD appropriate to Level 1 LG 8 – Assessment skills and care planning	√ R - Improvement science and patient safety R – Development across the life course	√ PAD appropriate to Level 3 LG2 – Evidence- based nursing practice	√ LG2 – Acute and managing long- term conditions	√ PAD appropriate to Level 3 LG3 - Becoming a reflexive practitioner LG4 – Safeguarding

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NMC requirement (competency/annexes)	K102 Introducing Health and social Care (60 Credits)	K104 Introduction to Healthcare Practice (60 Credits)	K210 Understanding Nursing: Knowledge and Theory (60 Credits)	K211 Developing Nursing Practice (60 Credits)	K325 Assimilating Nursing: Knowledge and Theory (60 Credits)	K328 Becoming an Autonomous Practitioner in Learning Disabilities Nursing (60 Credits)
interventions with agreed goals			R – Integrated services R – Wellbeing			across the life course
3.6 effectively assess a person’s capacity to make decisions about their own care and to give or withhold consent		√ PAD appropriate to Level 1 LG 8 – Assessment skills and care planning (developing)	√ R – Developing a professional identity R - Improvement science and patient safety R – Development across the life course R – Integrated services R – Wellbeing	√ PAD appropriate to Level 2 LG5 – Safeguarding across the life course	√ LG1 – Global public health and long-term conditions LG2 – Acute and managing long-term conditions	√ PAD appropriate to Level 3 LG3 - Becoming a reflexive practitioner LG4 – Safeguarding across the life course
3.7 understand and apply the principles and processes for making reasonable adjustments		√ LG3 – Person and family-centred care	√ R – Developing a professional identity R - Improvement science and patient safety	√ PAD appropriate to Level 2	√ LG4 Leadership, management and change management	√ PAD appropriate to Level 3 LG1 – Becoming a leader

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NMC requirement (competency/annexes)	K102 Introducing Health and social Care (60 Credits)	K104 Introduction to Healthcare Practice (60 Credits)	K210 Understanding Nursing: Knowledge and Theory (60 Credits)	K211 Developing Nursing Practice (60 Credits)	K325 Assimilating Nursing: Knowledge and Theory (60 Credits)	K328 Becoming an Autonomous Practitioner in Learning Disabilities Nursing (60 Credits)
3.8 understand and apply the relevant laws about mental capacity for the country in which you are practising when making decisions in relation to people who do not have capacity	√ Block 3 – Vulnerability and risk	√ PAD appropriate to Level 1	√ R – Developing a professional identity	√ PAD appropriate to Level 2 LG5 – Safeguarding across the life course	√ LG3 Being an accountable professional and delivering ethical care	√ PAD appropriate to Level 3 LG3 - Becoming a reflexive practitioner LG4 – Safeguarding across the life course
3.9 recognise and assess people at risk of harm and the situations that may put them at risk, ensuring prompt action is taken to safeguard those who are vulnerable	√ Block 3 – Topic 2 – What is safeguarding? Block 3 – Topic 3 – Abuse, harm and protection	√ PAD appropriate to Level 1 LG6 – Quality and safety of care (developing) LG 8 – Assessment skills and care planning (developing)	√ R – Development across the life course	√ PAD appropriate to Level 2 LG4 – Improvement science and patient safety LG5 – Safeguarding across the life course	√ LG2 – Acute and managing long- term conditions	√ PAD appropriate to Level 3 LG4 – Safeguarding across the life course
3.10 demonstrate the skills and abilities	√		√	√	√	√

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NMC requirement (competency/annexes)	K102 Introducing Health and social Care (60 Credits)	K104 Introduction to Healthcare Practice (60 Credits)	K210 Understanding Nursing: Knowledge and Theory (60 Credits)	K211 Developing Nursing Practice (60 Credits)	K325 Assimilating Nursing: Knowledge and Theory (60 Credits)	K328 Becoming an Autonomous Practitioner in Learning Disabilities Nursing (60 Credits)
required to recognise and assess people who show signs of self-harm and/or suicidal ideation	Block 3 – Topic 2 – What is safeguarding?		R – Development across the life course R – Integrated services	LG5 – Safeguarding across the life course	LG2 – Acute and managing long-term conditions	LG4 – Safeguarding across the life course
3.11 undertake routine investigations, interpreting and sharing findings as appropriate		✓ PAD appropriate to Level 1 LG8 – Assessment skills and care planning	✓ R – Wellbeing	✓ PAD appropriate to Level 2		✓ PAD appropriate to Level 3
3.12 interpret results from routine investigations, taking prompt action when required by implementing appropriate interventions, requesting additional investigations or escalating to others		✓ PAD appropriate to Level 1	✓ R – Integrated services R – Wellbeing	✓ PAD appropriate to Level 2		✓ PAD appropriate to Level 3 LG1 – Becoming a leader LG2 – Nursing leadership in the global context LG3 - Becoming a reflexive practitioner LG4 – Safeguarding

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NMC requirement (competency/annexes)	K102 Introducing Health and social Care (60 Credits)	K104 Introduction to Healthcare Practice (60 Credits)	K210 Understanding Nursing: Knowledge and Theory (60 Credits)	K211 Developing Nursing Practice (60 Credits)	K325 Assimilating Nursing: Knowledge and Theory (60 Credits)	K328 Becoming an Autonomous Practitioner in Learning Disabilities Nursing (60 Credits)
						across the life course
3.13 demonstrate an understanding of co-morbidities and the demands of meeting people’s complex nursing and social care needs when prioritising care plans			√ R – Developing a professional identity R – Integrated services R – Wellbeing	√ PAD appropriate to Level 2	√ LG2 – Acute and managing long-term conditions	√ PAD appropriate to Level 3 LG4 – Safeguarding across the life course
3.14 identify and assess the needs of people and families for care at the end of life, including requirements for palliative care and decision making related to their treatment and care preferences		√ LG 15 – Supporting skills	√ R – Development across the life course R – Integrated services R – Wellbeing	√ PAD appropriate to Level 2 LG2 – Evidence-based nursing practice	√ LG1 – Global public health and long-term conditions LG2 – Acute and managing long-term conditions	√ PAD appropriate to Level 3 LG3 - Becoming a reflexive practitioner LG4 – Safeguarding across the life course
3.15 demonstrate the ability to work in partnership with people, families and carers to		√ PAD appropriate to Level 1	√ R – Development across the life course	√ PAD appropriate to Level 2	√ LG4 Leadership, management and	√ PAD appropriate to Level 3

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NMC requirement (competency/annexes)	K102 Introducing Health and social Care (60 Credits)	K104 Introduction to Healthcare Practice (60 Credits)	K210 Understanding Nursing: Knowledge and Theory (60 Credits)	K211 Developing Nursing Practice (60 Credits)	K325 Assimilating Nursing: Knowledge and Theory (60 Credits)	K328 Becoming an Autonomous Practitioner in Learning Disabilities Nursing (60 Credits)
continuously monitor, evaluate and reassess the effectiveness of all agreed nursing care plans and care, sharing decision making and readjusting agreed goals, documenting progress and decisions made			R – Integrated services	LG4 – Improvement science and patient safety	change management	LG3 - Becoming a reflexive practitioner
3.16 demonstrate knowledge of when and how to refer people safely to other professionals or services for clinical intervention or support.		✓ PAD appropriate to Level 1 LG 3 – Person and family-centred care (developing) LG15 – Supporting skills	✓ R – Integrated services	✓ PAD appropriate to Level 2 LG1 – Developing as a leader in nursing LG5 – Safeguarding across the life course	✓ LG1 – Global public health and long-term conditions LG4 Leadership, management and change management	✓ PAD appropriate to Level 3 LG4 – Safeguarding across the life course
Learning Disability Capabilities Framework	✓ Block 1 Topic 1 (person-centred care),	✓ LG 4 (Communication skills, Communication	✓ LG 1 (Section 3.2 Reasonable adjustments),	✓ LG 3 (Medicine Optimisation and Pharmacology ,	✓ Assessment of Mental Health of people with a Learning disability	✓ Leadership and management in person-centred care.

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NMC requirement (competency/annexes)	K102 Introducing Health and social Care (60 Credits)	K104 Introduction to Healthcare Practice (60 Credits)	K210 Understanding Nursing: Knowledge and Theory (60 Credits)	K211 Developing Nursing Practice (60 Credits)	K325 Assimilating Nursing: Knowledge and Theory (60 Credits)	K328 Becoming an Autonomous Practitioner in Learning Disabilities Nursing (60 Credits)
	<p>Block 1 Topic 3 (Carers), Block 2 (Identification and assessment of learning disabilities, reasonable adjustments, Augmentative and Alternative Communication, transition, relationships, sexuality and sexual health, carers as partners in support), Block 2 Topic 6 (Communication), Block 2 Topic 6 (Law), Block 3 Topic 5 (Ethics), Block 3 Topic 2</p>	<p>critical during assessment), LG 8: Assessment skills and care planning, nursing models, accurate patient assessment, LG 10 (Mobility, Risk assessment) LG 15 (Caring for those with vulnerabilities: older age and end of life). LG 15 (Supporting skills: Links between physical and emotional vulnerability),</p>	<p>LG 2 (Section 3 Personalised Care & Therapeutic relationships), LG 6 (Admission, Discharge planning and transfer). LG 6 (Pain assessment and management). LG 7 (Positive risk taking), LG 8 (Ageing well with learning disabilities), LG 9 (The impact of short- and long-term conditions, medication, effects of injury and illness). LG 10 (Behaviour that challenges, Autism- Seeing</p>	<p>and shared decision making). Variety of topics explored in field specific tutorial groups</p>	<p>including acute/crisis/Long-term conditions/specialisms. Assessment of people with Profound and Multiple Learning Disabilities. End of life care. Therapeutic coworking, Integrated working across Learning Disability Mental Health and/or Forensic support Variety of topics explored in field</p>	<p>Variety of topics explored in field specific tutorial groups</p>

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NMC requirement (competency/annexes)	K102 Introducing Health and social Care (60 Credits)	K104 Introduction to Healthcare Practice (60 Credits)	K210 Understanding Nursing: Knowledge and Theory (60 Credits)	K211 Developing Nursing Practice (60 Credits)	K325 Assimilating Nursing: Knowledge and Theory (60 Credits)	K328 Becoming an Autonomous Practitioner in Learning Disabilities Nursing (60 Credits)
	(Safeguarding), Block 3 Topic 3 (Safeguarding), Block 6 Topic 4 (Empowerment),		the world from a different perspective)		specific tutorial groups	
Platform 4 Providing and evaluating care					Variety of topics explored in field specific masterclasses	Variety of topics explored in field specific masterclasses
4.1 demonstrate and apply an understanding of what is important to people and how to use this knowledge to ensure their needs for safety, dignity, privacy, comfort and sleep can be met, acting as a role model for others in providing evidence based person- centred care	✓ Block 5 – Topic 3 – Service users	✓ LG3 – Person and family-centred care	✓ R Improvement science and patient safety R – Development across the life course	✓ PAD appropriate to Level 2 LG2 – Evidence- based nursing practice	✓ LG3 Being an accountable professional and delivering ethical care LG4 Leadership, management and change management	✓ PAD appropriate to Level 3 LG4 – Safeguarding across the life course

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NMC requirement (competency/annexes)	K102 Introducing Health and social Care (60 Credits)	K104 Introduction to Healthcare Practice (60 Credits)	K210 Understanding Nursing: Knowledge and Theory (60 Credits)	K211 Developing Nursing Practice (60 Credits)	K325 Assimilating Nursing: Knowledge and Theory (60 Credits)	K328 Becoming an Autonomous Practitioner in Learning Disabilities Nursing (60 Credits)
4.2 work in partnership with people to encourage shared decision making in order to support individuals, their families and carers to manage their own care when appropriate	√ Block 5 – Topic 3 – Service users	√ PAD appropriate to Level 1	√ R – Integrated services	√ PAD appropriate to Level 2	√ LG4 Leadership, management and change management	√ PAD appropriate to Level 3 LG2 – Nursing leadership in the global context
4.3 demonstrate the knowledge, communication and relationship management skills required to provide people, families and carers with accurate information that meets their needs before, during and after a range of interventions		√ PAD appropriate to Level 1 LG4 – Communication skills	√ R – Developing a professional identity R – Integrated services	√ PAD appropriate to Level 2 LG2 – Evidence-based nursing practice	√ LG4 Leadership, management and change management	√ PAD appropriate to Level 3 LG1 – Becoming a leader LG2 – Nursing leadership in the global context LG3 - Becoming a reflexive practitioner
4.4 demonstrate the knowledge and skills required to support people with commonly encountered mental health, behavioural,			√ R – Development across the life course	√ PAD appropriate to Level 2	√ LG2 – Acute and managing long-term conditions	√ PAD appropriate to Level 3 LG1 – Becoming a leader

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NMC requirement (competency/annexes)	K102 Introducing Health and social Care (60 Credits)	K104 Introduction to Healthcare Practice (60 Credits)	K210 Understanding Nursing: Knowledge and Theory (60 Credits)	K211 Developing Nursing Practice (60 Credits)	K325 Assimilating Nursing: Knowledge and Theory (60 Credits)	K328 Becoming an Autonomous Practitioner in Learning Disabilities Nursing (60 Credits)
cognitive and learning challenges, and act as a role model for others in providing high quality nursing interventions to meet people's needs			R – Integrated services R – Wellbeing	LG1 – Developing as a leader in nursing		LG2 – Nursing leadership in the global context LG3 - Becoming a reflexive practitioner
4.5 demonstrate the knowledge and skills required to support people with commonly encountered physical health conditions, their medication usage and treatments, and act as a role model for others in providing high quality nursing interventions when meeting people's needs		√ PAD appropriate to Level 1 LG5 – Medicines management and numeracy skills LG 9 – Bladder and bowel health LG10 – Mobility LG11 – Nutrition and hydration	√ R – Development across the life course R – Integrated services R – Wellbeing	√ PAD appropriate to Level 2 LG1 – Developing as a leader in nursing LG3 – Medicines optimisation and pharmacology	√ LG2 – Acute and managing long-term conditions LG4 Leadership, management and change management	√ PAD appropriate to Level 3 LG4 – Safeguarding across the life course
4.6 demonstrate the knowledge, skills and ability to act as a role model for others in providing evidence-based nursing care to meet		√ PAD appropriate to Level 1 G 9 – Bladder and bowel health	√ R – Development across the life course R – Integrated services	√ PAD appropriate to Level 2 LG2 – Evidence-based nursing practice	√ LG2 – Acute and managing long-term conditions LG4 Leadership, management and	√ PAD appropriate to Level 3 LG4 – Safeguarding

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NMC requirement (competency/annexes)	K102 Introducing Health and social Care (60 Credits)	K104 Introduction to Healthcare Practice (60 Credits)	K210 Understanding Nursing: Knowledge and Theory (60 Credits)	K211 Developing Nursing Practice (60 Credits)	K325 Assimilating Nursing: Knowledge and Theory (60 Credits)	K328 Becoming an Autonomous Practitioner in Learning Disabilities Nursing (60 Credits)
people's needs related to nutrition, hydration and bladder and bowel health		LG11 – Nutrition and hydration			change management	across the life course
4.7 demonstrate the knowledge, skills and ability to act as a role model for others in providing evidence-based, person-centred nursing care to meet people's needs related to mobility, hygiene, oral care, wound care and skin integrity		√ PAD appropriate to Level 1 LG 3 – Person and family-centred care LG10 – Mobility LG12 – Hygiene, skin integrity and wound care	√ R – Developing a professional identity R – Development across the life course	√ PAD appropriate to Level 2 LG2 – Evidence-based nursing practice	√ LG2 – Acute and managing long-term conditions LG4 Leadership, management and change management	√ PAD appropriate to Level 3 LG4 – Safeguarding across the life course
4.8 demonstrate the knowledge and skills required to identify and initiate appropriate interventions to support people with commonly encountered symptoms including anxiety, confusion, discomfort and pain		√ LG15 – Supporting skills	√ R – Development across the life course R – Wellbeing	√ LG2 – Evidence-based nursing practice	√ LG2 – Acute and managing long-term conditions	√ LG3 - Becoming a reflexive practitioner LG4 – Safeguarding across the life course
4.9 demonstrate the knowledge and skills			√	√	√	√

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NMC requirement (competency/annexes)	K102 Introducing Health and social Care (60 Credits)	K104 Introduction to Healthcare Practice (60 Credits)	K210 Understanding Nursing: Knowledge and Theory (60 Credits)	K211 Developing Nursing Practice (60 Credits)	K325 Assimilating Nursing: Knowledge and Theory (60 Credits)	K328 Becoming an Autonomous Practitioner in Learning Disabilities Nursing (60 Credits)
required to prioritise what is important to people and their families when providing evidence-based person-centred nursing care at end of life including the care of people who are dying, families, the deceased and the bereaved			R – Developing a professional identity R – Development across the life course R – Integrated services R – Wellbeing	LG2 – Evidence-based nursing practice	LG1 – Global public health and long-term conditions LG2 – Acute and managing long-term conditions	LG1 – Becoming a leader LG2 – Nursing leadership in the global context
4.10 demonstrate the knowledge and ability to respond proactively and promptly to signs of deterioration or distress in mental, physical, cognitive and behavioural health and use this knowledge to make sound clinical decisions		✓ PAD appropriate to Level 1 LG13 – Acute and emergency care	✓ R – Development across the life course R – Integrated services R – Wellbeing	✓ PAD appropriate to Level 2 LG2 – Evidence-based nursing practice	✓ LG2 – Acute and managing long-term conditions LG4 Leadership, management and change management	✓ PAD appropriate to Level 3 LG4 – Safeguarding across the life course
4.11 demonstrate the knowledge and skills required to initiate and evaluate appropriate interventions to support			✓ R – Integrated services R – Wellbeing	✓ LG2 – Evidence-based nursing practice	✓ LG2 – Acute and managing long-term conditions	✓ LG4 – Safeguarding across the life course

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NMC requirement (competency/annexes)	K102 Introducing Health and social Care (60 Credits)	K104 Introduction to Healthcare Practice (60 Credits)	K210 Understanding Nursing: Knowledge and Theory (60 Credits)	K211 Developing Nursing Practice (60 Credits)	K325 Assimilating Nursing: Knowledge and Theory (60 Credits)	K328 Becoming an Autonomous Practitioner in Learning Disabilities Nursing (60 Credits)
people who show signs of self-harm and/or suicidal ideation						
4.12 demonstrate the ability to manage commonly encountered devices and confidently carry out related nursing procedures to meet people’s needs for evidence-based, person-centred care	√ Block 6 – Topic 6 – Innovation in practice	√ PAD appropriate to Level 1	√ R – Developing a professional identity R - Improvement science and patient safety	√ PAD appropriate to Level 2 LG2 – Evidence-based nursing practice		√ PAD appropriate to Level 3 LG3 - Becoming a reflexive practitioner
4.13 demonstrate the knowledge, skills and confidence to provide first aid procedures and basic life support		√ PAD appropriate to Level 1 LG13 – Acute and emergency care	√ R – Wellbeing	√ PAD appropriate to Level 2		√ PAD appropriate to Level 3
4.14 understand the principles of safe and effective administration and optimisation of medicines in accordance with local and national policies and demonstrate proficiency and accuracy		√ LG 5 – Medicines management and numeracy skills ICMA assessment PAD appropriate to Level 1	√ R – Wellbeing	√ ICMA assessment PAD appropriate to Level 2 LG3 – Medicines optimisation and pharmacology	√ LG2 – Acute and managing long-term conditions	√ ICMA assessment PAD appropriate to Level 3 leading to student being prescriber ready

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NMC requirement (competency/annexes)	K102 Introducing Health and social Care (60 Credits)	K104 Introduction to Healthcare Practice (60 Credits)	K210 Understanding Nursing: Knowledge and Theory (60 Credits)	K211 Developing Nursing Practice (60 Credits)	K325 Assimilating Nursing: Knowledge and Theory (60 Credits)	K328 Becoming an Autonomous Practitioner in Learning Disabilities Nursing (60 Credits)
when calculating dosages of prescribed medicines						LG1 – Becoming a leader LG4 – Safeguarding across the life course
4.15 demonstrate knowledge of pharmacology and the ability to recognise the effects of medicines, allergies, drug sensitivities, side effects, contraindications, incompatibilities, adverse reactions, prescribing errors and the impact of polypharmacy and over the counter medication usage		√ LG 5 – Medicines management and numeracy skills ICMA assessment PAD appropriate to Level 1	√ R – Wellbeing	√ ICMA assessment PAD appropriate to Level 2 LG3 – Medicines optimisation and pharmacology	√ LG1 – Global public health and long-term conditions LG2 – Acute and managing long- term conditions	√ ICMA assessment PAD appropriate to Level 3 LG1 – Becoming a leader LG4 – Safeguarding across the life course
4.16 demonstrate knowledge of how prescriptions can be generated, the role of generic, unlicensed, and			√ R – Wellbeing	√ LG3 – Medicines optimisation and pharmacology	√ LG2 – Acute and managing long- term conditions	√ LG1 – Becoming a leader

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NMC requirement (competency/annexes)	K102 Introducing Health and social Care (60 Credits)	K104 Introduction to Healthcare Practice (60 Credits)	K210 Understanding Nursing: Knowledge and Theory (60 Credits)	K211 Developing Nursing Practice (60 Credits)	K325 Assimilating Nursing: Knowledge and Theory (60 Credits)	K328 Becoming an Autonomous Practitioner in Learning Disabilities Nursing (60 Credits)
off-label prescribing and an understanding of the potential risks associated with these approaches to prescribing						LG3 - Becoming a reflexive practitioner
4.17 apply knowledge of pharmacology to the care of people, demonstrating the ability to progress to a prescribing qualification following registration			√ R – Wellbeing	√ LG3 – Medicines optimisation and pharmacology	√ LG2 – Acute and managing long-term conditions LG3 Being an accountable professional and delivering ethical care	√ LG1 – Becoming a leader
4.18 demonstrate the ability to co-ordinate and undertake the processes and procedures involved in routine planning and management of safe discharge home or transfer of people between care settings.		√ PAD appropriate to Level 1	√ R – Development across the life course	√ PAD appropriate to Level 2 LG5 – Safeguarding across the life course	√	√ PAD appropriate to Level 3 LG1 – Becoming a leader
Learning Disability Capabilities Framework	√	√	√	√	√	√

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NMC requirement (competency/annexes)	K102 Introducing Health and social Care (60 Credits)	K104 Introduction to Healthcare Practice (60 Credits)	K210 Understanding Nursing: Knowledge and Theory (60 Credits)	K211 Developing Nursing Practice (60 Credits)	K325 Assimilating Nursing: Knowledge and Theory (60 Credits)	K328 Becoming an Autonomous Practitioner in Learning Disabilities Nursing (60 Credits)
	<p>Block 1 Topic 1 (person-centred care), Block 1 Topic 3 (Carers, dependence, independence and interdependence, carer support), Block 2 Topic 4 (defining and diagnosing learning disability, transition to adulthood, health, relationships, puberty, relationships, sexuality, managing transition), Block 2 Topic 6 (Cognitive development, psychosocial</p>	<p>LG 5 (Medicines management and numeracy skills: Refusal of medicines), LG 8 (Assessment skills and care planning), LG 12 (Hygiene, skin integrity and wound care, Pressure area care), LG 15 (Caring for those with vulnerabilities: older age and end of life).</p>	<p>LG 1 (Communication Skills within the context of learning Disability nursing), LG 1 (Section 3 (In)equality, reasonable adjustments and diversity), LG 2 (Section 1 Autonomy and rights), LG 6 (Admission, Discharge planning and transfer, maintaining dignity), LG 9 (Section 1 The impact of short- and long-term conditions), LG 10 Positive</p>	<p>LG 3 Medicine Optimisation and Pharmacology in Learning Disabilities</p> <p>Variety of topics explored in field specific tutorial groups</p>	<p>Managing acute/crisis/Long-term conditions/specialisms in learning disabilities</p> <p>Therapeutic approaches to care.</p> <p>Supporting people with Profound and Multiple Learning Disabilities.</p> <p>End of life care.</p> <p>Learning Disability Mental Health and/or Forensic support</p> <p>Variety of topics explored in field</p>	<p>Leadership and reflexivity in learning disabilities nursing practice.</p> <p>Variety of topics explored in field specific tutorial groups</p>

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NMC requirement (competency/annexes)	K102 Introducing Health and social Care (60 Credits)	K104 Introduction to Healthcare Practice (60 Credits)	K210 Understanding Nursing: Knowledge and Theory (60 Credits)	K211 Developing Nursing Practice (60 Credits)	K325 Assimilating Nursing: Knowledge and Theory (60 Credits)	K328 Becoming an Autonomous Practitioner in Learning Disabilities Nursing (60 Credits)
	development, moral values, professional values, being a professional), Block 6 Topic 4 (Empowerment),		Behavioural Support, Supporting people with Autism), LG 11 (Section 1 Mental wellbeing as part of overall wellbeing) LG 12 (Assistive technologies - communication) Variety of topics explored in field specific tutorial groups		specific tutorial groups	
Platform 5 Leading and managing nursing care and working in teams					Variety of topics explored in field specific masterclasses	Variety of topics explored in field specific masterclasses
5.1 understand the principles of effective leadership, management, group and organisational dynamics and culture and			✓ R – Developing a professional identity	✓ LG1 – Developing as a leader in nursing	✓ LG4 Leadership, management and change management	✓ LG1 – Becoming a leader

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NMC requirement (competency/annexes)	K102 Introducing Health and social Care (60 Credits)	K104 Introduction to Healthcare Practice (60 Credits)	K210 Understanding Nursing: Knowledge and Theory (60 Credits)	K211 Developing Nursing Practice (60 Credits)	K325 Assimilating Nursing: Knowledge and Theory (60 Credits)	K328 Becoming an Autonomous Practitioner in Learning Disabilities Nursing (60 Credits)
apply these to team working and decision-making			R – Integrated services			LG2 – Nursing leadership in the global context
5.2 understand and apply the principles of human factors, environmental factors and strength-based approaches when working in teams			√ R – Development across the life course R – Wellbeing	√ PAD appropriate to Level 2	√ LG4 Leadership, management and change management	√ PAD appropriate to Level 3 LG1 – Becoming a leader
5.3 understand the principles and application of processes for performance management and how these apply to the nursing team			√ R – Developing a professional identity	√ LG1 – Developing as a leader in nursing	√ LG4 Leadership, management and change management	√ PAD appropriate to Level 3 LG1 – Becoming a leader
5.4 demonstrate an understanding of the roles, responsibilities and scope of practice of all members of the nursing and interdisciplinary team and how to make best use of the contributions of			√ R – Integrated services	√ PAD appropriate to Level 2 LG1 – Developing as a leader in nursing	√ LG4 Leadership, management and change management	√ PAD appropriate to Level 3 LG3 - Becoming a reflexive practitioner

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NMC requirement (competency/annexes)	K102 Introducing Health and social Care (60 Credits)	K104 Introduction to Healthcare Practice (60 Credits)	K210 Understanding Nursing: Knowledge and Theory (60 Credits)	K211 Developing Nursing Practice (60 Credits)	K325 Assimilating Nursing: Knowledge and Theory (60 Credits)	K328 Becoming an Autonomous Practitioner in Learning Disabilities Nursing (60 Credits)
others involved in providing care						
5.5 safely and effectively lead and manage the nursing care of a group of people, demonstrating appropriate prioritisation, delegation and assignment of care responsibilities to others involved in providing care			√ R – Developing a professional identity R – Integrated services R – Wellbeing	√ PAD appropriate to Level 2 LG1 – Developing as a leader in nursing	√ LG3 Being an accountable professional and delivering ethical care LG4 Leadership, management and change management	√ PAD appropriate to Level 3 LG1 – Becoming a leader LG2 – Nursing leadership in the global context LG3 - Becoming a reflexive practitioner
5.6 exhibit leadership potential by demonstrating an ability to guide, support and motivate individuals and interact confidently with other members of the care team			√ R – Developing a professional identity	√ PAD appropriate to Level 2 LG1 – Developing as a leader in nursing	√ LG4 Leadership, management and change management	√ PAD appropriate to Level 3 LG1 – Becoming a leader
5.7 demonstrate the ability to monitor and evaluate the quality of			√	√ PAD appropriate to Level 2	√ LG4 Leadership, management and	√ PAD appropriate to Level 3

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NMC requirement (competency/annexes)	K102 Introducing Health and social Care (60 Credits)	K104 Introduction to Healthcare Practice (60 Credits)	K210 Understanding Nursing: Knowledge and Theory (60 Credits)	K211 Developing Nursing Practice (60 Credits)	K325 Assimilating Nursing: Knowledge and Theory (60 Credits)	K328 Becoming an Autonomous Practitioner in Learning Disabilities Nursing (60 Credits)
care delivered by others in the team and lay carers			R – Development across the life course R – Integrated services	LG1 – Developing as a leader in nursing	change management	LG1 – Becoming a leader
5.8 support and supervise students in the delivery of nursing care, promoting reflection and providing constructive feedback, and evaluating and documenting their performance			✓ R – Developing a professional identity	✓ LG1 – Developing as a leader in nursing		✓ PAD appropriate to Level 3 LG1 – Becoming a leader LG3 - Becoming a reflexive practitioner
5.9 demonstrate the ability to challenge and provide constructive feedback about care delivered by others in the team, and support them to identify and agree individual learning needs			✓ R – Developing a professional identity	✓ PAD appropriate to Level 2 LG1 – Developing as a leader in nursing		✓ PAD appropriate to Level 3 LG1 – Becoming a leader LG3 - Becoming a reflexive practitioner
5.10 contribute to supervision and team reflection activities to			✓	✓ PAD appropriate to Level 2	✓ LG4 Leadership, management and	✓ PAD appropriate to Level 3

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NMC requirement (competency/annexes)	K102 Introducing Health and social Care (60 Credits)	K104 Introduction to Healthcare Practice (60 Credits)	K210 Understanding Nursing: Knowledge and Theory (60 Credits)	K211 Developing Nursing Practice (60 Credits)	K325 Assimilating Nursing: Knowledge and Theory (60 Credits)	K328 Becoming an Autonomous Practitioner in Learning Disabilities Nursing (60 Credits)
promote improvements in practice and services			R – Developing a professional identity	LG4 – Improvement science and patient safety	change management	LG1 – Becoming a leader LG3 - Becoming a reflexive practitioner
5.11 effectively and responsibly use a range of digital technologies to access, input, share and apply information and data within teams and between agencies	√ Block 6 – Topic 6 – Innovation in practice	√ PAD appropriate to Level 1	√ R – Developing a professional identity	√ PAD appropriate to Level 2	√	√ PAD appropriate to Level 3 LG1 – Becoming a leader
5.12 understand the mechanisms that can be used to influence organisational change and public policy, demonstrating the development of political awareness and skills.			√ R – Developing a professional identity		√ LG3 Being an accountable professional and delivering ethical care LG4 Leadership, management and change management	√ LG1 – Becoming a leader LG2 – Nursing leadership in the global context
Learning Disability Capabilities Framework	√	√	√	√ LG 1 (Leadership),	√	√

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NMC requirement (competency/annexes)	K102 Introducing Health and social Care (60 Credits)	K104 Introduction to Healthcare Practice (60 Credits)	K210 Understanding Nursing: Knowledge and Theory (60 Credits)	K211 Developing Nursing Practice (60 Credits)	K325 Assimilating Nursing: Knowledge and Theory (60 Credits)	K328 Becoming an Autonomous Practitioner in Learning Disabilities Nursing (60 Credits)
	Block 2 Topic 6 (moral values, professional values, being a professional),	LG 6: Quality and safety of care: 6.3 Safe practice), LG 8 (Assessment skills and care planning: Multi- professional teamworking),	LG 1 (Digital Literacy), LG 3 (Improvement science and patient safety, Decision making and the rationale that underpins that decision; Risk monitoring; Quality and Safety; Quality Improvement; Quality Checkers), Variety of topics explored in field specific tutorial groups	Variety of topics explored in field specific tutorial groups	Leadership and change in policy and politics/ quality and governance. Variety of topics explored in field specific tutorial groups	Leadership in context of practice, reflection, delegation, supervision. Variety of topics explored in field specific tutorial groups
Platform 6 Improving safety and quality of care					Variety of topics explored in field specific masterclasses	Variety of topics explored in field specific masterclasses

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NMC requirement (competency/annexes)	K102 Introducing Health and social Care (60 Credits)	K104 Introduction to Healthcare Practice (60 Credits)	K210 Understanding Nursing: Knowledge and Theory (60 Credits)	K211 Developing Nursing Practice (60 Credits)	K325 Assimilating Nursing: Knowledge and Theory (60 Credits)	K328 Becoming an Autonomous Practitioner in Learning Disabilities Nursing (60 Credits)
6.1 understand and apply the principles of health and safety legislation and regulations and maintain safe work and care environments		√ PAD appropriate to Level 1	√ R – Developing a professional identity	√ PAD appropriate to Level 2	√ LG3 Being an accountable professional and delivering ethical care	√ PAD appropriate to Level 3 LG4 – Safeguarding across the life course
6.2 understand the relationship between safe staffing levels, appropriate skills mix, safety and quality of care, recognising risks to public protection and quality of care, escalating concerns appropriately		√ LG2 – Being a professional	√ R – Developing a professional identity	√ PAD appropriate to Level 2 (developing) LG1 – Developing as a leader in nursing	√ LG4 Leadership, management and change management	√ PAD appropriate to Level 3 LG1 – Becoming a leader
6.3 comply with local and national frameworks, legislation and regulations for assessing, managing and reporting risks, ensuring the appropriate action is taken		√ PAD appropriate to Level 1 LG2 – Being a professional	√ R – Developing a professional identity	√ PAD appropriate to Level 2	√ LG3 Being an accountable professional and delivering ethical care	√ PAD appropriate to Level 3 LG3 - Becoming a reflexive practitioner

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NMC requirement (competency/annexes)	K102 Introducing Health and social Care (60 Credits)	K104 Introduction to Healthcare Practice (60 Credits)	K210 Understanding Nursing: Knowledge and Theory (60 Credits)	K211 Developing Nursing Practice (60 Credits)	K325 Assimilating Nursing: Knowledge and Theory (60 Credits)	K328 Becoming an Autonomous Practitioner in Learning Disabilities Nursing (60 Credits)
					LG4 Leadership, management and change management	
6.4 demonstrate an understanding of the principles of improvement methodologies, participate in all stages of audit activity and identify appropriate quality improvement strategies			√ R - Improvement science and patient safety	√ LG4 – Improvement science and patient safety	√ LG4 Leadership, management and change management	√ LG3 - Becoming a reflexive practitioner
6.5 demonstrate the ability to accurately undertake risk assessments in a range of care settings, using a range of contemporary assessment and improvement tools			√ R - Improvement science and patient safety		√ LG4 Leadership, management and change management	√ LG1 – Becoming a leader
6.6 identify the need to make improvements and proactively respond to potential hazards that			√ R - Improvement science and patient safety	√ LG4 – Improvement science and patient safety	√ LG3 Being an accountable professional and	√ LG4 – Safeguarding across the life course

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NMC requirement (competency/annexes)	K102 Introducing Health and social Care (60 Credits)	K104 Introduction to Healthcare Practice (60 Credits)	K210 Understanding Nursing: Knowledge and Theory (60 Credits)	K211 Developing Nursing Practice (60 Credits)	K325 Assimilating Nursing: Knowledge and Theory (60 Credits)	K328 Becoming an Autonomous Practitioner in Learning Disabilities Nursing (60 Credits)
may affect the safety of people					delivering ethical care LG4 Leadership, management and change management	
6.7 understand how the quality and effectiveness of nursing care can be evaluated in practice, and demonstrate how to use service delivery evaluation and audit findings to bring about continuous improvement			√ R - Improvement science and patient safety	√ LG4 – Improvement science and patient safety	√ LG4 Leadership, management and change management	√ LG3 - Becoming a reflexive practitioner
6.8 demonstrate an understanding of how to identify, report and critically reflect on near misses, critical incidents, major incidents and serious adverse events in order to learn from them and influence their future practice		√ LG2 – Being a professional	√ R – Developing a professional identity R - Improvement science and patient safety	√ LG4 – Improvement science and patient safety	√ LG3 Being an accountable professional and delivering ethical care	√ LG1 – Becoming a leader

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NMC requirement (competency/annexes)	K102 Introducing Health and social Care (60 Credits)	K104 Introduction to Healthcare Practice (60 Credits)	K210 Understanding Nursing: Knowledge and Theory (60 Credits)	K211 Developing Nursing Practice (60 Credits)	K325 Assimilating Nursing: Knowledge and Theory (60 Credits)	K328 Becoming an Autonomous Practitioner in Learning Disabilities Nursing (60 Credits)
6.9 work with people, their families, carers and colleagues to develop effective improvement strategies for quality and safety, sharing feedback and learning from positive outcomes and experiences, mistakes and adverse outcomes and experiences			√ R – Developing a professional identity R - Improvement science and patient safety R – Integrated services	√ LG4 – Improvement science and patient safety	√ LG3 Being an accountable professional and delivering ethical care LG4 Leadership, management and change management	√ LG4 – Safeguarding across the life course
6.10 apply an understanding of the differences between risk aversion and risk management and how to avoid compromising quality of care and health outcomes			√ R – Developing a professional identity R - Improvement science and patient safety	√ LG4 – Improvement science and patient safety	√ LG4 Leadership, management and change management	√ LG4 – Safeguarding across the life course
6.11 acknowledge the need to accept and manage uncertainty, and demonstrate an understanding of strategies that develop			√ R – Developing a professional identity	√	√ LG3 Being an accountable professional and delivering ethical care	√ LG3 - Becoming a reflexive practitioner

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NMC requirement (competency/annexes)	K102 Introducing Health and social Care (60 Credits)	K104 Introduction to Healthcare Practice (60 Credits)	K210 Understanding Nursing: Knowledge and Theory (60 Credits)	K211 Developing Nursing Practice (60 Credits)	K325 Assimilating Nursing: Knowledge and Theory (60 Credits)	K328 Becoming an Autonomous Practitioner in Learning Disabilities Nursing (60 Credits)
resilience in self and others						
6.12 understand the role of registered nurses and other health and care professionals at different levels of experience and seniority when managing and prioritising actions and care in the event of a major incident.	✓ Block 5 – Topic 2 – Professional perspectives of care and caring	✓ PAD appropriate to Level 1 LG1 – Becoming a nursing student in practice LG2 – Being a professional	✓ R – Developing a professional identity	✓ PAD appropriate to Level 2 LG1 – Developing as a leader in nursing	✓ LG4 Leadership, management and change management	✓ PAD appropriate to Level 3 LG3 - Becoming a reflexive practitioner
Learning Disability Capabilities Framework	✓ Block Five – Topic 5 (Quality and evaluating care), Block 5 - Enhancement activity (Patient Safety),	✓ LG 6 (Quality and safety of care, audits, patient care and safety, NMC code safe practice, identifying and managing risk), LG 16 (Reflecting on your learning and development: Resilience),	✓ LG 3 (Improvement science and patient safety, Decision making and the rationale that underpins that decision; Risk monitoring; Quality and Safety; Quality	✓ LG 1 (leadership) LG 4 (Improvement Science and patient Safety,) Variety of topics explored in field specific tutorial groups	✓ LG 2, 3, 4 legislation law, policy/risk and risk management/reporting. Quality and audit. Variety of topics explored in field specific tutorial groups	✓ LG 1, 2, 3, 4, leadership regarding risk, management, quality, audit and policy, supervision and team working Variety of topics explored in field specific tutorial groups

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NMC requirement (competency/annexes)	K102 Introducing Health and social Care (60 Credits)	K104 Introduction to Healthcare Practice (60 Credits)	K210 Understanding Nursing: Knowledge and Theory (60 Credits)	K211 Developing Nursing Practice (60 Credits)	K325 Assimilating Nursing: Knowledge and Theory (60 Credits)	K328 Becoming an Autonomous Practitioner in Learning Disabilities Nursing (60 Credits)
			<p>Improvement; Quality Checkers), LG 7 (Integrated services, Interprofessional, multidisciplinary and multi- professional working, Autonomy).</p> <p>Variety of topics explored in field specific tutorial groups</p>			
Platform 7 Coordinating care					Variety of topics explored in field specific masterclasses	Variety of topics explored in field specific masterclasses
7.1 understand and apply the principles of partnership, collaboration and interagency working across all relevant sectors	√	√ LG3 – Person and family-centred care	√ R – Developing a professional identity	√ LG1 – Developing as a leader in nursing	√ LG3 Being an accountable professional and	√ PAD appropriate to Level 3 LG1 – Becoming a leader

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NMC requirement (competency/annexes)	K102 Introducing Health and social Care (60 Credits)	K104 Introduction to Healthcare Practice (60 Credits)	K210 Understanding Nursing: Knowledge and Theory (60 Credits)	K211 Developing Nursing Practice (60 Credits)	K325 Assimilating Nursing: Knowledge and Theory (60 Credits)	K328 Becoming an Autonomous Practitioner in Learning Disabilities Nursing (60 Credits)
			R – Integrated services		delivering ethical care	LG2 – Nursing leadership in the global context
7.2 understand health legislation and current health and social care policies, and the mechanisms involved in influencing policy development and change, differentiating where appropriate between the devolved legislatures of the United Kingdom	√ Bloc 4 – Topic 5 – Inequality and health		√ R – Developing a professional identity		√ LG1 – Global public health and long-term conditions	√ LG2 – Nursing leadership in the global context
7.3 understand the principles of health economics and their relevance to resource allocation in health and social care organisations and other agencies			√ R – Developing a professional identity R – Wellbeing	√ LG4 – Improvement science and patient safety	√ LG1 – Global public health and long-term conditions	√ LG2 – Nursing leadership in the global context
7.4 identify the implications of current health policy and future policy changes for nursing			√		√ LG1 – Global public health and	√

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NMC requirement (competency/annexes)	K102 Introducing Health and social Care (60 Credits)	K104 Introduction to Healthcare Practice (60 Credits)	K210 Understanding Nursing: Knowledge and Theory (60 Credits)	K211 Developing Nursing Practice (60 Credits)	K325 Assimilating Nursing: Knowledge and Theory (60 Credits)	K328 Becoming an Autonomous Practitioner in Learning Disabilities Nursing (60 Credits)
and other professions and understand the impact of policy changes on the delivery and coordination of care			R – Developing a professional identity		long-term conditions	LG2 – Nursing leadership in the global context
7.5 understand and recognise the need to respond to the challenges of providing safe, effective and person-centred nursing care for people who have co-morbidities and complex care needs	√ Block 1- Topic 1 – What is care?		√ R – Integrated services R – Wellbeing	√ PAD appropriate to Level 2	√ LG1 – Global public health and long-term conditions LG2 – Acute and managing long-term conditions	√ PAD appropriate to Level 3 LG4 – Safeguarding across the life course
7.6 demonstrate an understanding of the complexities of providing mental, cognitive, behavioural and physical care services across a wide range of integrated care settings			√ R – Integrated services R – Wellbeing		√ LG2 – Acute and managing long-term conditions	√ LG3 - Becoming a reflexive practitioner
7.7 understand how to monitor and evaluate the quality of people’s		√ LG6 – Quality and safety of care	√ R – Wellbeing		√	√ LG1 – Becoming a leader

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NMC requirement (competency/annexes)	K102 Introducing Health and social Care (60 Credits)	K104 Introduction to Healthcare Practice (60 Credits)	K210 Understanding Nursing: Knowledge and Theory (60 Credits)	K211 Developing Nursing Practice (60 Credits)	K325 Assimilating Nursing: Knowledge and Theory (60 Credits)	K328 Becoming an Autonomous Practitioner in Learning Disabilities Nursing (60 Credits)
experience of complex care					LG2 – Acute and managing long-term conditions	
7.8 understand the principles and processes involved in supporting people and families with a range of care needs to maintain optimal independence and avoid unnecessary interventions and disruptions to their lives	√ Block 1- Topic 1 – What is care? Block 1- Topic 3 – Informal carers Block 1- Topic 4 – Formal care Block 1- Topic 5 – Networks of support Block 1- Topic 6 – Skills and values for care		√ R – Developing a professional identity R – Development across the life course R – Integrated services R – Wellbeing	√	√ LG1 – Global public health and long-term conditions LG2 – Acute and managing long-term conditions	√ LG1 – Becoming a leader LG2 – Nursing leadership in the global context
7.9 facilitate equitable access to healthcare for people who are vulnerable or have a disability, demonstrate the ability to advocate on their behalf when required, and make	√ Block 4 – Topic 5 – Inequality and health		√ R – Developing a professional identity R – Development across the life course		√ LG1 – Global public health and long-term conditions	√ LG4 – Safeguarding across the life course

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NMC requirement (competency/annexes)	K102 Introducing Health and social Care (60 Credits)	K104 Introduction to Healthcare Practice (60 Credits)	K210 Understanding Nursing: Knowledge and Theory (60 Credits)	K211 Developing Nursing Practice (60 Credits)	K325 Assimilating Nursing: Knowledge and Theory (60 Credits)	K328 Becoming an Autonomous Practitioner in Learning Disabilities Nursing (60 Credits)
necessary reasonable adjustments to the assessment, planning and delivery of their care			R – Integrated services			
7.10 understand the principles and processes involved in planning and facilitating the safe discharge and transition of people between caseloads, settings and services		√ PAD appropriate to Level 1	√ R – Development across the life course	√ PAD appropriate to Level 2		√
7.11 demonstrate the ability to identify and manage risks and take proactive measures to improve the quality of care and services when needed		√ LG2 – Being a professional	√ R - Improvement science and patient safety	√ LG4 – Improvement science and patient safety	√ LG4 Leadership, management and change management	√ LG4 – Safeguarding across the life course
7.12 demonstrate an understanding of the processes involved in developing a basic business case for additional care funding by			√ R – Developing a professional identity		√ LG3 Being an accountable professional and delivering ethical care	√ LG1 – Becoming a leader LG2 – Nursing leadership in the global context

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NMC requirement (competency/annexes)	K102 Introducing Health and social Care (60 Credits)	K104 Introduction to Healthcare Practice (60 Credits)	K210 Understanding Nursing: Knowledge and Theory (60 Credits)	K211 Developing Nursing Practice (60 Credits)	K325 Assimilating Nursing: Knowledge and Theory (60 Credits)	K328 Becoming an Autonomous Practitioner in Learning Disabilities Nursing (60 Credits)
applying knowledge of finance, resources and safe staffing levels			R - Improvement science and patient safety		LG4 Leadership, management and change management	LG3 - Becoming a reflexive practitioner
7.13 demonstrate an understanding of the importance of exercising political awareness throughout their career, to maximise the influence and effect of registered nursing on quality of care, patient safety and cost effectiveness.			√ R – Developing a professional identity	√ LG1 – Developing as a leader in nursing	√ LG3 Being an accountable professional and delivering ethical care LG4 Leadership, management and change management	√ LG1 – Becoming a leader LG2 – Nursing leadership in the global context
Learning Disability Capabilities Framework	√ Block 1 Nursing enhancement activity (Dignity and respect), Block 2 Topic 4 (transition to adulthood,	√ LG 3 (Person- and family-centred care: Learning outcomes), LG 6 (Quality and safety of care: Safe practice, identifying,	√ LG 3 (Improvement science and patient safety, Decision making and the rationale that underpins that decision; Risk	√ LG 1 (leadership) LG 3 (Medicine Optimisation and Pharmacology policies)	√ LG 1, 2, 4 coordinating care Long-term conditions, acute conditions, social determinants, wider context of physical and	√ LG 1, 2, 3, 4 Joint working, co-facilitation of services, services user involvement, reflexivity and supervision.

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NMC requirement (competency/annexes)	K102 Introducing Health and social Care (60 Credits)	K104 Introduction to Healthcare Practice (60 Credits)	K210 Understanding Nursing: Knowledge and Theory (60 Credits)	K211 Developing Nursing Practice (60 Credits)	K325 Assimilating Nursing: Knowledge and Theory (60 Credits)	K328 Becoming an Autonomous Practitioner in Learning Disabilities Nursing (60 Credits)
	managing transition), Block 5 - Topic 2 (Professional perspectives of care and caring, interprofessional working, multi-disciplinary team working, coordination and collaboration, professional socialisation, service changes and developments).	balancing, managing and reporting risk, LG 13 (Acute and emergency care: Local policies for dealing with emergencies),	monitoring; Quality and Safety; Quality Improvement; Quality Checkers), LG 9 (Section 1 The impact of short- and long-term conditions), LG 10 Positive Behavioural Support, Supporting people with Autism), LG 11 (Section 1 Mental wellbeing as part of overall wellbeing), Variety of topics explored in field specific tutorial groups	Variety of topics explored in field specific tutorial groups	mental health, social models and non-medical approaches. Variety of topics explored in field specific tutorial groups	Variety of topics explored in field specific tutorial groups

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NMC requirement (competency/annexes)	K102 Introducing Health and social Care (60 Credits)	K104 Introduction to Healthcare Practice (60 Credits)	K210 Understanding Nursing: Knowledge and Theory (60 Credits)	K211 Developing Nursing Practice (60 Credits)	K325 Assimilating Nursing: Knowledge and Theory (60 Credits)	K328 Becoming an Autonomous Practitioner in Learning Disabilities Nursing (60 Credits)
Annexe A: Communication and relationship management skills						
1. Underpinning communication skills for assessing, planning, providing and managing best practice, evidence- based nursing care 1.1 actively listen, recognise and respond to verbal and non-verbal cues 1.2 use prompts and positive verbal and non- verbal reinforcement 1.3 use appropriate non- verbal communication including touch, eye contact and personal space	✓ ✓ ✓ ✓ ✓	✓ ✓ ✓ ✓	✓ ✓ ✓ ✓	✓ ✓ ✓ ✓	✓ ✓ ✓ ✓	✓ ✓ ✓ ✓

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NMC requirement (competency/annexes)	K102 Introducing Health and social Care (60 Credits)	K104 Introduction to Healthcare Practice (60 Credits)	K210 Understanding Nursing: Knowledge and Theory (60 Credits)	K211 Developing Nursing Practice (60 Credits)	K325 Assimilating Nursing: Knowledge and Theory (60 Credits)	K328 Becoming an Autonomous Practitioner in Learning Disabilities Nursing (60 Credits)
1.4 make appropriate use of open and closed questioning	√		√		√	
1.5 use caring conversation techniques	√	√	√	√	√	√
1.6 check understanding and use clarification techniques		√		√		√
1.7 be aware of own unconscious bias in communication encounters			√		√	
1.8 write accurate, clear, legible records and documentation		√		√		
1.9 confidently and clearly present and share verbal and written reports with individuals and groups		√		√		√
1.10 analyse and clearly record and share digital information and data		√		√		√
1.11 provide clear verbal, digital or written						

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NMC requirement (competency/annexes)	K102 Introducing Health and social Care (60 Credits)	K104 Introduction to Healthcare Practice (60 Credits)	K210 Understanding Nursing: Knowledge and Theory (60 Credits)	K211 Developing Nursing Practice (60 Credits)	K325 Assimilating Nursing: Knowledge and Theory (60 Credits)	K328 Becoming an Autonomous Practitioner in Learning Disabilities Nursing (60 Credits)
<p>information and instructions when delegating or handing over responsibility for care</p> <p>1.12 recognise the need for, and facilitate access to, translator services and material</p>						
<p>2. Evidence-based, best practice approaches to communication for supporting people of all ages, their families and carers in preventing ill health and in managing their care</p> <p>2.1 share information and check understanding about the causes, implications and treatment of a range of common health conditions including</p>		√	√ (Not immune deficiencies, psychosis, stroke and arthritis at Level 2)	√	√	√

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NMC requirement (competency/annexes)	K102 Introducing Health and social Care (60 Credits)	K104 Introduction to Healthcare Practice (60 Credits)	K210 Understanding Nursing: Knowledge and Theory (60 Credits)	K211 Developing Nursing Practice (60 Credits)	K325 Assimilating Nursing: Knowledge and Theory (60 Credits)	K328 Becoming an Autonomous Practitioner in Learning Disabilities Nursing (60 Credits)
anxiety, depression, memory loss, diabetes, dementia, respiratory disease, cardiac disease, neurological disease, cancer, skin problems, immune deficiencies, psychosis, stroke and arthritis 2.2 use clear language and appropriate, written materials, making reasonable adjustments where appropriate in order to optimise people’s understanding of what has caused their health condition and the implications of their care and treatment 2.3 recognise and accommodate sensory impairments during all communications	✓	✓ ✓ ✓		✓ ✓ ✓ ✓		✓ ✓ ✓

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NMC requirement (competency/annexes)	K102 Introducing Health and social Care (60 Credits)	K104 Introduction to Healthcare Practice (60 Credits)	K210 Understanding Nursing: Knowledge and Theory (60 Credits)	K211 Developing Nursing Practice (60 Credits)	K325 Assimilating Nursing: Knowledge and Theory (60 Credits)	K328 Becoming an Autonomous Practitioner in Learning Disabilities Nursing (60 Credits)
2.4 support and manage the use of personal communication aids 2.5 identify the need for and manage a range of alternative communication techniques 2.6 use repetition and positive reinforcement strategies 2.7 assess motivation and capacity for behaviour change and clearly explain cause and effect relationships related to common health risk behaviours including smoking, obesity, sexual practice, alcohol and substance use 2.8 provide information and explanation to people, families and carers and respond to		√		√ √		√ √

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NMC requirement (competency/annexes)	K102 Introducing Health and social Care (60 Credits)	K104 Introduction to Healthcare Practice (60 Credits)	K210 Understanding Nursing: Knowledge and Theory (60 Credits)	K211 Developing Nursing Practice (60 Credits)	K325 Assimilating Nursing: Knowledge and Theory (60 Credits)	K328 Becoming an Autonomous Practitioner in Learning Disabilities Nursing (60 Credits)
<p>questions about their treatment and care and possible ways of preventing ill health to enhance understanding</p> <p>2.9 engage in difficult conversations, including breaking bad news and support people who are feeling emotionally or physically vulnerable or in distress, conveying compassion and sensitivity.</p>						
<p>3. Evidence-based, best practice communication skills and approaches for providing therapeutic interventions</p> <p>3.1 motivational interview techniques</p> <p>3.2 solution focused therapies</p>		<p>√</p>		<p>√</p> <p>√</p> <p>√</p> <p>√</p> <p>√</p>		<p>√</p> <p>√</p> <p>√</p> <p>√</p> <p>√</p>

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NMC requirement (competency/annexes)	K102 Introducing Health and social Care (60 Credits)	K104 Introduction to Healthcare Practice (60 Credits)	K210 Understanding Nursing: Knowledge and Theory (60 Credits)	K211 Developing Nursing Practice (60 Credits)	K325 Assimilating Nursing: Knowledge and Theory (60 Credits)	K328 Becoming an Autonomous Practitioner in Learning Disabilities Nursing (60 Credits)
3.3 reminiscence therapies 3.4 talking therapies 3.5 de-escalation strategies and techniques 3.6 cognitive behavioural therapy techniques 3.7 play therapy 3.8 distraction and diversion strategies 3.9 positive behaviour support approaches		√ √		√ √ √		√ √ √ √
4. Evidence-based, best practice communication skills and approaches for working with people in professional teams 4.1 Demonstrate effective supervision, teaching and performance appraisal through the use of: 4.1.1 clear instructions and explanations when				√		√

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NMC requirement (competency/annexes)	K102 Introducing Health and social Care (60 Credits)	K104 Introduction to Healthcare Practice (60 Credits)	K210 Understanding Nursing: Knowledge and Theory (60 Credits)	K211 Developing Nursing Practice (60 Credits)	K325 Assimilating Nursing: Knowledge and Theory (60 Credits)	K328 Becoming an Autonomous Practitioner in Learning Disabilities Nursing (60 Credits)
teams and managing change 4.2.2 active listening when dealing with team members' concerns and anxieties 4.2.3 a calm presence when dealing with conflict approaches for working with people in professional teams 4.2.4 appropriate and effective confrontation strategies 4.2.5 de-escalation strategies and techniques when dealing with conflict 4.2.6 effective co- ordination and navigation skills through: 4.2.6.1 appropriate negotiation strategies 4.2.6.2 appropriate escalation procedures		✓ ✓		✓ ✓ ✓ ✓ ✓		✓ ✓ ✓ ✓ ✓

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NMC requirement (competency/annexes)	K102 Introducing Health and social Care (60 Credits)	K104 Introduction to Healthcare Practice (60 Credits)	K210 Understanding Nursing: Knowledge and Theory (60 Credits)	K211 Developing Nursing Practice (60 Credits)	K325 Assimilating Nursing: Knowledge and Theory (60 Credits)	K328 Becoming an Autonomous Practitioner in Learning Disabilities Nursing (60 Credits)
4.2.6.3 appropriate approaches to advocacy						
<p>Annexe B: Nursing procedures Part 1: Procedures for assessing people’s needs for person-centred care <i>Unique to individual PADs that have Annex B skills integrated. These may differ according to how each tool was developed and will need to be adaptable to recognise practice opportunities of learners. The OU expects students to have opportunities for exposure to; and development of the skills needed to meet Annex B at the following points of their programme.</i></p>						
<p>1. Use evidence-based, best practice approaches</p>						

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NMC requirement (competency/annexes)	K102 Introducing Health and social Care (60 Credits)	K104 Introduction to Healthcare Practice (60 Credits)	K210 Understanding Nursing: Knowledge and Theory (60 Credits)	K211 Developing Nursing Practice (60 Credits)	K325 Assimilating Nursing: Knowledge and Theory (60 Credits)	K328 Becoming an Autonomous Practitioner in Learning Disabilities Nursing (60 Credits)
<p>to take a history, observe, recognise and accurately assess people of all ages:</p> <p>1.1 mental health and wellbeing status 1.1.1 signs of mental and emotional distress or vulnerability 1.1.2 cognitive health status and wellbeing 1.1.3 signs of cognitive distress and impairment 1.1.4 behavioural distress based needs 1.1.5 signs of mental and emotional distress including agitation, aggression and challenging behaviour 1.1.6 signs of self-harm and/or suicidal ideation 1.2 physical health and wellbeing</p>		<p>At level of first year student: √ √ √ √ √ √ √</p>		<p>With increasing complexity: √ √ √ √ √ √</p>		<p>Understanding complexity: √ √ √ √ √ √</p>

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NMC requirement (competency/annexes)	K102 Introducing Health and social Care (60 Credits)	K104 Introduction to Healthcare Practice (60 Credits)	K210 Understanding Nursing: Knowledge and Theory (60 Credits)	K211 Developing Nursing Practice (60 Credits)	K325 Assimilating Nursing: Knowledge and Theory (60 Credits)	K328 Becoming an Autonomous Practitioner in Learning Disabilities Nursing (60 Credits)
1.2.1 symptoms and signs of physical ill health 1.2.2 symptoms and signs of physical distress 1.2.3 symptoms and signs of deterioration and sepsis.		√ √		√ √		√ √
<p>2. Use evidence-based, best practice approaches to undertake the following procedures:</p> <p>2.1 take, record and interpret vital signs manually and via technological devices 2.2 undertake venepuncture and cannulation and blood sampling, interpreting normal and common abnormal blood profiles and venous blood gases 2.3 set up and manage routine electrocardiogram</p>		√		√ √		√ √ √

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NMC requirement (competency/annexes)	K102 Introducing Health and social Care (60 Credits)	K104 Introduction to Healthcare Practice (60 Credits)	K210 Understanding Nursing: Knowledge and Theory (60 Credits)	K211 Developing Nursing Practice (60 Credits)	K325 Assimilating Nursing: Knowledge and Theory (60 Credits)	K328 Becoming an Autonomous Practitioner in Learning Disabilities Nursing (60 Credits)
(ECG) investigations and interpret normal and commonly encountered abnormal traces 2.4 manage and monitor blood component transfusions 2.5 manage and interpret cardiac monitors, infusion pumps, blood glucose monitors and other monitoring devices 2.6 accurately measure weight and height, calculate body mass index and recognise healthy ranges and clinically significant low/high readings 2.7 undertake a whole body systems assessment including respiratory, circulatory, neurological, musculoskeletal,		✓ ✓ (blood glucose) ✓ ✓ ✓ ✓		✓ ✓ ✓ ✓ ✓		✓ ✓ ✓ ✓ ✓

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NMC requirement (competency/annexes)	K102 Introducing Health and social Care (60 Credits)	K104 Introduction to Healthcare Practice (60 Credits)	K210 Understanding Nursing: Knowledge and Theory (60 Credits)	K211 Developing Nursing Practice (60 Credits)	K325 Assimilating Nursing: Knowledge and Theory (60 Credits)	K328 Becoming an Autonomous Practitioner in Learning Disabilities Nursing (60 Credits)
cardiovascular and skin status 2.8 undertake chest auscultation and interpret findings 2.9 collect and observe sputum, urine, stool and vomit specimens, undertaking routine analysis and interpreting findings 2.10 measure and interpret blood glucose levels 2.11 recognise and respond to signs of all forms of abuse 2.12 undertake, respond to and interpret neurological observations and assessments 2.13 identify and respond to signs of deterioration and sepsis		✓ ✓ (undertake and respond) ✓ ✓ ✓ (recognise and support BLS)		✓ ✓ ✓ ✓ ✓ ✓ ✓		✓ ✓ ✓ ✓ ✓ ✓ ✓

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NMC requirement (competency/annexes)	K102 Introducing Health and social Care (60 Credits)	K104 Introduction to Healthcare Practice (60 Credits)	K210 Understanding Nursing: Knowledge and Theory (60 Credits)	K211 Developing Nursing Practice (60 Credits)	K325 Assimilating Nursing: Knowledge and Theory (60 Credits)	K328 Becoming an Autonomous Practitioner in Learning Disabilities Nursing (60 Credits)
2.14 administer basic mental health first aid 2.15 administer basic physical first aid 2.16 recognise and manage seizures, choking and anaphylaxis, providing appropriate basic life support 2.17 recognise and respond to challenging behaviour, providing appropriate safe holding and restraint.						
Annexe B: Nursing procedures Part 2: Procedures for the planning, provision and management of person-centred nursing care						
3. Use evidence-based, best practice approaches for meeting needs for care and support with rest, sleep, comfort and						

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NMC requirement (competency/annexes)	K102 Introducing Health and social Care (60 Credits)	K104 Introduction to Healthcare Practice (60 Credits)	K210 Understanding Nursing: Knowledge and Theory (60 Credits)	K211 Developing Nursing Practice (60 Credits)	K325 Assimilating Nursing: Knowledge and Theory (60 Credits)	K328 Becoming an Autonomous Practitioner in Learning Disabilities Nursing (60 Credits)
<p>the maintenance of dignity, accurately assessing the person's capacity for independence and self-care and initiating appropriate interventions</p> <p>3.1 observe and assess comfort and pain levels and rest and sleep patterns</p> <p>3.2 use appropriate bed-making techniques including those required for people who are unconscious or who have limited mobility</p> <p>3.3 use appropriate positioning and pressure-relieving techniques</p> <p>3.4 take appropriate action to ensure privacy and dignity at all times</p>		<p>√</p> <p>√</p> <p>√</p> <p>√</p> <p>√</p> <p>√</p>		<p>√</p> <p>√</p> <p>√</p> <p>√</p> <p>√</p> <p>√</p>		<p>√</p> <p>√</p> <p>√</p> <p>√</p> <p>√</p> <p>√</p>

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NMC requirement (competency/annexes)	K102 Introducing Health and social Care (60 Credits)	K104 Introduction to Healthcare Practice (60 Credits)	K210 Understanding Nursing: Knowledge and Theory (60 Credits)	K211 Developing Nursing Practice (60 Credits)	K325 Assimilating Nursing: Knowledge and Theory (60 Credits)	K328 Becoming an Autonomous Practitioner in Learning Disabilities Nursing (60 Credits)
3.5 take appropriate action to reduce or minimise pain or discomfort 3.6 take appropriate action to reduce fatigue, minimise insomnia and support improved rest and sleep hygiene						
4. Use evidence-based, best practice approaches for meeting the needs for care and support with hygiene and the maintenance of skin integrity, accurately assessing the person's capacity for independence and self-care and initiating appropriate interventions 4.1 observe, assess and optimise skin and hygiene status and determine the		√		√		√

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NMC requirement (competency/annexes)	K102 Introducing Health and social Care (60 Credits)	K104 Introduction to Healthcare Practice (60 Credits)	K210 Understanding Nursing: Knowledge and Theory (60 Credits)	K211 Developing Nursing Practice (60 Credits)	K325 Assimilating Nursing: Knowledge and Theory (60 Credits)	K328 Becoming an Autonomous Practitioner in Learning Disabilities Nursing (60 Credits)
need for support and intervention 4.2 use contemporary approaches to the assessment of skin integrity and use appropriate products to prevent or manage skin breakdown 4.3 assess needs for and provide appropriate assistance with washing, bathing, shaving and dressing 4.4 identify and manage skin irritations and rashes 4.5 assess needs for and provide appropriate oral, dental, eye and nail care and decide when an onward referral is needed 4.6 use aseptic techniques when undertaking wound care including dressings,		✓ ✓ ✓ (identify) ✓ ✓ (basic asepsis) ✓ (basic asepsis)		✓ ✓ ✓ ✓ ✓ ✓		✓ ✓ ✓ ✓ ✓ ✓

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NMC requirement (competency/annexes)	K102 Introducing Health and social Care (60 Credits)	K104 Introduction to Healthcare Practice (60 Credits)	K210 Understanding Nursing: Knowledge and Theory (60 Credits)	K211 Developing Nursing Practice (60 Credits)	K325 Assimilating Nursing: Knowledge and Theory (60 Credits)	K328 Becoming an Autonomous Practitioner in Learning Disabilities Nursing (60 Credits)
pressure bandaging, suture removal, and vacuum closures 4.7 use aseptic techniques when managing wound and drainage processes 4.8 assess, respond and effectively manage pyrexia and hypothermia.		√ (assess and report)		√		√
5. Use evidence-based, best practice approaches for meeting needs for care and support with nutrition and hydration, accurately assessing the person’s capacity for independence and self- care and initiating appropriate interventions 5.1 observe, assess and optimise nutrition and hydration status and		√ (developing skills)		√		√

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NMC requirement (competency/annexes)	K102 Introducing Health and social Care (60 Credits)	K104 Introduction to Healthcare Practice (60 Credits)	K210 Understanding Nursing: Knowledge and Theory (60 Credits)	K211 Developing Nursing Practice (60 Credits)	K325 Assimilating Nursing: Knowledge and Theory (60 Credits)	K328 Becoming an Autonomous Practitioner in Learning Disabilities Nursing (60 Credits)
determine the need for intervention and support 5.2 use contemporary nutritional assessment tools 5.3 assist with feeding and drinking and use appropriate feeding and drinking aids 5.4 record fluid intake and output and identify, respond to and manage dehydration or fluid retention 5.5 identify, respond to and manage nausea and vomiting 5.6 insert, manage and remove oral/nasal/gastric tubes 5.7 manage artificial nutrition and hydration using oral, enteral and parenteral routes		✓ ✓ ✓ ✓ (identify and report)		✓ ✓ ✓ ✓ ✓ ✓		✓ ✓ ✓ ✓ ✓ ✓

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NMC requirement (competency/annexes)	K102 Introducing Health and social Care (60 Credits)	K104 Introduction to Healthcare Practice (60 Credits)	K210 Understanding Nursing: Knowledge and Theory (60 Credits)	K211 Developing Nursing Practice (60 Credits)	K325 Assimilating Nursing: Knowledge and Theory (60 Credits)	K328 Becoming an Autonomous Practitioner in Learning Disabilities Nursing (60 Credits)
5.8 manage the administration of IV fluids 5.9 manage fluid and nutritional infusion pumps and devices.						
<p>6. Use evidence-based, best practice approaches for meeting needs for care and support with bladder and bowel health, accurately assessing the person’s capacity for independence and self-care and initiating appropriate interventions</p> <p>6.1 observe and assess level of urinary and bowel continence to determine the need for support and intervention assisting with toileting, maintaining dignity and privacy and</p>		√		√ √ (developing skills)		√ √

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NMC requirement (competency/annexes)	K102 Introducing Health and social Care (60 Credits)	K104 Introduction to Healthcare Practice (60 Credits)	K210 Understanding Nursing: Knowledge and Theory (60 Credits)	K211 Developing Nursing Practice (60 Credits)	K325 Assimilating Nursing: Knowledge and Theory (60 Credits)	K328 Becoming an Autonomous Practitioner in Learning Disabilities Nursing (60 Credits)
managing the use of appropriate aids 6.2 select and use appropriate continence products; insert, manage and remove catheters for all genders; and assist with self-catheterisation when required 6.3 manage bladder drainage 6.4 assess bladder and bowel patterns to identify and respond to constipation, diarrhoea and urinary and faecal retention 6.5 administer enemas and suppositories and undertake rectal examination and manual evacuation when appropriate 6.6 undertake stoma care identifying and using		√ √ (administer)		√ √ √ √		√ √ √ √

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NMC requirement (competency/annexes)	K102 Introducing Health and social Care (60 Credits)	K104 Introduction to Healthcare Practice (60 Credits)	K210 Understanding Nursing: Knowledge and Theory (60 Credits)	K211 Developing Nursing Practice (60 Credits)	K325 Assimilating Nursing: Knowledge and Theory (60 Credits)	K328 Becoming an Autonomous Practitioner in Learning Disabilities Nursing (60 Credits)
appropriate products and approaches						
<p>7. Use evidence-based, best practice approaches for meeting needs for care and support with mobility and safety, accurately assessing the person’s capacity for independence and self-care and initiating appropriate interventions</p> <p>7.1 observe and use evidence-based risk assessment tools to determine need for support and intervention to optimise mobility and safety, and to identify and manage risk of falls using best practice risk assessment approaches</p> <p>7.2 use a range of contemporary moving</p>		<p>v (developing)</p> <p>v</p> <p>v</p>		<p>v</p> <p>v</p> <p>v</p>		<p>v</p> <p>v</p> <p>v</p>

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NMC requirement (competency/annexes)	K102 Introducing Health and social Care (60 Credits)	K104 Introduction to Healthcare Practice (60 Credits)	K210 Understanding Nursing: Knowledge and Theory (60 Credits)	K211 Developing Nursing Practice (60 Credits)	K325 Assimilating Nursing: Knowledge and Theory (60 Credits)	K328 Becoming an Autonomous Practitioner in Learning Disabilities Nursing (60 Credits)
and handling techniques and mobility aids 7.3 use appropriate moving and handling equipment to support people with impaired mobility 7.4 use appropriate safety techniques and devices.		√		√		√
<p>8. Use evidence-based, best practice approaches for meeting needs for respiratory care and support, accurately assessing the person’s capacity for independence and self- care and initiating appropriate interventions</p> <p>8.1 observe and assess the need for intervention and respond to restlessness, agitation and</p>		√ √ (with support)		√ √		√ √

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NMC requirement (competency/annexes)	K102 Introducing Health and social Care (60 Credits)	K104 Introduction to Healthcare Practice (60 Credits)	K210 Understanding Nursing: Knowledge and Theory (60 Credits)	K211 Developing Nursing Practice (60 Credits)	K325 Assimilating Nursing: Knowledge and Theory (60 Credits)	K328 Becoming an Autonomous Practitioner in Learning Disabilities Nursing (60 Credits)
breathlessness using appropriate interventions 8.2 manage the administration of oxygen using a range of routes and best practice approaches 8.3 take and interpret peak flow and oximetry measurements 8.4 use appropriate nasal and oral suctioning techniques 8.5 manage inhalation, humidifier and nebuliser devices 8.6 manage airway and respiratory processes and equipment.		✓ (record and report) ✓ (developing) ✓		✓ ✓ ✓ ✓		✓ ✓ ✓ ✓
9. Use evidence-based, best practice approaches for meeting needs for care and support with the prevention and management of						

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NMC requirement (competency/annexes)	K102 Introducing Health and social Care (60 Credits)	K104 Introduction to Healthcare Practice (60 Credits)	K210 Understanding Nursing: Knowledge and Theory (60 Credits)	K211 Developing Nursing Practice (60 Credits)	K325 Assimilating Nursing: Knowledge and Theory (60 Credits)	K328 Becoming an Autonomous Practitioner in Learning Disabilities Nursing (60 Credits)
<p>infection, accurately assessing the person’s capacity for independence and self-care and initiating appropriate interventions</p> <p>9.1 observe, assess and respond rapidly to potential infection risks using best practice guidelines</p> <p>9.2 use standard precautions protocols</p> <p>9.3 use effective aseptic, non-touch techniques</p> <p>9.4 use appropriate personal protection equipment</p> <p>9.5 implement isolation procedures</p> <p>9.6 use evidence-based hand hygiene techniques</p>		<p>√ (developing)</p> <p>√</p> <p>√</p> <p>√</p> <p>√</p> <p>√</p> <p>√</p>		<p>√</p> <p>√</p> <p>√</p> <p>√</p> <p>√</p> <p>√</p> <p>√</p> <p>√</p>		<p>√</p> <p>√</p> <p>√</p> <p>√</p> <p>√</p> <p>√</p> <p>√</p> <p>√</p>

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NMC requirement (competency/annexes)	K102 Introducing Health and social Care (60 Credits)	K104 Introduction to Healthcare Practice (60 Credits)	K210 Understanding Nursing: Knowledge and Theory (60 Credits)	K211 Developing Nursing Practice (60 Credits)	K325 Assimilating Nursing: Knowledge and Theory (60 Credits)	K328 Becoming an Autonomous Practitioner in Learning Disabilities Nursing (60 Credits)
9.7 safely decontaminate equipment and environment 9.8 safely use and dispose of waste, laundry and sharps 9.9 safely assess and manage invasive medical devices and lines						
10. Use evidence-based, best practice approaches for meeting needs for care and support at the end of life, accurately assessing the person’s capacity for independence and selfcare and initiating appropriate interventions 10.1 observe, and assess the need for intervention for people, families and carers, identify, assess and respond		v (developing skills)		v		v

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NMC requirement (competency/annexes)	K102 Introducing Health and social Care (60 Credits)	K104 Introduction to Healthcare Practice (60 Credits)	K210 Understanding Nursing: Knowledge and Theory (60 Credits)	K211 Developing Nursing Practice (60 Credits)	K325 Assimilating Nursing: Knowledge and Theory (60 Credits)	K328 Becoming an Autonomous Practitioner in Learning Disabilities Nursing (60 Credits)
<p>appropriately to uncontrolled symptoms and signs of distress including pain, nausea, thirst, constipation, restlessness, agitation, anxiety and depression 10.2 manage and monitor effectiveness of symptom relief medication, infusion pumps and other devices 10.3 assess and review preferences and care priorities of the dying person and their family and carers 10.4 understand and apply organ and tissue donation protocols, advanced planning decisions, living wills and health and lasting powers of attorney for health 10.5 understand and apply DNACPR (do not</p>		<p>v</p> <p>v</p>		<p>v</p> <p>v</p> <p>v</p>		<p>v</p> <p>v</p> <p>v</p> <p>v</p>

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NMC requirement (competency/annexes)	K102 Introducing Health and social Care (60 Credits)	K104 Introduction to Healthcare Practice (60 Credits)	K210 Understanding Nursing: Knowledge and Theory (60 Credits)	K211 Developing Nursing Practice (60 Credits)	K325 Assimilating Nursing: Knowledge and Theory (60 Credits)	K328 Becoming an Autonomous Practitioner in Learning Disabilities Nursing (60 Credits)
attempt cardiopulmonary resuscitation) decisions and verification of expected death 10.6 provide care for the deceased person and the bereaved respecting cultural requirements and protocols.						
<p>11. Procedural competencies required for best practice, evidence-based medicines administration and optimisation</p> <p>11.1 carry out initial and continued assessments of people receiving care and their ability to self-administer their own medications 11.2 recognise the various procedural routes under which medicines can be</p>		√ (developing)		√ √		√ √

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NMC requirement (competency/annexes)	K102 Introducing Health and social Care (60 Credits)	K104 Introduction to Healthcare Practice (60 Credits)	K210 Understanding Nursing: Knowledge and Theory (60 Credits)	K211 Developing Nursing Practice (60 Credits)	K325 Assimilating Nursing: Knowledge and Theory (60 Credits)	K328 Becoming an Autonomous Practitioner in Learning Disabilities Nursing (60 Credits)
<p>prescribed, supplied, dispensed and administered; and the laws, policies, regulations and guidance that underpin them</p> <p>11.3 use the principles of safe remote prescribing and directions to administer medicines</p> <p>11.4 undertake accurate drug calculations for a range of medications</p> <p>11.5 undertake accurate checks, including transcription and titration, of any direction to supply or administer a medicinal product</p> <p>11.6 exercise professional accountability in ensuring the safe administration of medicines to those receiving care</p>		<p>√</p> <p>√</p> <p>√ (at level of expertise)</p> <p>√</p>		<p>√</p> <p>√</p> <p>√</p> <p>√</p>		<p>√</p> <p>√</p> <p>√</p> <p>√</p>

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NMC requirement (competency/annexes)	K102 Introducing Health and social Care (60 Credits)	K104 Introduction to Healthcare Practice (60 Credits)	K210 Understanding Nursing: Knowledge and Theory (60 Credits)	K211 Developing Nursing Practice (60 Credits)	K325 Assimilating Nursing: Knowledge and Theory (60 Credits)	K328 Becoming an Autonomous Practitioner in Learning Disabilities Nursing (60 Credits)
11.7 administer injections using intramuscular, subcutaneous, intradermal and intravenous routes and manage injection equipment 11.8 administer medications using a range of routes 11.9 administer and monitor medications using vascular access devices and enteral equipment 11.10 recognise and respond to adverse or abnormal reactions to medications 11.11 undertake safe storage, transportation and disposal of medicinal products.		✓ ✓ (developing) ✓		✓ ✓ ✓		✓ ✓ ✓

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NMC requirement (competency/annexes)	K102 Introducing Health and social Care (60 Credits)	K104 Introduction to Healthcare Practice (60 Credits)	K210 Understanding Nursing: Knowledge and Theory (60 Credits)	K211 Developing Nursing Practice (60 Credits)	K325 Assimilating Nursing: Knowledge and Theory (60 Credits)	K328 Becoming an Autonomous Practitioner in Learning Disabilities Nursing (60 Credits)
EU Directive (2005/36/EC) for Nursing (Adult Nursing)						
<p>Training programme for nurses responsible for general care The training leading to the award of a formal qualification of nurses responsible for general care shall consist of the following two parts.</p> <p>A. Theoretical instruction</p> <p>a. Nursing:</p> <p>b. Basic sciences:</p> <p>c. Social sciences:</p> <p>– Nature and ethics of the profession – General principles of health and nursing</p> <p>– Nursing principles in relation to:</p> <p>– general and specialist medicine</p>	<p>√</p> <p>√</p>	<p>√</p> <p>√</p> <p>√</p> <p>√</p> <p>√</p> <p>√</p>	<p>√</p> <p>√</p> <p>√</p> <p>√</p> <p>√</p> <p>√</p>	<p>√</p> <p>√</p> <p>√</p> <p>√</p>	<p>√</p> <p>√</p> <p>√</p> <p>√</p> <p>√</p> <p>√</p>	<p>√</p> <p>√</p> <p>√</p> <p>√</p> <p>√</p> <p>√</p>

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– general and specialist surgery		√	√	√	√	√
– child care and paediatrics		√	√	√	√	
– maternity care		√	√		√	
– mental health and psychiatry			√		√	
– care of the old and geriatrics		√	√		√	
– Anatomy and physiology		√			√	
– Pathology			√		√	
– Bacteriology, virology and parasitology		√	√	√	√	√
– Biophysics, biochemistry and radiology	√					√
– Dietetics	√	√	√	√	√	√
– Hygiene:			√		√	√
– preventive medicine			√		√	
– health education	√	√	√	√	√	√
– Pharmacology						
– Sociology						
– Psychology						
– Principles of administration						
– Principles of teaching						

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NMC requirement (competency/annexes)	K102 Introducing Health and social Care (60 Credits)	K104 Introduction to Healthcare Practice (60 Credits)	K210 Understanding Nursing: Knowledge and Theory (60 Credits)	K211 Developing Nursing Practice (60 Credits)	K325 Assimilating Nursing: Knowledge and Theory (60 Credits)	K328 Becoming an Autonomous Practitioner in Learning Disabilities Nursing (60 Credits)
<ul style="list-style-type: none"> – Social and health legislation – Legal aspects of nursing 						
<p>B. Clinical instruction</p> <p>a. Nursing in relation to:</p> <ul style="list-style-type: none"> – general and specialist medicine – general and specialist surgery – child care and paediatrics – maternity care – mental health and psychiatry – care of the old and geriatrics – home nursing 		<ul style="list-style-type: none"> √ √ √ √ √ √ 		<ul style="list-style-type: none"> √ √ √ √ √ √ 		<ul style="list-style-type: none"> √ √ √ √ √ √

The Code

Professional standards of practice
and behaviour for nurses, midwives
and nursing associates



prioritise people

practise effectively

preserve safety

**promote professionalism
and trust**

About us

The Nursing and Midwifery Council exists to protect the public. We do this by making sure that only those who meet our requirements are allowed to practise as a nurse or midwife in the UK, or a nursing associate in England. We take action if concerns are raised about whether a nurse, midwife or nursing associate is fit to practise.

It is against the law to claim to be, or to practise as, a nurse or midwife in the UK, or as a nursing associate in England, if you are not on the relevant part of our register.

It is also a criminal offence for anyone who, with intent to deceive, causes or permits someone else to falsely represent them as being on the register, or makes a false representation about them being on the NMC register.

Publication date: 29 January 2015 **Effective from:** 31 March 2015
Updated to reflect the regulation of nursing associates: 10 October 2018

A note on this version of the Code

All regulators review their Codes from time to time to make sure they continue to reflect public expectations. This new version of the Code is substantially similar to the 2015 version, but it has been updated to reflect our new responsibilities for the regulation of nursing associates. In joining the register, nursing associates will uphold the Code.

The current versions of our Code, standards and guidance can always be found on our website. Those on our register should make sure they are using the most up to date version of the Code.

For more information about the Code, please visit:
www.nmc.org.uk/code

Introduction

The Code contains the professional standards that registered nurses, midwives and nursing associates¹ must uphold. Nurses, midwives and nursing associates must act in line with the Code, whether they are providing direct care to individuals, groups or communities or bringing their professional knowledge to bear on nursing² and midwifery practice in other roles, such as leadership, education, or research. The values and principles set out in the Code can be applied in a range of different practice settings, but they are not negotiable or discretionary.

Our role is to set the standards in the Code, but these are not just our standards. They are the standards that patients and members of the public tell us they expect from health professionals. They are the standards shown every day by those on our register.

When joining our register, and then renewing their registration, nurses, midwives and nursing associates commit to upholding these standards. This commitment to professional standards is fundamental to being part of a profession. We can take action if those on our register fail to uphold the Code. In serious cases, this can include removing them from the register.

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- 1** Anyone practising as a registered nurse or midwife in the UK, or a nursing associate in England, has to be registered with us. The nursing associate role is being used only in England.
 - 2** We have used the word 'nursing' in this document to apply to the work of nurses and nursing associates. Nursing associates are a distinct profession with their own part of our register, but they are part of the nursing team.

The Code sets out common standards of conduct and behaviour for those on our register. This provides a clear, consistent and positive message to patients, service users and colleagues about what they can expect of those who provide nursing or midwifery care.

The professions we regulate have different knowledge and skills, set out in three distinct standards of proficiency. They can work in diverse contexts and have different levels of autonomy and responsibility. However, all of the professions we regulate exercise professional judgement and are accountable for their work.

Nurses, midwives and nursing associates uphold the Code within the limits of their competence. This means, for example, that while a nurse and nursing associate will play different roles in an aspect of care, they will both uphold the standards in the Code within the contribution they make to overall care. The professional commitment to work within one's competence is a key underpinning principle of the Code (see section 13) which, given the significance of its impact on public protection, should be upheld at all times.

In addition, nurses, midwives and nursing associates are expected to work within the limits of their competence, which may extend beyond the standards they demonstrated in order to join the register.

The Code should be useful for everyone who cares about good nursing and midwifery.

- Patients and service users, and those who care for them, can use it to provide feedback to nurses, midwives and nursing associates about the care they receive.
- Those on our register can use it to promote safe and effective practice in their place of work.
- Employer organisations should support their staff in upholding the standards in their professional Code as part of providing the quality and safety expected by service users and regulators.
- Educators can use the Code to help students understand what it means to be a registered professional and how keeping to the Code helps to achieve that.

For the many committed and expert practitioners on our register, this Code should be seen as a way of reinforcing professionalism. Through revalidation, nurses, midwives and nursing associates provide evidence of their continued ability to practise safely and effectively. The Code is central to the revalidation process as a focus for professional reflection. This gives the Code significance in the professional life of those on our register, and raises its status and importance for employers.

The Code contains a series of statements that taken together signify what good practice by nurses, midwives and nursing associates looks like. It puts the interests of patients and service users first, is safe and effective, and promotes trust through professionalism.

Prioritise people

You put the interests of people using or needing nursing or midwifery services first. You make their care and safety your main concern and make sure that their dignity is preserved and their needs are recognised, assessed and responded to. You make sure that those receiving care are treated with respect, that their rights are upheld and that any discriminatory attitudes and behaviours towards those receiving care are challenged.

1 Treat people as individuals and uphold their dignity

To achieve this, you must:

- 1.1 treat people with kindness, respect and compassion
- 1.2 make sure you deliver the fundamentals of care effectively
- 1.3 avoid making assumptions and recognise diversity and individual choice
- 1.4 make sure that any treatment, assistance or care for which you are responsible is delivered without undue delay
- 1.5 respect and uphold people's human rights

The fundamentals of care include, but are not limited to, nutrition, hydration, bladder and bowel care, physical handling and making sure that those receiving care are kept in clean and hygienic conditions. It includes making sure that those receiving care have adequate access to nutrition and hydration, and making sure that you provide help to those who are not able to feed themselves or drink fluid unaided.

2 Listen to people and respond to their preferences and concerns

To achieve this, you must:

- 2.1** work in partnership with people to make sure you deliver care effectively
- 2.2** recognise and respect the contribution that people can make to their own health and wellbeing
- 2.3** encourage and empower people to share in decisions about their treatment and care
- 2.4** respect the level to which people receiving care want to be involved in decisions about their own health, wellbeing and care
- 2.5** respect, support and document a person's right to accept or refuse care and treatment
- 2.6** recognise when people are anxious or in distress and respond compassionately and politely

3 Make sure that people's physical, social and psychological needs are assessed and responded to

To achieve this, you must:

- 3.1** pay special attention to promoting wellbeing, preventing ill health and meeting the changing health and care needs of people during all life stages
- 3.2** recognise and respond compassionately to the needs of those who are in the last few days and hours of life

- 3.3** act in partnership with those receiving care, helping them to access relevant health and social care, information and support when they need it
- 3.4** act as an advocate for the vulnerable, challenging poor practice and discriminatory attitudes and behaviour relating to their care

4 Act in the best interests of people at all times

To achieve this, you must:

- 4.1** balance the need to act in the best interests of people at all times with the requirement to respect a person's right to accept or refuse treatment
- 4.2** make sure that you get properly informed consent and document it before carrying out any action
- 4.3** keep to all relevant laws about mental capacity that apply in the country in which you are practising, and make sure that the rights and best interests of those who lack capacity are still at the centre of the decision-making process
- 4.4** tell colleagues, your manager and the person receiving care if you have a conscientious objection to a particular procedure and arrange for a suitably qualified colleague to take over responsibility for that person's care

5 Respect people's right to privacy and confidentiality

As a nurse, midwife or nursing associate, you owe a duty of confidentiality to all those who are receiving care. This includes making sure that they are informed about their care and that information about them is shared appropriately.

To achieve this, you must:

- 5.1** respect a person's right to privacy in all aspects of their care
- 5.2** make sure that people are informed about how and why information is used and shared by those who will be providing care
- 5.3** respect that a person's right to privacy and confidentiality continues after they have died
- 5.4** share necessary information with other health and care professionals and agencies only when the interests of patient safety and public protection override the need for confidentiality
- 5.5** share with people, their families and their carers, as far as the law allows, the information they want or need to know about their health, care and ongoing treatment sensitively and in a way they can understand

Practise effectively

You assess need and deliver or advise on treatment, or give help (including preventative or rehabilitative care) without too much delay, to the best of your abilities, on the basis of best available evidence. You communicate effectively, keeping clear and accurate records and sharing skills, knowledge and experience where appropriate. You reflect and act on any feedback you receive to improve your practice.

6 Always practise in line with the best available evidence

To achieve this, you must:

- 6.1** make sure that any information or advice given is evidence-based including information relating to using any health and care products or services
- 6.2** maintain the knowledge and skills you need for safe and effective practice

7 Communicate clearly

To achieve this, you must:

- 7.1** use terms that people in your care, colleagues and the public can understand
- 7.2** take reasonable steps to meet people's language and communication needs, providing, wherever possible, assistance to those who need help to communicate their own or other people's needs
- 7.3** use a range of verbal and non-verbal communication methods, and consider cultural sensitivities, to better understand and respond to people's personal and health needs

- 7.4** check people's understanding from time to time to keep misunderstanding or mistakes to a minimum
- 7.5** be able to communicate clearly and effectively in English

8 Work co-operatively

To achieve this, you must:

- 8.1** respect the skills, expertise and contributions of your colleagues, referring matters to them when appropriate
- 8.2** maintain effective communication with colleagues
- 8.3** keep colleagues informed when you are sharing the care of individuals with other health and care professionals and staff
- 8.4** work with colleagues to evaluate the quality of your work and that of the team
- 8.5** work with colleagues to preserve the safety of those receiving care
- 8.6** share information to identify and reduce risk
- 8.7** be supportive of colleagues who are encountering health or performance problems. However, this support must never compromise or be at the expense of patient or public safety

9 Share your skills, knowledge and experience for the benefit of people receiving care and your colleagues

To achieve this, you must:

- 9.1** provide honest, accurate and constructive feedback to colleagues
- 9.2** gather and reflect on feedback from a variety of sources, using it to improve your practice and performance
- 9.3** deal with differences of professional opinion with colleagues by discussion and informed debate, respecting their views and opinions and behaving in a professional way at all times
- 9.4** support students' and colleagues' learning to help them develop their professional competence and confidence

10 Keep clear and accurate records relevant to your practice

This applies to the records that are relevant to your scope of practice. It includes but is not limited to patient records.

To achieve this, you must:

- 10.1** complete records at the time or as soon as possible after an event, recording if the notes are written some time after the event
- 10.2** identify any risks or problems that have arisen and the steps taken to deal with them, so that colleagues who use the records have all the information they need
- 10.3** complete records accurately and without any falsification, taking immediate and appropriate action if you become aware that someone has not kept to these requirements
- 10.4** attribute any entries you make in any paper or electronic records to yourself, making sure they are clearly written, dated and timed, and do not include unnecessary abbreviations, jargon or speculation
- 10.5** take all steps to make sure that records are kept securely
- 10.6** collect, treat and store all data and research findings appropriately

11 Be accountable for your decisions to delegate tasks and duties to other people

To achieve this, you must:

- 11.1** only delegate tasks and duties that are within the other person's scope of competence, making sure that they fully understand your instructions
- 11.2** make sure that everyone you delegate tasks to is adequately supervised and supported so they can provide safe and compassionate care
- 11.3** confirm that the outcome of any task you have delegated to someone else meets the required standard

12 Have in place an indemnity arrangement which provides appropriate cover for any practice you take on as a nurse, midwife or nursing associate in the United Kingdom

To achieve this, you must:

- 12.1** make sure that you have an appropriate indemnity arrangement in place relevant to your scope of practice

For more information, please visit our website at **www.nmc.org.uk/indemnity**

Preserve safety

You make sure that patient and public safety is not affected. You work within the limits of your competence, exercising your professional 'duty of candour' and raising concerns immediately whenever you come across situations that put patients or public safety at risk. You take necessary action to deal with any concerns where appropriate.

13 Recognise and work within the limits of your competence

To achieve this, you must, as appropriate:

- 13.1** accurately identify, observe and assess signs of normal or worsening physical and mental health in the person receiving care
- 13.2** make a timely referral to another practitioner when any action, care or treatment is required
- 13.3** ask for help from a suitably qualified and experienced professional to carry out any action or procedure that is beyond the limits of your competence
- 13.4** take account of your own personal safety as well as the safety of people in your care
- 13.5** complete the necessary training before carrying out a new role

The professional duty of candour is about openness and honesty when things go wrong. "Every healthcare professional must be open and honest with patients when something goes wrong with their treatment or care which causes, or has the potential to cause, harm or distress." Joint statement from the Chief Executives of statutory regulators of healthcare professionals.

14 Be open and candid with all service users about all aspects of care and treatment, including when any mistakes or harm have taken place

To achieve this, you must:

- 14.1** act immediately to put right the situation if someone has suffered actual harm for any reason or an incident has happened which had the potential for harm
- 14.2** explain fully and promptly what has happened, including the likely effects, and apologise to the person affected and, where appropriate, their advocate, family or carers
- 14.3** document all these events formally and take further action (escalate) if appropriate so they can be dealt with quickly

15 Always offer help if an emergency arises in your practice setting or anywhere else

To achieve this, you must:

- 15.1** only act in an emergency within the limits of your knowledge and competence
- 15.2** arrange, wherever possible, for emergency care to be accessed and provided promptly
- 15.3** take account of your own safety, the safety of others and the availability of other options for providing care

16 Act without delay if you believe that there is a risk to patient safety or public protection

To achieve this, you must:

- 16.1** raise and, if necessary, escalate any concerns you may have about patient or public safety, or the level of care people are receiving in your workplace or any other health and care setting and use the channels available to you in line with our guidance and your local working practices
- 16.2** raise your concerns immediately if you are being asked to practise beyond your role, experience and training
- 16.3** tell someone in authority at the first reasonable opportunity if you experience problems that may prevent you working within the Code or other national standards, taking prompt action to tackle the causes of concern if you can
- 16.4** acknowledge and act on all concerns raised to you, investigating, escalating or dealing with those concerns where it is appropriate for you to do so
- 16.5** not obstruct, intimidate, victimise or in any way hinder a colleague, member of staff, person you care for or member of the public who wants to raise a concern
- 16.6** protect anyone you have management responsibility for from any harm, detriment, victimisation or unwarranted treatment after a concern is raised

For more information, please visit our website at www.nmc.org.uk/raisingconcerns.

17 Raise concerns immediately if you believe a person is vulnerable or at risk and needs extra support and protection

To achieve this, you must:

- 17.1** take all reasonable steps to protect people who are vulnerable or at risk from harm, neglect or abuse
- 17.2** share information if you believe someone may be at risk of harm, in line with the laws relating to the disclosure of information
- 17.3** have knowledge of and keep to the relevant laws and policies about protecting and caring for vulnerable people

18 Advise on, prescribe, supply, dispense or administer medicines within the limits of your training and competence, the law, our guidance and other relevant policies, guidance and regulations

To achieve this, you must:

- 18.1** prescribe, advise on, or provide medicines or treatment, including repeat prescriptions (only if you are suitably qualified) if you have enough knowledge of that person's health and are satisfied that the medicines or treatment serve that person's health needs
- 18.2** keep to appropriate guidelines when giving advice on using controlled drugs and recording the prescribing, supply, dispensing or administration of controlled drugs

- 18.3** make sure that the care or treatment you advise on, prescribe, supply, dispense or administer for each person is compatible with any other care or treatment they are receiving, including (where possible) over-the-counter medicines
- 18.4** take all steps to keep medicines stored securely
- 18.5** wherever possible, avoid prescribing for yourself or for anyone with whom you have a close personal relationship

Prescribing is not within the scope of practice of everyone on our register. Nursing associates don't prescribe, but they may supply, dispense and administer medicines. Nurses and midwives who have successfully completed a further qualification in prescribing and recorded it on our register are the only people on our register that can prescribe.

For more information, please visit our website at **www.nmc.org.uk/standards**.

19 Be aware of, and reduce as far as possible, any potential for harm associated with your practice

To achieve this, you must:

- 19.1** take measures to reduce as far as possible, the likelihood of mistakes, near misses, harm and the effect of harm if it takes place
- 19.2** take account of current evidence, knowledge and developments in reducing mistakes and the effect of them and the impact of human factors and system failures (see the note below)
- 19.3** keep to and promote recommended practice in relation to controlling and preventing infection
- 19.4** take all reasonable personal precautions necessary to avoid any potential health risks to colleagues, people receiving care and the public

Human factors refer to environmental, organisational and job factors, and human and individual characteristics, which influence behaviour at work in a way which can affect health and safety – Health and Safety Executive. You can find more information at www.hse.gov.uk

Promote professionalism and trust

You uphold the reputation of your profession at all times. You should display a personal commitment to the standards of practice and behaviour set out in the Code. You should be a model of integrity and leadership for others to aspire to. This should lead to trust and confidence in the professions from patients, people receiving care, other health and care professionals and the public.

20 Uphold the reputation of your profession at all times

To achieve this, you must:

- 20.1** keep to and uphold the standards and values set out in the Code
- 20.2** act with honesty and integrity at all times, treating people fairly and without discrimination, bullying or harassment
- 20.3** be aware at all times of how your behaviour can affect and influence the behaviour of other people
- 20.4** keep to the laws of the country in which you are practising
- 20.5** treat people in a way that does not take advantage of their vulnerability or cause them upset or distress
- 20.6** stay objective and have clear professional boundaries at all times with people in your care (including those who have been in your care in the past), their families and carers

- 20.7** make sure you do not express your personal beliefs (including political, religious or moral beliefs) to people in an inappropriate way
- 20.8** act as a role model of professional behaviour for students and newly qualified nurses, midwives and nursing associates to aspire to
- 20.9** maintain the level of health you need to carry out your professional role
- 20.10** use all forms of spoken, written and digital communication (including social media and networking sites) responsibly, respecting the right to privacy of others at all times

For more guidance on using social media and networking sites, please visit our website at **www.nmc.org.uk/standards**

21 Uphold your position as a registered nurse, midwife or nursing associate

To achieve this, you must:

- 21.1** refuse all but the most trivial gifts, favours or hospitality as accepting them could be interpreted as an attempt to gain preferential treatment
- 21.2** never ask for or accept loans from anyone in your care or anyone close to them
- 21.3** act with honesty and integrity in any financial dealings you have with everyone you have a professional relationship with, including people in your care

- 21.4** make sure that any advertisements, publications or published material you produce or have produced for your professional services are accurate, responsible, ethical, do not mislead or exploit vulnerabilities and accurately reflect your relevant skills, experience and qualifications
- 21.5** never use your status as a registered professional to promote causes that are not related to health
- 21.6** cooperate with the media only when it is appropriate to do so, and then always protecting the confidentiality and dignity of people receiving treatment or care

22 Fulfil all registration requirements

To achieve this, you must:

- 22.1** keep to any reasonable requests so we can oversee the registration process
- 22.2** keep to our prescribed hours of practice and carry out continuing professional development activities
- 22.3** keep your knowledge and skills up to date, taking part in appropriate and regular learning and professional development activities that aim to maintain and develop your competence and improve your performance

For more information, please visit our website at **www.nmc.org.uk/standards**.

23 Cooperate with all investigations and audits

This includes investigations or audits either against you or relating to others, whether individuals or organisations. It also includes cooperating with requests to act as a witness in any hearing that forms part of an investigation, even after you have left the register.

To achieve this, you must:

- 23.1** cooperate with any audits of training records, registration records or other relevant audits that we may want to carry out to make sure you are still fit to practise
- 23.2** tell both us and any employers as soon as you can about any caution or charge against you, or if you have received a conditional discharge in relation to, or have been found guilty of, a criminal offence (other than a protected caution or conviction)
- 23.3** tell any employers you work for if you have had your practice restricted or had any other conditions imposed on you by us or any other relevant body
- 23.4** tell us and your employers at the first reasonable opportunity if you are or have been disciplined by any regulatory or licensing organisation, including those who operate outside of the professional health and care environment

When telling your employers, this includes telling (i) any person, body or organisation you are employed by, or intend to be employed by, as a nurse, midwife or nursing associate; and (ii) any person, body or organisation with whom you have an arrangement to provide services as a nurse, midwife or nursing associate.

- 23.5** give your NMC Pin when any reasonable request for it is made

For more information, please visit our website at **www.nmc.org.uk**.

24 Respond to any complaints made against you professionally

To achieve this, you must:

- 24.1** never allow someone's complaint to affect the care that is provided to them
- 24.2** use all complaints as a form of feedback and an opportunity for reflection and learning to improve practice

25 Provide leadership to make sure people's wellbeing is protected and to improve their experiences of the health and care system

To achieve this, you must:

- 25.1** identify priorities, manage time, staff and resources effectively and deal with risk to make sure that the quality of care or service you deliver is maintained and improved, putting the needs of those receiving care or services first
- 25.2** support any staff you may be responsible for to follow the Code at all times. They must have the knowledge, skills and competence for safe practice; and understand how to raise any concerns linked to any circumstances where the Code has, or could be, broken

Throughout their career, all our registrants will have opportunities to demonstrate leadership qualities, regardless of whether or not they occupy formal leadership positions.

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**Nursing &
Midwifery
Council**



23 Portland Place,
London W1B 1PZ


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Raising concerns

Guidance for nurses,
midwives and
nursing associates



We're the independent regulator for nurses, midwives and nursing associates. We hold a register of all the 690,000 nurses and midwives who can practise in the UK, and nursing associates who can practise in England.

Better and safer care for people is at the heart of what we do, supporting the healthcare professionals on our register to deliver the highest standards of care.

We make sure nurses, midwives and nursing associates have the skills they need to care for people safely, with integrity, expertise, respect and compassion, from the moment they step into their first job.

Learning does not stop the day nurses, midwives and nursing associates qualify. To promote safety and public trust, we require professionals to demonstrate throughout their career that they are committed to learning and developing to keep their skills up to date and improve as practitioners.

We want to encourage openness and learning among healthcare professionals to improve care and keep the public safe. On the occasions when something goes wrong and people are at risk, we can step in to investigate and take action, giving patients and families a voice as we do so.

Last updated January 2019

This document provides guidance for nurses, midwives and nursing associates on raising concerns (which includes 'whistleblowing'). It explains the processes you should follow when raising a concern, provides information about the legislation in this area, and tells you where you can get confidential support and advice.

As a nurse, midwife or nursing associate, you have a professional duty to put the interests of the people in your care first and to act to protect them if you consider they may be at risk. Where we use the term **in your care** throughout this document, it is used to indicate all of those people you come across or know about because of your work as a nurse, midwife or nursing associate, not just those people you deliver specific care for or have direct clinical or managerial responsibility for.

This guidance supports and should be read together with **The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates (the Code)**. No matter what sort of healthcare environment or geographical area you work in, it's important that you know how to raise concerns appropriately. This guidance can't cover every single situation that you may face, but it sets out the broad principles that will help you to think through the issues and take appropriate action in the public interest.

You should use this guidance with whistleblowing policies issued by your employer and with local clinical governance and risk management procedures, which will provide information on reporting incidents early or near misses. You should also make sure that you understand and follow your local authority's safeguarding policies.

Safeguarding the health and wellbeing of those in your care means these people should not be exposed to abuse or neglect. Abuse or neglect and the different circumstances in which they take place can take many forms. A list of actions that may constitute neglect or abuse and should give rise to concern includes the following (taken from Chapter 14, **Care and Support Statutory Guidance** (2014) issued by the Department of Health under the Care Act 2014).

- Physical abuse
- Domestic violence
- Sexual abuse
- Psychological abuse
- Financial or material abuse
- Modern slavery
- Discriminatory abuse
- Organisational abuse
- Neglect and acts of omission
- Self-neglect.

Immediate concerns about abuse or neglect should be dealt with under local safeguarding procedures first. For more information about this, please see your local safeguarding policies and the further reading section.

This guidance is for all nurses, midwives, nursing associates and pre-registration nursing and midwifery students, no matter where you might work. The principles supporting this guidance also apply to all healthcare professionals, so this guidance may be helpful to other staff within the workplace. However, if you are self-employed or working as a volunteer, we recommend that you get more advice before raising any concerns you might have (see the section 'Where can I get help or advice?').

We recognise that it is not always easy to report concerns. You may not know how to, or you may worry that you are being disloyal, or fear reprisals from your employer's reaction. It may also be particularly difficult for those of you who work and live in remote and small communities. However, the health and wellbeing of the people in your care must always be your main concern. Raising your concern early can prevent minor issues becoming serious ones, and so protect the public from harm and improve standards of care.

If you aren't sure how this guidance applies to your situation, or if you want some confidential advice before you raise your concern, or at any stage during the process, we recommend that you get advice from your professional body, trade union or the independent whistleblowing charity **Protect** (formerly Public Concern at Work). Protect provides confidential advice to employees who witness wrongdoing or malpractice in the workplace and who aren't sure whether or how to raise their concern.

Professional bodies and trade unions can play a vital role in offering local support and guidance to staff who have concerns about any part of their work, including fears about patient or client care. They can also raise matters formally with your organisation on your behalf and can access other forums within your organisation. Raising a concern can often seem isolating and intimidating - having this support can help you to meet your professional standards with more confidence.

Your role in raising concerns

- 1 As a nurse, midwife or nursing associate, you have a professional duty to report any concerns from your workplace which put the safety of the people in your care or the public at risk.
- 2 The Code (section 16) states the following.
 - 2.1 Act without delay if you believe that there is a risk to patient safety or public protection.
 - 2.2 To achieve this you must:
 - 2.3 Raise and, if necessary, escalate (take further action on) any concerns you may have about patient or public safety, or the level of care people are receiving at your workplace or any other healthcare setting and use the channels available to you in line with our guidance and your local working practices.
 - 2.4 Raise your concerns immediately if you are being asked to practise beyond your role, experience and training.
 - 2.5 Tell someone in authority at the first reasonable opportunity if you experience problems that may prevent you working within the Code or other national standards, taking prompt action to tackle the causes of concern if you can.
 - 2.6 Acknowledge and act on all concerns raised to you, investigating, escalating or dealing with those concerns where it is appropriate for you to do so.
 - 2.8 Not obstruct, intimidate, victimise or in any way hinder a colleague, member of staff, person you care for or member of the public who wants to raise a concern.
 - 2.9 Protect anyone you have management responsibility for from any harm, detriment, victimisation or unwarranted treatment after a concern is raised.
- 3 Speaking up on behalf of people in your care and clients is an everyday part of your role. Just as raising genuine concerns represents good practice, 'doing nothing' and failing to report concerns is unacceptable. We recognise that nurses, midwives and nursing associates who raise a genuine concern and act with the best of intentions and in line with the principles laid down in this guidance are meeting their professional responsibilities and keeping to the Code.
- 4 Failure to report concerns may bring your fitness to practise into question and put your registration at risk. If you experience any negative reactions within your workplace after raising a concern appropriately, you should contact your professional body or trade union for support and advice.
- 5 In line with the Code, we expect the professionals on our register to work with others to protect the health and wellbeing of those in their care. As a result, this guidance applies to a wide range of situations, not just where a concern relates to the practice of individual nurses, midwives and nursing associates. Examples may include the following.
 - 5.1 Danger or risk to health and safety, such as where health and safety rules or guidelines have been broken.
 - 5.2 Issues to do with staff conduct, such as unprofessional attitudes or behaviour, including concerns related to equality and diversity.
 - 5.3 Issues to do with delivering care involving nurses, midwives, nursing associates or other staff members.
 - 5.4 Issues to do with care in general, such as concerns over resources, products, people, staffing or the organisation as a whole.
 - 5.5 Issues to do with the health of a colleague, which may affect their ability to practise safely.

- 5.6 Misuse or unavailability of clinical equipment, including lack of adequate training.
- 5.7 Financial malpractice, including criminal acts and fraud.
- 6 You don't need to have all the facts to prove your concern but you must have a reasonable belief that wrongdoing is either happening now, took place in the past, or is likely to happen in the future.
- 7 If you witness or suspect there is a risk to the safety of people in your care and you consider that there is an immediate risk of harm, you should report your concerns straight away to the appropriate person or authority.

Nursing and midwifery students

- 8 The principles in this guidance apply to student nurses, midwives and nursing associates in the same way that they apply to registered nurses, midwives and nursing associates. To uphold these principles, you should act as set out below in the following situations.
- 8.1 Inform your mentor, tutor or lecturer immediately if you believe that you, a colleague or anyone else may be putting someone at risk of harm.
- 8.2 Seek help immediately from an appropriately qualified professional if someone you are providing care for has suffered harm for any reason.
- 8.3 Seek help from your mentor, tutor or lecturer if people indicate that they are unhappy about their care or treatment.
- 9 We recognise that it might not be easy for you to raise a concern; you may not be sure what to do or the process may

seem quite daunting. If you want some advice at any stage, we recommend that you talk to your university tutor or lecturer, your mentor or another registered nurse, midwife or nursing associate in your practice area. You can also speak to your professional body, trade union or Protect, who can offer you valuable confidential advice and support.

The difference between raising a concern and making a complaint

- 10 If you are raising a concern, you are worried generally about an issue, wrongdoing or risk which affects others. You are acting as a witness to what you have observed, or to risks that have been reported to you, and are taking steps to draw attention to a situation which could negatively affect those in your care, staff or the organisation.
- 11 However, if you are making a complaint to your employer, you are complaining about how you personally have been treated at work (such as conditions of employment). In these circumstances, you should follow your employer's complaints or grievance procedure.

Respecting an individual's right to confidentiality

- 12 The Code states that people in your care have the right to confidentiality and the right to expect that you only use the information they have given to you for the purpose for which it was given. You should only discuss information with someone outside of the healthcare team if the person in your care has agreed you can. In very exceptional circumstances, you can pass on information without their permission if you believe someone may be at risk of harm and you are acting in their best interests.
- 13 These decisions are complex and you must assess each case individually. Before reporting a concern which might reveal someone's identity, you should get advice. You can find more information in **Confidentiality: NHS Code of Practice** (2003) and its **supplementary code of practice on public interest disclosures** (2010). Both of these are available on the Department of Health, gov.uk and NHS Digital websites. The principles of both these publications can be applied equally to the independent and voluntary sectors in healthcare. Equivalent guidance is also available in **Scotland, Wales and Northern Ireland**.

Can I be guaranteed confidentiality when raising a concern?

- 14 We recommend that you give your name when raising a concern. This makes it easier for your concern to be investigated and is the best way for you to be protected under the law. However, we recognise that there may be circumstances when you would like to keep your identity confidential. In this case, you should say so at the start.
- 15 You should understand that there may be practical or legal limits to this confidentiality where the concern can't be

dealt with without revealing your identity, or that others may guess who has raised the concern. If you raise your concern anonymously, it will be much more difficult for the matter to be investigated, which in turn, affects public safety.

How do I raise a concern?

- 16 Normally you will be able to raise your concern directly with the person concerned or your line manager and, in many instances, the matter will be easily dealt with. However, there may be times when this approach fails and you need to raise your concern through a more formal process. We outline the various stages of this process below. They are based on the tiered approach reflected in the Public Interest Disclosure Act 1998 (PIDA) (see the section 'What legislation is in place to protect me?').
- 17 Where possible, you should follow your employer's policy on raising concerns or whistleblowing. This should provide advice on how to raise your concern and give details of a designated person who has responsibility for dealing with concerns in your organisation. Sometimes, if you are worried about how or whether to raise your concern or if you can't find the policy, it can help to discuss things informally with a senior, impartial member of staff. They should ideally be an NMC registered nurse or midwife, such as one of the following.
- 17.1 Clinical supervisor.
- 17.2 Lead nurse, lead midwife or other professional or clinical lead.
- 17.3 University tutor or lecturer (if a student).
- 17.4 Mentor or practice placement manager (if a student).

- 17.5 Health and safety team (when the concern is about health and safety).
- 17.6 Risk, quality assurance or clinical governance team (when the issue is quality or risk).
- 18 Your concerns may not be limited to the care of a particular person, but about the overall standards of care or practice in an area. In these cases, you may find it helpful to speak to a clinical or professional lead (who may be a consultant, or specialist nurse or midwife) as they will be concerned with professional standards and quality of care, and so will be interested in knowing if things aren't as they should be.
- 19 A 'lead professional' has organisational responsibility for the quality of nursing or midwifery practice, and so will often investigate and work to settle concerns raised about practice and risk in these areas. They also might be able to help you better understand the standards or practice you are concerned about and offer the support you might need to raise your concerns.
- 20 It's also valuable to get advice on how to raise a concern from a representative of your professional body, trade union or Protect. They have a wealth of expertise, and can provide independent and confidential support during this process.

21 Immediate concerns

If you witness or suspect that there is a risk of immediate harm to a person in your care, you should report your concerns to the appropriate person or authority immediately. You must act straight away to protect their safety.

Stage 1: Raising your concern with your line manager

- 22 Normally, you will be expected to raise your concern internally first, such as with your line manager. You can do this verbally or in writing. Be clear, honest and objective about the reasons for your concern.
- 23 You should keep a clear written record of your concern and any steps that you have taken to deal with the matter including who you raised the concern with and on what date, and an outline of your concern.
- 24 While you should also keep a record of any written or verbal communication that you send or receive from your employer, be aware of the need to protect confidentiality. For example, if you need to refer to an incident with a particular patient or client, record details of the event and take appropriate steps to maintain confidentiality.

Stage 2: Raising your concern with a designated person

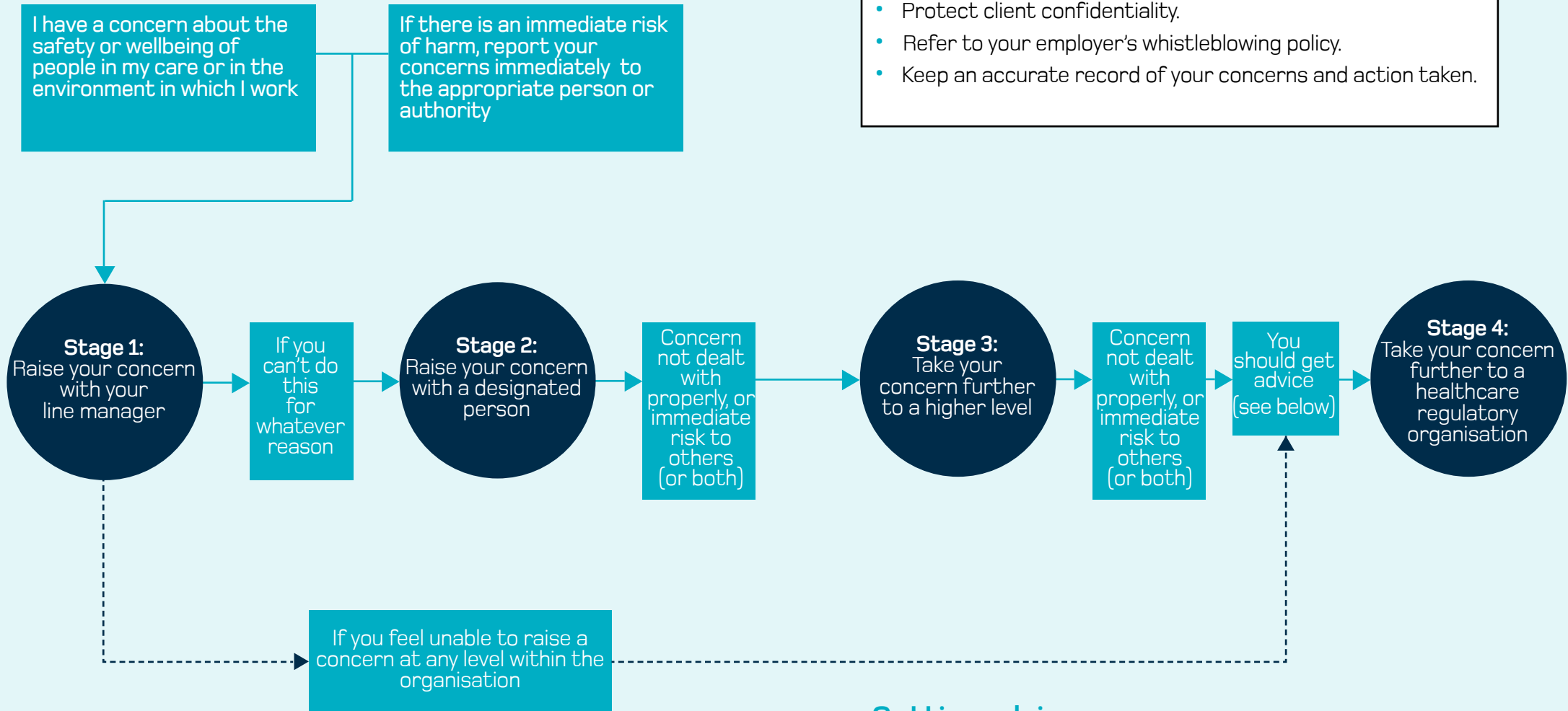
- 25 If for any reason you feel unable to raise your concern with your line manager, you should raise your concern with the designated person in your organisation. You should be able to find out who this is by looking at your employer's raising concerns or whistleblowing policy. The designated person will normally be someone who has been given special responsibility and training in dealing with employees' concerns. If you want your identity to remain confidential, you should say so at this stage.

Stages in raising concerns

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Key points

- Take immediate action.
- Protect client confidentiality.
- Refer to your employer's whistleblowing policy.
- Keep an accurate record of your concerns and action taken.



Getting advice

If you aren't sure about whether or how to raise a concern at any stage, you should get advice.

You can get independent, confidential advice from your professional body, trade union or Protect. Students can also speak to their university tutor or mentor.

Stage 3: Taking your concern to a higher level

26 If you have raised a concern with your line manager or with the designated person within your organisation, but feel they haven't dealt with it properly, you should raise your concern with someone more senior within your organisation. For example, in the NHS you could take your concern to your department manager, head of midwifery, director of nursing or chief executive. You may also choose to do this from the start if, for whatever reason, you feel unable to raise your concern with the internal staff mentioned in stages 1 and 2.

Stage 4: Taking your concern to a regulatory organisation or a helpline

27 If you have raised your concern internally but feel it hasn't been dealt with properly, or if you feel unable to raise your concern at any level in your organisation, you may want to get help from outside your place of work. For example, if you are a clinical leader, you may choose to do this if you feel your concerns haven't been dealt with adequately within your organisation.

28 So that your concern can be investigated and for your own protection under current legislation, you should use a recognised organisation that is responsible for investigating the issue. This could be a regulator of health or social care services, if your concern is about a health or care setting. If it is about individual professionals, then it could be a regulator of health or social care professionals.

29 For example, if you are working in England you may choose to raise your concerns directly with the Care Quality Commission (CQC), using the helpline they have set up to help staff raise concerns about the health or social care provider they work for. All information is treated in confidence and you don't have to give your name. The CQC provides detailed guidance for workers and service providers on their website, www.cqc.org.uk/contact-us.

30 If you work in England, you can raise your concerns through the NHS Whistleblowing Helpline. People working in the NHS and social care sector can use this helpline to report concerns about malpractice, wrongdoing, fraud or any other issues that could undermine public confidence and threaten patient safety. The service also provides advice and guidance for those who don't know what to do about their concerns, and can be used by employees, employers and professional or trade bodies through a free telephone hotline service, email or online forms. You can get more information on the Whistleblowing Helpline at www.wbhelpline.org.uk.

31 Before reporting your concerns to any regulatory organisation or hotline, we recommend that you get advice. This will help you to receive appropriate support and guidance in these difficult circumstances. We also suggest you tell your employer what action you are taking.

Raising your concern with the NMC

32 We have a page on our website dedicated to whistleblowing, www.nmc.org.uk/whistleblowing.

33 If you wish to raise a concern with us directly, please use our dedicated email address, whistleblowing@nmc-uk.org, or phone us on [REDACTED] for advice.

Raising your concern externally

- 34 You should only consider this if you have tried all of the above procedures and your concern hasn't been dealt with properly. Raising your concern externally (for example to the media or an MP) without clear evidence of first raising the concern internally or with a regulatory organisation, would only be considered appropriate and give you protection under PIDA in the most extreme circumstances and if it could clearly be shown that you were acting in the public interest. For more details of PIDA, see the section 'What legislation is in place to protect me?'.
35 If you are thinking of raising your concern externally, you should always get advice from your professional body, trade union or Protect.

The role of clinical leaders

- 36 We recognise the important role that clinical leaders play in raising concerns, particularly those who are nurses and midwives. Promoting an open work environment in which staff are accountable and encouraged to raise concerns about the safety of people in their care will help identify and prevent more problems, and will protect the public.
37 If you are a clinical leader or hold a position where others may bring their concerns to you, you should do the following.
- 37.1 Make sure appropriate systems for raising concerns are in place and that all staff can access them. Consider whether staff can gain access confidentially to your organisation's whistleblowing or raising concerns policy.
 - 37.2 Make sure staff can see all concerns are taken seriously, even if they are later seen to be unfounded.

- 37.3 Tell the employee who raised the concern how you propose to handle it in line with your employer's policies, and give a timeframe in which you will get back to them, both verbally and in writing.
 - 37.4 Investigate concerns promptly and include a full and objective assessment.
 - 37.5 Keep the employee who raised the concern up to date with what's happening. This will give them and others confidence in the system.
 - 37.6 Take action to deal with the concern and, record and monitor this action.
 - 37.7 Make sure staff who raise concerns are protected from unjustified criticism or actions.
 - 37.8 Have processes in place to support employees raising concerns. This support may need to be offered confidentially from outside the organisation.
 - 37.9 If harm has already been caused to a person in your care, explain fully and promptly what has happened and the likely outcomes. This duty is clearly supported by the Code.
- 38 We recognise that those in leadership positions, or managers of nurses, midwives and nursing associates, aren't always in a position to deal with the concerns raised to them, or may themselves feel that senior managers haven't done enough to sort out the matter. Clinical leaders can get support and advice at all levels from professional bodies, trade unions or Protect. Also, guidance for employers on putting whistleblowing arrangements in place, *Speak up for a healthy NHS* (NHS, 2010), has been produced by the Social Partnership Forum.

The role of employers

- 39 Employers have a key role to play in the whistleblowing process. In particular, NHS Employers supports NHS organisations to encourage openness at work so all staff can feel free to raise concerns in a reasonable and responsible way, without fear of being victimised.
- 40 NHS Employers is an organisation which provides guidance for employers in England. It helps them to put in place and develop policies and procedures that are targeted at helping NHS staff to report concerns about patient safety, or other issues, appropriately. It works closely with the national Whistleblowing Helpline which was launched in December 2011 to provide free, independent advice and support to NHS staff. It was later extended to cover all staff and employers working in the wider social care sector.
- 41 NHS Employers recognises the importance of understanding and being aware of the legislation to protect those who raise concerns. A whole section of its website provides guidance and resources to help employers to establish and develop systems which encourage early intervention. This also allows staff to feel confident enough to raise concerns and for all members of staff to recognise this as good professional practice.
- 42 The website directs employers to guidance, legislation, communication tools and frequently asked questions. It also provides guidance and further support for staff when they are considering whether to raise a concern.
- 43 For more information, please see the Whistleblowing: Raising concerns at work section on the NHS Employers' website, www.nhsemployers.org/your-workforce/retain-and-improve/raising-concerns-at-work-and-whistleblowing.

44 Employers can also refer to our publication *Advice and information for employers of nurses, midwives and nursing associates* (NMC, 2012), www.nmc-uk.org/Publications/Information-for-employers.

What legislation is in place to protect me?

- 45 The Public Interest Disclosure Act (1998) (PIDA) was introduced to protect people who raise genuine concerns about wrongdoing or malpractice in the workplace, when they do so in good faith, are acting in the public interest and are victimised or dismissed (or both) for doing so. The act has a tiered approach to disclosures (whistleblowing) which gives workers protection for raising a concern internally.
- 46 Section 17 of the Enterprise and Regulatory Reform Act 2013 makes it clear that whistleblowing must be 'in the public interest' if the Act is to offer protection.
- 47 Also, there is protection for disclosures to all health and social care regulatory bodies as set out in the Public Interest Disclosure (Prescribed Persons) Order 2014. Disclosures to the NMC under these provisions may be made on:
- "Matters relating to:
- (a) the registration or regulation of a member of a profession regulated by the Council; and
- (b) any activities not covered by (a) in relation to which the Council exercises its functions."
- 48 From 6 April 2015 whistleblower protection was extended to students on an NMC-approved training course if they make a 'qualifying disclosure' to us. This is under the Protected Disclosures (Extension of Meaning of Worker) Order 2015.

49 From 6 June 2014 under Schedule 1 of the Public Interest Disclosure (Prescribed Persons) (Amendment) Order (Northern Ireland) 2014, employees in Northern Ireland will be protected from their employer if they make a 'protected disclosure' to a designated body. As we are listed as a designated body in Northern Ireland, employees there are protected from action by their employer if they disclose to us:

"Matters relating to:

(a) the registration and fitness to practise of a member of a profession regulated by the Council; and

(b) any activities not covered by (a) in relation to which the Council has functions."

50 In exceptional circumstances, wider disclosures (for example to an MP or the media) may also be protected. However, before following these routes, we strongly recommend that you get advice.

51 You can find more information about relevant legislation at www.protect-advice.org.uk/law-policy.

Where can I get help or advice?

Trade unions

Royal College of Nursing (RCN)
0345 772 6100
www.rcn.org.uk

Royal College of Midwives (RCM)
0300 303 0444
www.rcm.org.uk

UNISON
0800 084 7847
www.unison.org.uk

CPHVA/Unite
[REDACTED]
www.unitetheunion.org

Independent organisations

Protect
[REDACTED]
www.protect-advice.org.uk

Whistleblowing Helpline (England only)
08000 724 725
www.wbhelpline.org.uk

Medical Defence Union
0800 716 646
www.the-mdu.com

Medical and Dental Defence Union of Scotland
0333 043 4444
www.mddus.com

Regulatory organisations

Regulators of healthcare professionals

The Nursing and Midwifery Council

www.nmc.org.uk

whistleblowing@nmc-uk.org

General Medical Council

Regulator for medical doctors throughout the UK in all healthcare sectors

0161 923 6602

www.gmc-uk.org

Health and Care Professions Council

Regulator for the allied health professions and social workers in England

0300 500 6184

www.hpc-uk.org

Regulators of health and social care services

These organisations regulate healthcare systems and work settings.

England

Care Quality Commission

03000 616 161

www.cqc.org.uk

Ofsted

Regulator of education, early years and children's social care

0300 123 1231

www.ofsted.gov.uk

Department of Health (England)

www.dh.gov.uk

Professional Standards Authority for Health and Social Care

www.professionalstandards.org.uk

NHS Improvement

0300 123 2257

www.improvement.nhs.uk

Wales

Care and Social Services Inspectorate Wales

Responsible for social services and care homes.

0300 7900 126

www.cssiw.org.uk

Health Inspectorate Wales

Responsible for all NHS-funded care (including independent hospitals).

0300 062 8163

www.hiw.org.uk

Department for Health and Social Services (Wales)

English 0845 010 3300

Welsh 0845 010 4400

www.wales.gov.uk

Scotland

Care Inspectorate

0345 600 9527

www.careinspectorate.com

Healthcare Improvement Scotland

Edinburgh 0131 623 4300

Glasgow 0141 225 6999

www.healthcareimprovementscotland.org

The Scottish Government
0300 244 4000
www.gov.scot/health

Northern Ireland

Regulation and Quality Improvement Authority Northern Ireland
[REDACTED]
www.rqia.org.uk

Department of Health (Northern Ireland)
[REDACTED]
www.health-ni.gov.uk

Crown dependencies

Jersey

States of Jersey, Health and Social Services Department
01534 442 000
www.gov.je

Guernsey

States of Guernsey, Health and Social Services Department
01481 725 241
www.gov.gg

Isle of Man

Isle of Man Government, Department of Health and Social Care
01624 642 608
www.gov.im

You should read this guidance together with the following.

NMC publications

- The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates (2018).
- Advice and information for employers of nurses, midwives and nursing associates (2014, updated 2016).

External publications

- Being open: communicating patient safety incidents with patients, their families and carers (2009) National Patient Safety Organisation.
- Confidentiality: NHS Code of Practice (2003) and supplementary code of practice on public interest disclosures (2010) Department of Health.
- NHS Constitution (2015) Department of Health.
- Care and support statutory guidance (2014, updated 2017) issued by the Department of Health under the Care Act 2014.
- Safeguarding adults: a national framework of standards for good practice and outcomes in adult protection work (2005) Association of Directors of Social Services (Northern Ireland, Wales and England).
- Speak up for a healthy NHS (2010) Department of Health, the Social Partnership Forum and Public Concern at Work.
- Bridging the Gap Summary Report (2013) Whistleblowing Helpline.
- Freedom to speak up: raising concerns policy for the NHS (2016) NHS Improvement.
- Raising concerns: a guide for RCN members (2015) Royal College of Nurses.

NMC Nursing &
Midwifery
Council

23 Portland Place, London W1B 1PZ

T +44 20 7637 7181

www.nmc.org.uk

The nursing and midwifery regulator for England,
Wales, Scotland and Northern Ireland

Registered charity in England and Wales (1091434) and in Scotland (SC038362)



Pre-Registration Nursing Programme

Guidance Notes for the completion of the application documents for October 2020 entry (2020J) for the Open University (OU) Pre-Registration Nursing Programme

Please read these notes carefully before you start filling out part 1 and part 2 of your application forms. Please ensure your line manager and senior manager read the relevant sections of the guidance notes before you ask them to sign part 2 of the form.

Introduction

The following notes provide guidance on how to complete the Pre-Registration Nursing Programme Application documents. Please ensure that you type onto the form using **black** font and that you complete every section including the completion of check boxes where indicated. Once you have filled out all the sections of part 1 save your form with the file name: last name, first name OUPI part 1 (e.g. Smith Ann C1234567 part 1). Print off part 2 of the application form so that you can obtain the required signatures and sign the form yourself. For ease of reference, the guidance notes are set out in the same order as the parts and sections of the application form.

It is essential that you complete all parts and sections of the application form clearly, accurately and in full.

Incomplete or handwritten applications (Part 1) will not be processed.

Please note that if you are invited to interview you will need to bring the following with you:

- examination certificates
- birth certificate
- proof of identity documents
- proof of change of name (if applicable)
- work permit (if applicable)

These must be original documents: photocopies alone are not acceptable.

Details on obtaining replacement birth and educational certificates are available on the websites below:

<https://www.gov.uk/general-register-office>

<https://www.gov.uk/national-records-of-scotland>

<https://www.gov.uk/general-register-office-for-northern-ireland>

<https://www.gov.uk/replacement-exam-certificate>

Section 1 Your Personal Details

Adult Nursing / Child and Young People / Mental Health Nursing / Learning Disability

As from October 2020 we intend to deliver the Pre-Registration Nursing Programme for all fields of nursing, subject to approval from the Nursing and Midwifery Council (NMC). Our approval event is due to take place in March 2020 and we are accepting applications to all four fields

Please indicate which field of nursing you wish to study by entering an 'x' in the box.

Also indicate whether you have applied for a place on the Open University pre-registration nursing programme before, again by entering an 'x' in the box.

Surname / Family Name / Last Name

This is the name which is used when writing to you or addressing you in a formal manner.

Title

This is the term used to precede your surname/family name.

First Name(s)

These are the names which are current and unique to you.

Previous First Name(s)

Some people choose to change their first name. Therefore, the name in current use may be either completely different from or spelled differently from that on your birth certificate.

N.B. Enter all first names you have used previously. This must include those recorded on your birth certificate, change of name by deed poll record, or any other equivalent certificate/record and any informal changes of name.

Date of Birth

If you are under 18 years of age on the first day of the commencement of the programme, this will be discussed with you at interview as the OU is required under statutory duty to make special arrangements for the protection of all students who are under the age of 18.

The OU welcomes applications from applicants across the full age range.

Gender

This information is used as part of the OU's monitoring processes to ensure that we comply with all appropriate equal opportunities' legislation. This information will be treated as confidential.

Previous Surname/Family Name/Last Name

In some situations, people may choose to change their name e.g. on marriage or by deed poll/statutory declaration or informally. In all the above situations, the name you wish to use will be different from that on your birth certificate. Please ensure that any proof of change of name is provided at interview. In relation to the Nursing and Midwifery Council's (NMC) responsibilities to protect the public you need to confirm that you are the person you call yourself.

Home Address

This is the place where you live for most, if not all, of the time.

Address for Programme Materials

You will be provided with learning materials that you will need to study as you progress through the programme. Whilst most of these are online some will be sent to you in hard copy. As you may be working or have other daytime commitments, you may want to consider having the materials sent to an alternative address where someone is available to receive them and you feel assured that they will be delivered safely. We would not recommend that any programme

materials are sent to your work address as it is often difficult to guarantee that you will receive them.

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Telephone Numbers and Email Addresses

As this is a distance learning programme a significant amount of communication between you and OU staff supporting your progress through the programme, will be through methods other than face to face meetings. It is therefore important that we have alternative ways to contact you. We will write to you using the email addresses you provide during the recruitment process, so make sure that the addresses are easily accessible at work or home.

OU Personal Identifier

If you have studied with or been in contact with the OU you will have been allocated a 'personal identifier' (PI). This number is unique to you and is used whenever you are studying with the OU.

If you do not have an OU personal identifier (PI Number) contact the OU Student Recruitment and Fees service phone number 0300 303 5303. Give them your details, explain that you are applying for a place on the pre-registration nursing programme and ask for a PI number for your application form. Alternatively, you can request a call back from a member of the team: <https://www.open.ac.uk/request/callback>

National Insurance Number

Your national insurance number needs to be provided. This information is used to verify the authenticity of certain documents.

Country of Birth

The name of the country in which you were born.

Nationality

Your present nationality.

Resident Status

This is a person who is a national of a European Economic Area (EEA) member state or is legally settled in the United Kingdom with permission to work here (www.ind.homeoffice.gov.uk).

At present, we are unable to provide further information regarding potential implications of legislative or other changes relating to the United Kingdom leaving the European Union. If further information from the UK Government becomes available during the transition period up to 31st December 2020 the university will notify all applicants accordingly.

You need to have indefinite leave to remain status to undertake the Pre-Registration Nursing Programme. It is not possible to undertake the Pre-Registration Nursing Programme whilst holding a student status visa.

Section 2 Education (Including vocational education)

It is a European Union (EU) requirement to have completed **12 (twelve)** years of full-time education prior to commencing a pre-registration nursing programme (Directive 2013/55/EU). However, as a widening participation university, the OU does not require applicants to have passed 'A' levels or equivalent in order to enter the university. We will consider recognition of other qualifications achieved either full or part-time taken after the age of sixteen.

Enter the month and year in which you started your full-time education e.g. 09/1992. This is usually at the age of four or five in the United Kingdom but may vary if you were educated overseas.

Read the three statements regarding completion of 12 years of education and put a cross in the one 'Yes' box that best applies to the route via which you will demonstrate completion of the 12 years.

Enter the country/countries in which you completed your full-time education.

Full-time School Education

List every school and, if appropriate, 6th form college that you attended, in chronological order i.e. starting with your earliest school first, which is usually an infant school or primary school. Enter the month and year that you commenced at each of the schools/colleges and the month and year that you left. Enter the town in which each school/college is located.

Secondary Education Qualifications (Anything up to, and including, GCSE's or Level 2)

List all your secondary education qualifications in chronological order, i.e. starting with your earliest qualification(s) first. Enter the year each qualification was awarded, the awarding body (usually identified on your certificate e.g. AQA, OCR), the subject studied, e.g. English, biology and the title of the award e.g. GCSE, A level, Diploma and the result/grade awarded e.g. pass, B. If you are unsure of any of these, please refer to your exam board certificates.

Further Education (Anything including, and beyond, A' Levels or Level 3) and/or Higher Education Qualifications (University studies)

List all your qualifications in chronological order, entering the year you started each qualification and the year the award was granted. If you are still studying to complete the qualification, in the 'year awarded' column, enter the word 'ongoing'. Enter the name of the university you studied/are studying with, e.g. University of London, or the name of the awarding body if you studied through a college of further education or your employer e.g. C&G, OCR, NOCN. Enter the name of your qualification e.g. BSc (Hons) German; Level 3 Diploma in Health and Social Care. This might include qualifications such as higher education diplomas and degrees, ordinary national certificates or diplomas, vocational qualifications.

If you have studied with The Open University, but have not necessarily completed a qualification or award, we need to know if you have completed or are currently studying towards the following modules:

K101 An introduction to health and social care

K117 Enhancing your healthcare practice

If yes, please ensure you enter these in the table.

The OU must ensure that the Nursing and Midwifery Council's entry criteria are met. The minimum literacy and numeracy standards for entry to the OU Programme are GCSE, or Functional Skills, level 2 in mathematics and English / Key Skills Level 2 in adult literacy and application of number. This is the equivalent of level 2 on the Qualifications and Credit Framework for England, Wales and Northern Ireland. In Scotland this is the equivalent of Core Skills in numeracy and communication at level 5 on the Scottish Credit and Qualifications Framework

You can find more information on equivalent qualifications on the following websites:
<https://www.gov.uk/replacement-exam-certificate> (for England, Wales and Northern Ireland)
www.sqa.org.uk (for Scotland).

You must send digital copies of the exam board issued certificates which you believe demonstrate that you meet the literacy and numeracy standard for entry with your application documents. You can produce digital copies by scanning or digitally photographing your documents.

If you are unable to send a digital copy of your certificates with your application documents or are working towards a numeracy or literacy qualification, please contact your local Recruitment and Selection Admin Team via the contact email address on your covering letter.

Candidates from overseas, including the European Economic Area who have successfully completed the International English Language Testing System (IELTS) examination (academic or general version) with a score of at least 6.5 in writing and 7.0 in each of listening, reading and speaking, may submit this as evidence of meeting the literacy requirement. Alternatively, successful completion of the Occupational English Test (OET) with at least a B grade in each of writing, reading, listening and speaking may be submitted as evidence of meeting the literacy requirement. Further information is available on the NMC website:

<https://www.nmc.org.uk/registration/joining-the-register/english-language-requirements/accepted-tests/>

If you completed your literacy and numeracy (English and mathematics) qualifications overseas you will need to provide evidence that the qualifications you hold are the equivalent to Functional Skills Level 2 in mathematics and English. It is your responsibility to obtain a statement of comparability from NARIC. Their website is: www.naric.org.uk. Completion of a nursing qualification overseas does not provide evidence of literacy or numeracy.

If you are unable to provide evidence of your achievements in literacy and numeracy the processing of your application may be delayed. Compliance with minimum educational requirements will be checked when your application documents are analysed at the shortlisting stage. If it appears you do not meet the minimum requirements you will be contacted in order to check the information with you on an individual basis. **Please note that original or replacement exam board certificate proof of entry qualifications must be provided when requested.**

If you have lost, mislaid or never received certificates you will need to seek replacements. Please note that this can take some time. This link provides information on how to do this.
<https://www.gov.uk/replacement-exam-certificate>
www.sqa.org.uk/sqa/212.html

Section 3 Professional Training and Education

This section relates specifically to previous nursing education, midwifery education, allied health professions education, social work education or teacher training, and includes programmes/courses you have applied for, or not completed, either in the UK or elsewhere.

Please do not include information relating to in service education, National Vocational Qualifications or Scottish Vocational Qualifications.

In relation to the Nursing and Midwifery Council's (NMC) responsibility to protect the public, you are required to provide information on any nursing education, midwifery education, allied health professions education, social work education or teacher training previously applied for or undertaken whether or not successfully completed; list such professional training and education, starting with the most recent first. If you completed a course, we need to know the result. If you left the course before the end, we need to know at what point you left, and for what reasons. If you made an application to undertake any of the above programmes of education but did not commence, then we need to know why.

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We will contact your previous education institution(s) for academic reference(s). Failure to disclose such information could affect your application, or if discovered after you have been offered a place on the programme, or during your progress through the programme, may lead to your de-registration from the programme.

Credit Transfer

If you have previously completed or partially completed a healthcare related Diploma of Higher Education or degree programme you may be eligible to apply for credit against this previous higher-level study. You need to have completed this study within the preceding five years and to have received your qualification transcript.

Please indicate on your application if you consider you are eligible to apply for credit for courses/modules previously completed at other higher education institutions.

For further details on credit transfer and how to apply please go to the following OU website: <http://www.open.ac.uk/study/credit-transfer/>

You are also advised to contact your local Recruitment and Selection Admin Team for advice, via the contact email address on your covering letter. This is to support you with matching learning outcomes from your previously completed study with learning outcomes of the modules within the pre-registration nursing programme.

It takes time to complete and process a credit transfer application, so time needs to be allowed for this. You must have your award of transferred credit in place by **13th August 2020**.

Credit migration

Have you already completed and passed any of the following Open University modules within the past five academic years?

- K101 An introduction to health and social care
- K117 Enhancing your healthcare practice

If so, make sure you have entered these in the Further/Higher Education table on page 3 of the application form Part 1.

This information will be noted at shortlisting and if you are offered an interview this will be discussed with you. If you are successful in achieving a place on the programme, your credit from the above modules may be linked to your pre-registration nursing qualification alongside completion of a module comprising solely of additional practice hours. You do not have to apply for credit migration.

Section 4 Current Employment

As well as the OU needing to communicate with you, it also needs to be able to communicate with your employer.

Name of Employer

State the name of the NHS organisation, independent sector organisation or voluntary organisation that employs you.

Work Base Give the name of the base that you work from and its full address including the post code. For example, some NHS organisations are made up of several different hospitals or several GP practices may work together under one overarching name (e.g. University Hospitals, Smith's Medical Group). Your work base is the specific hospital or GP practice within that group.

Current Employment Position

A number of applicants to the pre-registration nursing programme have an employment role which is not in a nursing context. For example:

- Phlebotomist
- Receptionist in a non nursing service
- Health Care Assistant/ Healthcare support worker in a department staffed by members of the allied health professions e.g. physiotherapists / occupational therapists.

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The NMC requires that practice-based learning is in the context of nursing **and** is in the context of the intended field of practice at the point of registration with the NMC. For the OU programme the four fields are Adult Nursing, Child and Young People Nursing, Learning Disability Nursing or Mental Health Nursing.

On entry to the programme applicants must be working in a core practice base that is in a nursing context. Further practice learning opportunities will be organised to ensure that students meet NMC requirements during the programme.

Workplace Manager

The name of your line manager in your place of work.

Workplace

The number/name of the practice area/care area in which you work

Speciality

The type of service(s) provided in your practice area/care area e.g. acute stroke management, crisis resolution

Date of current employment

This is the date on which you started your current employment position.

Type of Employment Contract

The type of contract that you are employed under can affect your employer's ability to support you through the programme. This will be discussed with your employer.

Number of Contracted Hours Worked per Week

The programme is normally completed in 4 years 1 month. You will be required to undertake a minimum of 2300 supernumerary practice hours and 2300 theory hours across the programme. State the number of hours that you are contracted to work per week.

It should be noted that in addition to any time allocated to you by your employer to follow the programme, **personal time will be required for study** and you should discuss this at interview.

Full-Time / Part-Time

Indicate whether your employment contract is full-time or part-time.

You will normally be required to hold a substantive contract of employment with your employer in order to access the programme. Consult your employer if you need further advice.

Shift Pattern

This is your normal or contracted type of shift. Please delete any shift patterns that do not apply to you. If your shift pattern includes 'other' please give details.

Sometimes the number of applications to the Pre-Registration Nursing Programme far exceeds the number of places commissioned/employer supported. Your employer may develop criteria to help the shortlisting process. Some have chosen to state that applicants must have been employed in their service for a minimum period. The decision to use short listing criteria over and above that of the statutory entry requirements is taken by the employer, and not the OU.

Section 5 Employment History

The OU has an obligation to the NMC to seek explanations for any gaps in an applicant's employment history. **Please therefore ensure that this section is completed without any gaps: you must include both the month and the year of the start and end of each period of employment.** Please enter your complete employment history; the records should start with your current job and go back to the date when you left school.

Any periods of unemployment or elected time away from employment, including time spent at home caring for children or gap years **MUST** be included. If you need more space, please continue in the 'Additional Information' section of the application form.

Section 6 Applicant Personal Statement

The personal statement is your opportunity to provide details that will help the shortlisting and interview panels assess your suitability for pre-registration nursing. Advice on how to construct a personal statement is available on the UCAS website at <https://www.ucas.com>

Pay attention to the following sections:

- What to write about
- How to write it
- Personal statement dos and don'ts

In relation to the areas identified in the UCAS guidance, you must include information about:

1. Why you wish to study pre-registration nursing with The Open University
2. Why you wish to study your chosen field of nursing (adult nursing or mental health nursing)
3. What you hope to do when you qualify as a registered nurse
4. What skills or experience you have that will help you meet the academic demands of the programme
5. What skills or experience you have that will help you meet the practice elements of the programme
6. How your personal/work experiences have influenced the skills and qualities you have that you feel are important for nursing
7. An interest, activity or experience that demonstrates why you are a fitting candidate for the programme

Ensure your personal statement addresses each of the seven elements above. Each one is scored separately therefore if you miss an element, you will receive no marks for it.

You must type/ word process your personal statement. Your work should be between 600 and 650 words long (does not exceed 4000 characters including spaces).

At the end of your statement add the following:

I confirm that the work presented is my own work.

Submit your statement as follows:

- Save your statement using the file name convention explained on page 12
- Submit as a Word (*.doc/*.docx) document or in rich text format (*.rtf)

Section 7 Discussion Task

The Nursing and Midwifery Council (NMC) Code requires Nurses to 'act as an advocate for the vulnerable, challenging poor practice and discriminatory attitudes and behaviour relating to their care'

Compose a 250-word discussion identifying a specific example of when you experienced, or witnessed, someone advocating for a client or patient and how this contributed (negatively or positively) to the person's care.

The discussion must be your own work, should take account of your personal thoughts on the topic and should include at least one appropriate reference source from a reliable website or nursing journal. You are encouraged to look for recent relevant articles in professional journals such as the Nursing Times or the Nursing Standard to support your discussion. Make sure that

you do not breach confidentiality: do not use the names of service users, colleagues or organisations.

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You must present your discussion as a word-processed document using the following formats:

- Font: 12-point Arial
- 1.5 line spacing
- 2cm margins at each side and top and bottom of page
- Document header should contain your date of birth and OU personal identifier (If you do not already have an OU PI, you should refer to section 1 of these guidance notes)
- Document footer should contain your word count
- Statement at end of work (not included in word count). "I confirm the work presented is my own work".
- Include a reference list at the end of the work. Note that references are not included in your word count.
- **Do not put your name anywhere on the word-processed document**

Submit your discussion task as follows:

- Save your statement using the file name convention explained on page 12
- Submit as a Word (*.doc/*.docx) document or in rich text format (*.rtf)

Your discussion task will be reviewed as part of the selection process if you are invited to interview. This may be by a service user who will provide comments on your work and formulate a question to be asked of you at a face to face interview. The quality of your writing will be assessed through this activity as further evidence of your readiness for studying at degree level so please do spend time carefully crafting and editing your discussion task.

Section 8 Additional Information

This space is provided for you to add any additional information you feel may support your application. You do not have to write anything here, but it is available for you to use if you wish.

You might offer extra information such as:

- why you needed to change schools so frequently during your twelve years of full-time education
- why you did not complete a nursing qualification that you had previously started with another university
- plans you have in place to alter your contracted hours as a healthcare support worker

Think carefully about the additional information you include. Would it be better placed in your personal statement where it will contribute to the mark you are awarded as part of the shortlisting process? For example, information about your care skills or experiences or what drives you to want to become a registered nurse would be more suitably placed in your personal statement.

Section 9 Declaration of Character

You are required to disclose if you have a criminal record. You must disclose all past and current police charges, cautions, convictions or conditional discharges, unless they are protected. If you are unsure of the implications of disclosure and wish to discuss this, please contact your local Recruitment and Selection Admin Team for advice, via the contact email address on your covering letter.

You can find further information regarding which charges, cautions, convictions and conditional discharges must be disclosed on the NMC website:

You are strongly recommended to read this guidance from the NMC before completing this section of your application form. There are differences in criminal law across the four nations of the United Kingdom and protected status varies accordingly.

Failure to disclose this information will affect your application or if discovered after you have been offered a place on the programme, or during your progress through the programme, may lead to de-registration from the programme.

Having a criminal record does not automatically prevent you from entering the programme and each application will be considered individually. In some circumstances the enhanced disclosure check may be referred to a separate panel within the OU. Refusal to permit us to undertake an enhanced disclosure check will affect your application.

Disqualification from Professional Practice and Investigation by Employers

In relation to the statutory body's responsibilities to protect the public, you are required to provide information on any:

- disqualification from practising a regulated profession
- limitation on you practising a regulated profession
- current investigation or proceedings by any regulatory health / social care / teaching body in the UK or any other country

You must also inform us if you are the subject of a current investigation or have had any previous investigations by your employer(s) during the last 10 years.

Section 10 References

In the context of the NMC's responsibility to protect the public, the OU is required to obtain references to support an application to enter the Pre-Registration Nursing Programme.

Current Employer Reference

Normally this must be provided by your immediate line manager (e.g. ward manager, team leader). The manager must be able to include comments on your character, attitude to colleagues and clients, your record of sickness/absence and your work practices.

Second Reference

Your second referee should be someone you have known in a work or education capacity within the last two years e.g. another senior member of staff in your employing organisation or previous employing organisation. If you have been in education rather than employed work, we can accept a reference from your head teacher or course leader.

Your nominated reference **must not be** a friend or family member.

You are advised to seek agreement from the people you have provided as referees before giving their details in your application.

Academic Reference

If you have previously commenced a professionally regulated nursing, midwifery, healthcare, social work education or teacher training programme with another university we will seek a reference from that academic institution. First, you **must** contact the university that you attended in order to determine the person or team who will be able to supply your academic reference. Enter the full contact details of that person or team at the institution who will provide a reference for you.

Section 1 Declaration

Your signature is your confirmation that the information you have provided on the application form part 1 and part 2 and other application documents is to the best of your knowledge, truthful, accurate and complete. You must ensure that all required information is included. You must also date your signature.

We reserve the right, at any time, to request that you, your referee or your employer provide further information relating to your application. If this information is not available within the required time period, we reserve the right to reject your application.

We will share information about you, obtained as part of the application process with your employer. Providing false information or omitting information could constitute fraud and result in disciplinary action by your employer and the OU.

Section 2 Managers' Support

You must ensure that your line manager and senior manager read this section before signing your form

You must have the support of your current, immediate line manager in order to undertake the programme. In completing this section of the application form, your line manager is confirming that in his/her opinion you are a suitable candidate as well as demonstrating a willingness to support you throughout the programme and that s/he feels confident s/he has sufficient information to fully understand the requirements for supporting you as a student on the OU pre-registration nursing degree programme. S/he is also confirming that s/he has been offered an opportunity to discuss the programme with a representative of the OU and is committing to:

- releasing you from your employment-based duties. This is subject to agreement between your employer and you. At a minimum your employer needs to release you from employment-based duties for the supernumerary practice-based hours as required by the NMC. This will be a minimum of 2,300 hours across the duration of the programme.
- recognising that during your student practice-based experience you are supernumerary*
- providing practice learning opportunities to meet the NMC and EU experience requirements

*Supernumerary is defined as the following:

- you are not rostered as part of the workforce or practice team
- you have a legal right to practise in the designated setting as a student rather than an employee
- your practice learning is facilitated, supervised and assessed by Practice Assessors / Practice Supervisors who meet NMC Standards Framework for Nursing and Midwifery Education ([NMC 2018](#)).

Withdrawal of your employer's support at any time during the programme may result in your interruption/de-registration from the programme.

Salary replacement funding may be provided to, or by your organisation, to pay for the time/or part of the time you need to be released from employment duties. The amount of this funding is agreed by the commissioning organisation. It is therefore important that a senior manager within your employing organisation is aware of this and agrees to release you.

Budget Holder

Finally, the relevant budget holder must also sign the application form. This may be your Senior Manager, or it may be a senior individual within the organisation with responsibility for co-ordinating education provision. If you and/or your Senior Manager are unsure who should sign this section, please seek guidance from the OU Employer Link in your organisation. This person may be identified in the letter which accompanied this application pack. If not, and you are unsure who the Employer Link for your organisation is, send this query to the queries mailbox identified in the letter.

Contact

The OU reviews the pre-registration nursing programme recruitment and selection processes on a regular basis and we may contact you to ask you to participate in this review, whether or not you are successful in gaining a place on the programme.

ADDITIONAL INFORMATION

Digital Photograph

All applications must be accompanied by a recent digital photograph as the OU has the responsibility to ensure that the person who attends the interview is the person who has applied.

The photograph must meet the standards for passport photographs BUT please do not e-mail us a photo of your passport! The photograph must be:

- taken within the last month
- the image of you - from the crown of your head to your chin
- show a close-up of your full head and shoulders. It must be only of you with no other objects or people
- in colour
- taken against a plain cream or light grey background
- clear and in focus
- unaltered by computer software

The photograph must show you:

- facing forward and looking straight at the camera
- with a neutral expression and your mouth closed
- without anything covering the face
- in clear contrast to the background
- without a head covering (unless it's worn for religious or medical reasons)
- with eyes open, visible and free from reflection or glare from glasses
- with your eyes not covered by sunglasses, tinted glasses, glasses frames or hair
- without any 'red eye'
- without any shadows in the picture

Submitting your application documents

Please refer to the information on the next page (13).

SUBMITTING YOUR APPLICATION DOCUMENTS

Use the checklist in your covering letter to ensure that you have all the documents you require ready to send.

Make sure you submit all your documents by the cut-off date in your covering letter.

Please label each file as follows:

Last name, First name, OU PI number, name of document. You should have a set of documents labelled, for example, as follows:

Smith Ann C1234567 Part 1
Smith Ann C1234567 Part 2
Smith Ann C1234567 maths certificate
Smith Ann C1234567 English certificate
Smith Ann C1234567 personal statement
Smith Ann C1234567 discussion task
Smith Ann C1234567 photograph

Email all documents to the email address in your covering letter.

If you have the facility to zip all the files into one zip file, please do this. Please label your zip file as follows:

Smith Ann C1234567 application documents

If you do not have a zip file facility, you may find that you have to send more than one email message with the attachments as the size of the files may prevent them from being delivered attached to one single message.

In the subject header of your email message(s) please put:

PRNP2020J Last name, First name, OU PI number, Name of employing organisation

For example:

PRNP2020J Smith Ann C1234567 London General Hospital NHS Trust

If you have any queries about completing your application, please send these to the email address for queries in your covering letter.



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APPLICATION FORM – PART 1

Type in BLACK

Use the guidance notes to help you complete this form. Enter a cross 'x' in boxes where indicated.

INCOMPLETE or HANDWRITTEN PART 1 FORMS WILL NOT BE PROCESSED

<input type="checkbox"/> Adult Nursing	<input type="checkbox"/> Child and Young People
<input type="checkbox"/> Mental Health Nursing	<input type="checkbox"/> Learning Disability
Is this your first application to the Open University Pre-registration Nursing Programme?	
Yes <input type="checkbox"/>	No (If no, provide details in Section 3) <input type="checkbox"/>

Section 1 YOUR PERSONAL DETAILS

Surname/Family Name/Last Name		Title (Mr/Mrs/Miss/Ms/Mx/Dr etc.)	
First Name(s) in full		Date of Birth (dd/mm/yyyy)	Gender Female/Male/Other
Previous First Name(s) in full			
Previous Surname(s)/Family Name(s)/Last Name(s)			
Home Address		Address for programme materials (if different from home address)	
Post Code			
Daytime telephone number		Evening telephone number	
Mobile number		OU Personal Identifier	
Email addresses			
National Insurance Number / Social Security Number			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country of Birth		Nationality	
Resident Status - If not a British or EEA national, do you have resident status within the UK?			
Yes <input type="checkbox"/>		No <input type="checkbox"/>	

Section 2 EDUCATION (INCLUDING VOCATIONAL EDUCATION)

Enter 'x' in only one of the option boxes

I confirm that I commenced full-time education in the following month and year:	Month/mm	Year/yyyy
I confirm that I have completed 12 years in full-time education: Or	Yes	<input type="checkbox"/>
I confirm that I have completed 10 years in full-time education plus at least 2 years in adult education: Or	Yes	<input type="checkbox"/>
I confirm that I have completed 10 years in full-time education plus an equivalent of at least 2 years in adult education:	Yes	<input type="checkbox"/>
Enter country/countries in which you completed your education		

Full-time school education

If there is insufficient space in the next three tables, please use the Additional Information box on page 6 to provide further information about your education and qualifications.

Dates mm/yyyy		Name of <u>All</u> Schools (Primary and Secondary education) and 6 th Form Colleges you attended	Town
From	To		

Secondary Education Qualifications Awarded

Year awarded	Name of Awarding Body	Subject	Name of Qualification	Result/Grade
<i>2001</i>	<i>Edexcel</i>	<i>Example</i>	<i>GCSE</i>	<i>C</i>

Further / Higher Education

Please include study not yet complete and planned date of completion

Year started	Year awarded	Name of University / FE College / Awarding body	Name of Qualification / Award	Result/ Grade

You must send a digital copy of education certificates relating to your numeracy and literacy qualifications with your application (see Guidance notes).

Section 3 PROFESSIONAL TRAINING AND EDUCATION

Enter all previous nursing, midwifery, allied health professional, social work education or teacher training (including programmes/courses applied for or not completed). You must include applications made to any UK university, including the Open University, other colleges, or universities outside the United Kingdom.

Please do not include in-service education or NVQ/SVQ education.

Dates mm/yyyy From To		Name and Address of each Educational Institution Include details of course, qualification gained and student number	Name and Address of Individual Person / Team who can provide an academic reference (see guidance notes)

Credit Transfer

Do you consider you are eligible to apply for credit transfer?

Yes No

Section 4 CURRENT EMPLOYMENT MAHT - STM - 092 - 328

Name of Employer	
Work Base Title and full address details	
Current Employment Position	
Name of Workplace Manager	
Workplace (practice area / care area in which you work)	
Speciality (e.g. stroke management, crisis resolution)	
Start date of current employment	From: (dd/mm/yyyy)
Type of Employment Contract	Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>
Number of contracted hours worked per week	Insert number of hours: _____ Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>
Shift Pattern (delete any that do not apply)	Early Late Long shift Night Twilight Other
If 'Other' please provide details	

Section 5 EMPLOYMENT HISTORY (Since leaving full-time Education)

Please use the Additional Information box on page 6 if there is insufficient space here.

Month/Year From	To	Name and Address of all Employers (start with your current job and work back)	Job title and brief details of duties

Section 6 APPLICANT PERSONAL STATEMENT

You must complete a personal statement to support your application, please complete this in accordance with the guidance notes.

In the guidance notes you are directed to the UCAS website where you will find additional information on key points that you may wish to include in your statement.

Section 7 DISCUSSION TASK

You must include a discussion paper to support your application, the topic of which is detailed in the guidance notes. Please complete this in accordance with the guidance notes.

Section 8 **ADDITIONAL INFORMATION** MAHT - STM - 092 - 330

Please use this space to provide any information which you think is relevant but is not covered elsewhere.

Think carefully about the information you include here. Does it need to be in your personal statement, where it will contribute to the mark you are awarded as part of the shortlisting process? If so, then that is where to include the information. If not, then do provide the information below.

Section 9 DECLARATION OF CHARACTER

Current Character Status

Self- declaration of character

Do you declare that you are of good character which enables you to practise safely and effectively?

(Enter an 'x' in the appropriate box)

Yes

No

Declaration of a Criminal Record

The educational programme for which you are applying leads to eligibility to enter the Nursing and Midwifery Council (NMC) professional register as part of a profession with nationally recognised standards set by law. The Open University has a responsibility to provide to the NMC a supporting declaration of health and character at the point of your application to apply to join the register. The “enhanced” disclosure check is required as part of the university’s process for determining your suitability for the programme. Please ensure that your declaration includes all police charges, convictions, cautions and conditional discharges unless they are protected. **It is essential to refer to the guidance notes for further information before completing this section, particularly as there are differences in criminal law across the four nations of the United Kingdom.**

Any offer of a place on the programme will be subject to a satisfactory enhanced criminal records disclosure.

(Enter an 'x' in the appropriate boxes)

I declare the following as they are not protected:	Yes	No
Police charges		
Convictions		
Cautions		
Conditional discharges		
Are you currently the subject of any police investigation in the UK or any other country?		

Disqualification from Professional Practice

	Yes	No
Have you been, or are you currently, the subject of an investigation by an employer?		
Have you been disqualified from the practice of a profession?		
Are you required to practise a profession, subject to specified limitations following fitness to practise proceedings, by a regulatory body in the UK or in another country?		
Are you currently the subject of any investigation or proceedings by any organisation having regulatory functions in relation to: health/social care/teaching professionals, including any regulatory body in another country?		

Section 10 REFERENCES**MAHI - STM - 092 - 332**

Please give details of two referees the first of whom must be your immediate line manager. You should consult the guidance notes on who to nominate as your second referee.

Immediate line manager	2 nd referee
Title (Mr/Mrs/Miss/Ms/Mx/Dr etc.)	Title (Mr/Mrs/Miss/Ms/Mx/Dr etc.)
Name	Name
Job Title	Job Title
Work email address	Work email address
Tel. No.	Tel. No.
Address	Address
Post code	Post code
Relationship to applicant	Relationship to applicant

Now complete Part 2 of the Application Form



Pre-Registration Nursing Programme for 2020J Intake

APPLICATION FORM – PART 2

Print out these two pages and ensure each is fully completed.

Once complete produce a digital copy.

Submit the digital copy to the email address provided in the accompanying letter.

Section 1 DECLARATION

I confirm that the information I have given on Part 1 of the application form and in all other application documents is a true, complete and accurate record, and that no information has been omitted.

I am aware that information about me obtained as part of the application process will be shared with my employer.

I understand that The Open University reviews the pre-registration nursing programme recruitment and selection processes on a regular basis and may contact me to ask me to participate in this review, whether or not I am successful in gaining a place on the programme.

Applicant’s Name (please print):

Applicant’s Signature:

Date:

OU PI number:

Section 2 MANAGERS' SUPPORT
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This section must be completed by your immediate line manager, your senior manager and the budget holder (if different from your senior manager).

As a manager, before you complete your section of the form, please read the statements below as your signature confirms your support for and commitment to this applicant.

..... (Applicant's name and OU PI) is a suitable applicant and I confirm my support in his/her application to undertake the Pre-registration Nursing Programme with the Open University. I am confident that I have enough information to fully understand the requirements for supporting a student on the OU pre-registration nursing degree programme. I have been offered an opportunity to discuss the programme with a representative of the Open University.

I confirm that we will commit to

- providing access to learning opportunities which enable achievement of Nursing and Midwifery Council (NMC) competencies and compliance with NMC requirements and (for adult nursing) EU experience requirements
- providing Practice Supervisors and Assessors who meet the current NMC Standards Framework for Nursing and Midwifery Education ([NMC 2018](#)) for supporting learners in practice
- providing pre-determined supernumerary practice-based hours to enable fulfilment of NMC curricular hours' requirements
- providing, where this has been locally negotiated, study time to enable the student to fulfil the NMC curriculum requirements

Immediate line manager's name:	
Immediate line manager's signature:	Date:
Job Title:	
Work Address:	

Senior manager's name:	
Senior manager's signature:	Date:
Job Title:	
Work Address:	
Countersigned by Budget Holder: only if different from Senior Manager	
Budget holder's name (print):	
Budget holder's signature:	Date:
Job Title:	

Nursing Student (Apprenticeship/non apprenticeship) Self-declaration of good health and character

This form **must** be completed at the end of your practice module. This form confirms that your health and character remain sufficiently good to continue to practise safely and effectively in the next part of your OU nursing degree programme, and/or to register with the Nursing and Midwifery Council.

- If a change to your health or character has occurred during your current studies, you should have reported this using the 'Change of Good Health and Character' form.
- If you declare 'No' anywhere on this form, please complete the 'Change of Good Health and Character form' and follow the procedure for submission of that form, in addition to completing this document, and submitting this self-declaration with your PAD.
- Failure to inform the university of any changes may make completion of your study at risk. It also means we cannot put appropriate support in place for you.
- Fill out the form online and once all sections are complete, print it out so you can sign it. You **must** submit this form with your PAD, regardless of whether you declare Yes or No.

Your full name (please print) [Click or tap here to enter text.](#)

OU PIN [Click or tap here to enter text.](#)

Module code [Click or tap here to enter text.](#)

Health

I declare that my health is sufficiently good to enable me to practise safely and effectively (please check the appropriate boxes).

Physical health Yes No (please complete the 'change' to GHC)

Mental health Yes No (please complete the 'change' to GHC)

Character

I declare that my character is sufficiently good to enable me to practise safely and effectively (please check the appropriate boxes).

Good character Yes No (please attach a detailed written statement)

Your signature:

Date (must be dated within 10 weeks of practice module end):

Nursing Student (Apprenticeship/non-apprenticeship)

Reporting a **Change** in health and character self-declaration

This form must be used if you need to report a **change** to your health or character at any time during your programme. You must do this whether the change relates to your role as a nursing apprentice, or as a healthcare support worker or a nursing student.

Send a copy to your Staff Tutor.

N.B. Failure to inform the university of any changes may make the completion of your study at risk. It also means we cannot put appropriate support in place for you.

Your full name (please print) Click or tap here to enter text.

OU PIN Click or tap here to enter text.

Module code Click or tap here to enter text.

1. Health

I need to report a change in my health that may impact on my ability to practice safely and effectively

Yes

No

I will submit a summary of the situation to my Staff Tutor immediately

2. Character

I need to report a change in my good character statement

Yes

No

I will submit a summary of the situation to my Staff Tutor immediately

Details:

- Have received a criminal conviction
- Have received a police caution
- Have received a conditional discharge
- Have been given a police warning
- Have been given a fiscal warning (Scotland only)
- Have been 'bound over' to keep the peace
- Have been given an Antisocial Behaviour Order (Scotland only)
- Have been given a Community Protection Notice
- Have been given a Criminal Behaviour Order
- Am the subject of a police investigation in the UK or another country
- Am the subject of an investigation by my employer
- Have been disqualified from the practice of a profession
- Am currently the subject of an investigation by The OU or other education institution
- Am required to practise a profession subject to specified limitations following fitness to practise proceedings by a regulatory body in the UK or in another country
- Am currently the subject of an investigation or proceedings by a body having regulatory functions in relation to health/social care/education professionals in the UK or in another country

Your electronic signature:

I confirm I have sent this form to Staff Tutor via my OU preferred email address

Yes

Date:



This document sets out the process to be followed when reviewing suitability issues relating to an applicant to the PRNP that may have been identified by the applicant, through the criminal record disclosure process or through any other means giving rise to doubts concerning the applicant's suitability to join an NMC approved education programme that confers the eligibility to apply to the NMC register.

Key documents related to this process are:

- Applicant management for BSc (Hons) adult and mental health nursing: risk assessment following disclosure or incident
- Applicant suitability for the BSc (Hons) adult and mental health nursing programme: applicant statement
- Standard letter template: notification of investigation
- Standard letter template: notification of outcome

[Click here to start](#)

Title:
PRNP Applicant Suitability Process

Version 1.1
[Document History](#)

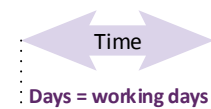
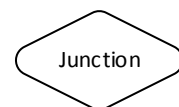
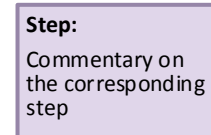
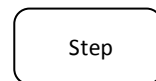
This Version:
03.04.17

Key Contacts:
Chris Rawden
Fiona Dobson
Ruth Beretta

How to read the diagrams

While these diagrams can be printed and used as hard copy references, they are designed to be used in electronic form.

Use the [hyperlinks](#) in the document to jump to relevant sections or pages or to access further resources or information



- Information
- Further resources
- Return to overview
- Start
- Milestone
- End

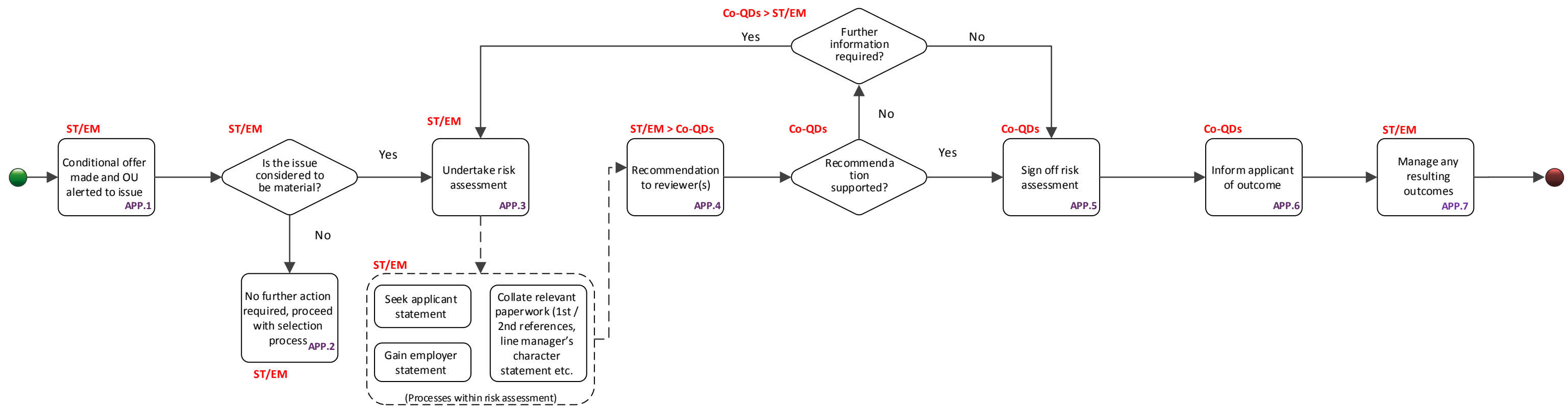
- Document
- Paper filing
- Designated trays
- Regular trigger

- Meeting
- System
- Internet
- Folder



Key people involved:

ST/EM: Staff Tutor / Education Manager
Co-QDs: Co-Qualification Directors



Step APP.1
 For instance, as disclosed directly by applicant or as arising from criminal record disclosure.
 The applicant must be informed in writing that a suitability process will commence and a record made on VOICE.
 An appropriate individual – usually a Staff Tutor or Education Manager – will take responsibility for gathering the appropriate information and to make an informed decision about the candidate's suitability, undertaking a formal risk assessment where necessary.
 The risk assessment will present recommendations that must then be approved by an appropriate person(s) (usually Co-Qualification Directors, Co-QDs) before being implemented.
 The issue should be logged with the nominated Nursing Quality Assistant with responsibility for student suitability / Fitness to Practise.

Step APP.2
 If it is deemed on further investigation that there is no case to answer or that the issue identified cannot be substantiated then no further action need be taken. The applicant should be advised in writing.
 A brief confirmation of the circumstances should be produced and retained alongside the record of the original report on VOICE and the recruitment process should thereafter continue as normal. This record should be retained for 6 years after the student completes (or withdraws from) PRNP, including a withdrawal of the application to the programme.
 If a risk assessment is required, the applicant should be advised in writing with an explanation of the reason for undertaking the risk assessment and an explanation of the process to be undertaken.

Step APP.3
 Where a risk assessment is undertaken, a standard information set should be gathered:
An applicant statement that provides the opportunity for the applicant to provide more detail and clarity about the issue raised, in order to inform a decision. A standard template should be used.
An employer statement or reference to provide any context or insight that can be provided in respect of the issue raised, or to provide further insight into the applicant's character. The applicant's consent to this is included in the application.
Relevant paperwork submitted in support of the application, including references and the line manager's character statement.
 This list is not exhaustive, but the investigation should concentrate only on the issue identified as the spur for the activity.

Step APP.4
 The completed risk assessment, together with all associated documentation, is passed to the reviewers (the CoQDs) who may either support or reject the recommendation.
 If the recommendation is not supported, full detail of the reasoning for this outcome must be included in the risk assessment document.
 Should the reason for rejecting the recommendation be as a result of insufficient information being available, the reviewer should refer the risk assessment back to the investigator with appropriate guidance as to the nature of additional information required. The risk assessment should be updated accordingly but all previous detail retained. If necessary, a different investigator may be appointed (for instance, to maintain impartiality).
 In rare cases, the reviewers may reject the recommendation and allow recruitment to proceed; for instance, if they deem that the matter was not sufficiently material from the outset.

Step APP.5
 A copy of the risk assessment should be passed to the nominated Nursing Quality Assistant to be retained alongside the details of the original issue.
 The risk assessment should be retained for the duration of the student's time on programme plus 6 years if the application is successful or for 6 years in the event that the application is unsuccessful.

Step APP.6
 The applicant should be advised of the outcome in writing, whether the decision is to proceed with selection processes or to reject the application, and the VOICE record updated.
 Reasons for any rejection must be stated. If the option remains for the applicant to reapply in future, clear direction as to the nature of any actions that must be taken to address the issues raised through this process must be provided.
 The written confirmation must include details of how to lodge an appeal or complaint against the decision and on what grounds any appeal may be made. This will be generated centrally (at Walton Hall) and signed by one of the Co-QDs. A copy will be passed to the nominated Nursing Quality Assistant for retention against the applicant's file.

Step APP.7
 Specific actions to be taken by the applicant as a condition of acceptance may be identified within this process and will be managed as appropriate by the ST/EM.
 Failure to comply with such requirements prior to commencement as a student may result in the requirement for this suitability process to recommence from step APP.3



Version	Date	Main changes	Key authors	Key contributors	Reviewed by
0.1	09.12.14	Draft 1	Chris Rawden	Chris Rawden Fiona Dobson Ruth Baretta	
0.2	12.12.14	Draft 2	Chris Rawden	Chris Rawden Fiona Dobson Ruth Beretta	
0.3	02.02.15	Draft 3	Chris Rawden	Chris Rawden Fiona Dobson Ruth Beretta	
1.1	03.04.17	Amendments to reflect internal reorganisation of The OU	Chris Rawden		N/A – no substantive changes

Applicant Suitability Procedure Nursing v2.0

1. Outline

1.1. This procedure sets out the approach to be taken in response to the identification of issues or concerns about the suitability of an applicant to The Open University's regulated nursing qualifications: BSc (Hons) Nursing, BSc (Hons) Nursing (Apprenticeship), Foundation Degree Nursing Associate Practice.

Although not formally a part of the university-wide Fitness to Practise (FtP) procedure which only applies at such point as an applicant becomes a learner on a regulated professional programme, this procedure complements the FtP procedure in that its basis is the consideration of an applicant's suitability against the Nursing and Midwifery Council's requirements in respect of character, health, conduct and competence.

1.2. This procedure applies only from such time as a conditional place offer for the named qualification has been issued to an applicant and until such time as that applicant has been formally registered with The Open University as a learner on the named qualification. Once registered, even where this is prior to the commencement of study, the applicant's status is considered to be that of a learner (student or apprentice) and the FtP policy will apply thereafter.

2. Appendices

Applicant Suitability Process: Visio Flowchart

Applicant Suitability: File note Annex A

Applicant suitability: Notice of investigation letter Annex B

Applicant Suitability: Notice of risk assessment letter Annex C

Applicant Suitability: Risk Assessment Annex D

Applicant Suitability: Applicant Statement Annex E

Applicant Suitability: Employer Statement Annex F

3. Actions Prior to Risk Assessment

3.1. Issues that may be relevant to the suitability of an applicant to join a regulated nursing qualification may be identified at any time prior to the conditional offer of a place on the qualification but in respect of this procedure will not be investigated any further until a conditional offer has been made. This does not preclude the consideration of any such issues as would normally take place when considering whether to make an offer as part of the normal selection process.

NB: An applicant may disclose an issue that could be reported within the relevant criminal records disclosure documents when received, but equally may not be included. Until such time as the relevant documents have been returned, the matter should be treated as confidential and no pre-judgement made in respect of the application.

3.2. Issues may arise as a result of a direct declaration on the part of the applicant, through the content of a criminal records disclosure, occupational health checks, employer investigation / action or through any other means by which a legitimate issue that would give rise to concerns about an applicant's suitability may arise. It is the intention that information relating to any applicant suitability issues will be logged via core replacement systems. That function is not available at the time of writing and thus correspondence, information and documents relating to applicant suitability procedures will be held on Appleton in the relevant nursing locality folder and logged via WELS-PP-Suitability@open.ac.uk.

3.3. The Staff Tutor (ST) with responsibility for selection to the regulated nursing qualification will advise the applicant that an investigation is to take place (Annex B) and commence the process of establishing the circumstances surrounding the issue highlighted in respect of the

applicant's suitability. Send an email message to WELS-PP-Suitability@open.ac.uk, copied to the relevant Co-QD practice lead as follows:

Subject: Applicant suitability case initiated

Message:

OU PI number

Locality

Please log this case

Thank you

Electronic signature

Please do not provide any more detail than this at this stage.

3.4. If at an early stage and according to the professional judgement of the ST, it becomes clear that the issue is insufficiently material to warrant a risk assessment, then the Co-QD should be advised and their approval sought to discontinue any further action; the recruitment process will proceed as normal. The ST will complete a file note (Annex A) and inform the Co-QD practice lead that this is available in the relevant locality folder. The Co-QD will approve the recommendation, transfer the file note to the designated secure folder in Nursing records system, and inform the Suitability/Fitness to Practise team so the case can be fully logged and closed.

3.5. If a risk assessment is required, the ST will advise the applicant that a suitability process is to be undertaken. This may initially be through a verbal or email exchange but must be followed up with a standard letter (see Annex C), a copy of which will be filed in the relevant locality folder.

4. Undertaking the Risk Assessment

4.1. The risk assessment will be carried out by the recruiting ST and should be completed using the standard form found at Annex D. In completing the risk assessment, the following information set should be collated:

4.1.1. A statement from the applicant (completed using the form at Annex E to this procedure);

4.1.2. A statement from the employer where appropriate (Annex F). This should be more than any character reference already provided and should refer to the specific issues identified that initiated the process where these are known to the employer. It may be that the employer is aware of the issue in question and can provide their own risk assessment to support the process. Authority to divulge information arising from the recruitment and selection process, to the employer, will have been conferred by the signing of the application to the regulated nursing qualification;

4.1.3. The line manager and second referee references submitted in support of the application;

4.1.4. Any other source of information, reasonably discovered as a part of the investigation and directly pertinent to the issue raised. The purpose of the investigation is to collect information in relation to the concern raised and at no point should a wider exploration be undertaken.

4.2. The ST, as investigator, will complete the risk assessment and present a *recommendation or recommendations* to the reviewers, who would normally be at least one of the Co-QDs plus another nursing academic NMC registrant. Recommendations should be founded on an understanding of Nursing and Midwifery Council guidance on health and character (available in Applicant Suitability Process on Appleton). The investigator will not be involved in determining the *decision* made as a result of the recommendation(s).

4.3. When completed, the risk assessment and all associated documentation should be collated in the relevant locality folder and an email sent to the Co-QD practice lead to advise that the case is ready for review.

The reviewers may either:

4.3.1. Accept the recommendation.

4.3.2. Reject the recommendation on the basis of the requirement for more information. If this is the case, the ST should be briefed as to the nature of the additional information required and thereafter should undertake further investigation in order to address any gaps before re-presenting the risk assessment;

4.3.3. Reject the recommendation on the basis the decision is overly harsh

4.4. The recommendation within the risk assessment will then be approved by the reviewer(s) and the applicant informed in writing of the outcome, according to which their application may either be accepted and will progress as normal within the recruitment and selection process, or rejected. In the case of rejection, clear reasons will be provided to the applicant, including their eligibility to re-apply at some point in the future if applicable, and the applicant will be made aware of both the appeals and complaints processes of the university.

4.5. The finalised risk assessment and associated documents for each applicant will be retained within the CONFIDENTIAL folder for Nursing for the duration of the applicant's time as a learner on the regulated nursing qualification within the OU, and thereafter for a period of 6 years, in order to inform any future requirements under Fitness to Practise (FtP) procedures. The outcome of the case will be logged by the Suitability/Fitness to Practise team and an entry made on VOICE to indicate that an Applicant Suitability Process has been completed with a reference to the confidential files retained within Nursing.

5. Completing the process

5.1. Where no cause has been found to progress with a risk assessment, or where the risk assessment has identified no further actions, the applicant will be informed but no further applicant / student management actions will be required. A record of the initial concern will be retained confidentially in a secure folder within the Nursing records system to ensure that appropriate consideration may be made in the event of any related future FtP issue relating to the applicant as a student. This record will be retained for a period of 6 years after the learner's completion of study on the regulated nursing qualification or if the applicant does not ultimately become a student, for a period of 6 years after the date of their initial application.

5.2. Where the risk assessment identifies actions to be taken in respect of an applicant's suitability prior to their commencement as a learner, a formal record of the completion of those actions must be retained, such as a reasonable adjustment record.

6. Procedure Review

6.1. This procedure is owned by the Head of Operations (Professional Programmes) (HoOP) and will be reviewed at least annually from the point of agreement of the text and any associated annexes. It is the responsibility of the HoOP to ensure that the review takes place, though the review itself may be carried out by any suitably knowledgeable delegate.

Fitness to Practise (FtP) Procedure

1 Introduction

- 1.1 This is the procedure to be followed in regard to the professional programmes offered by The Open University where the regulatory bodies involved require the University to say that the student is not only academically qualified to practise, but also suitable or fit to practise in that profession. The procedure does not replace The Open University Code of Practice for Student Discipline, but is additional to it.
- 1.2 The purpose of this document is to set out how The Open University fulfils its responsibility with respect to students' professional suitability or fitness to practise for training/education and registration with the respective regulatory body. It covers student support and management from the point at which initial concerns may arise, through the formal stages of risk assessment, to preparation for and conduct of a formal review meeting, and post-meeting actions and the student's right of appeal.
- 1.3 It aims to be thorough and fair to service users/patients/clients/carers ¹, students and sponsoring agencies and employers, as well as meeting the UK Quality Code for Higher Education, published by the Quality Assurance Agency for Higher Education (QAA), Chapters B9 (Academic Appeals and Student Complaints), and B10 (managing education provision with others). Chapter B10 places the responsibility for determining suitability and fitness to practise at the end of academic study with the university.

2 Background

- 2.1 There are currently three programmes where professional registration is required in order for a person to practise; Social Work, Nursing and Non-Medical Prescribing.. Please see the relevant annex at the end of this procedure for a list of the qualifications in each programme covered by this requirement. Previously, each programme had their own procedures for determining suitability or fitness to practise. All cases that are initiated after 1 October 2014 should use this procedure, and all Professional Conduct Panels that are convened after this date should use the procedure and timetables outlined in this procedure.
- 2.2 Roles in these professions are challenging and entail a high degree of responsibility as well as the ability to work safely with individuals and groups in vulnerable situations. The regulatory bodies have introduced codes of practice which set out the standards for professional conduct and practice, and all professional practitioners within the

¹ Different professional programmes use different terms, but this procedure is intended to be fair to all those that the student will come into contact with.

respective discipline are required to uphold those standards absolutely. The relevant codes of practice are detailed in the annexes at the end of this procedure.

- 2.3 The University is required to ensure that students on all three professional programmes are fit to practise, but the mechanism by which this happens varies. For social work, students in Wales and Scotland register as students with Social Care Wales and Scottish Social Services Council respectively at the point they commence their studies; in England they become eligible to be registered with the Health and Care Professions Council at the point of qualification. For nursing, the University makes a judgement of health and good character of applications prior to registration and signs a declaration of the same, as well as uploading success data to the Nursing and Midwifery Council (NMC) on successful completion of the programme. As a requirement for enrolment all students on the Non-Medical Prescribing programme are registrants of the appropriate professional regulator – General Pharmaceutical Council – GPhC, HCPC or NMC. In applying for registration as a student with the University, the student agrees to abide by the relevant code of practice, as detailed in Annexes A to E at the end of this document. Failure to meet these standards or otherwise being found to be unsuitable in terms of conduct, character and/or health can lead to either the relevant regulatory body withdrawing registration as a student, or the University not recommending them for registration.
- 2.4 Universities are responsible for making decisions about students' suitability to enrol on and remain on professional programmes as well as their suitability or fitness to practise as a professional at the end of their programme. For this reason, it is essential that students and their sponsors or employers (if applicable) share full and up-to-date information about any conduct which causes concern. It is important to draw a distinction between academic competence and suitability or fitness to practise; a student may have excelled in their academic studies but may be deemed unsuitable or unfit to practise if they are considered not to be professionally competent, or unsuitable for health reasons, or their conduct is not compatible with the code of practice of the regulatory body (see paragraph 4.2).

3 Initial relationships

- 3.1 It is a condition of acceptance on the Social Work, Nursing and Non-Medical Prescribing programmes that the student is either supported by, or employed by, a recognised employer, and the employer signs a Collaboration Agreement or partnership agreement for each student or cohort of students they register. These agreements should make it clear that employers and sponsors have agreed, without prejudice to their right to deal with employment matters under their normal procedures, that FtP issues arising in connection with work placements or other employment related matters affecting their continuation on the programme, will be dealt with under these procedures. They should also include an agreement that all parties will share information about issues relating to the student's conduct which might affect their professional suitability or fitness to practise, and share the relevant evidence which may be needed by the University for this Fitness to Practise procedure. Such an agreement should negate any concerns about data protection issues, as the student must also be made aware of this requirement.

- 3.2 Employers, sponsors and providers of practice learning opportunities should also be provided with a copy of this procedure, and agree to the University's approach to suitability and fitness to practise. They should be made aware that if a cause of concern arises in the course of practice, they should inform the University immediately, as well as, or in parallel with, invoking their own procedures. It should be understood that this is not primarily intended as a punitive process, but as an approach to managing students and their behaviour in order for them to become competent and trusted members of their chosen profession and exemplary employees.
- 3.3 The student also agrees, as part of their Registration agreement for the programme, that information about them can be shared between the employer and the University, and that they have a personal responsibility to inform the programme about any conduct issue (see paragraph 4.2). This should be reinforced in the module material and/or Practice Learning Guide, so that they are fully aware of the expectations that the University and relevant regulatory bodies have of them.

4 Student support and management

- 4.1 In seeking to be fair to service users/patients/clients/carers, students, and sponsoring agencies and employers, it is important that any concerns about a student's suitability or fitness to practise are raised promptly, and that they are investigated and assessed quickly, fairly and systematically. It should be emphasised that the first stage is to investigate whether there is a prima facie cause for concern, and if so, whether it is of such seriousness that the Fitness to Practise procedure should be invoked, or whether the concerns can be addressed by supporting and managing the student. It is expected that the cases that proceed to a full Fitness to Practise procedure will be in a minority, and the majority will be dealt with by student support and management. Overall consideration of FtP issues should take into account the level and experience of the student and the reasonable expectations of them at that point in their development. Consequently, a different approach may be taken towards an issue when a student has only recently commenced studies as against a student who is about to complete their studies.
- 4.2 Examples of behaviours which might give rise to concerns include the following (but are not exhaustive):
- 4.2.1. Character:
- a conviction or caution – fraud, theft, violence, sexual offence, drug dealing or drunkenness
 - serious cases of accessing illegal material from the internet
 - dishonesty, including falsifying study or practice records
 - serious or repeated instances of plagiarism could be considered to have implications for professional practise if it is found to be indicative of dishonesty or lack of integrity
 - serious inappropriate use of social media

4.2.2. Serious ill health:

- long-term, untreated or unacknowledged physical or mental health conditions that would impede practice
- long-term untreated alcohol or drug dependence
- unmanaged serious mental illness

4.2.3. Misconduct

- physical or verbal abuse of patients/service users/carers, colleagues or members of the public
- theft whilst working
- significant failure to deliver adequate care
- significant failure to keep proper records²

4.2.4. Lack of competence

- lack of skill or knowledge
- poor judgement, including a failure to understand where their practice has fallen below expected standards
- inability to work as part of a team
- difficulty or failure to communicate with colleagues or people in their care

5 When concerns arise – investigation stage

5.1 Issues can be raised by employers or sponsors, the providers of a practice learning experience, tutors, another part of the University, the student themselves, a service user, or another external source. The issue might arise from concerns about the student's health or behaviour, their competence, an incident or behaviour during practice or external to their studies or practice, or behaviour in a social context including on social media (internally or externally) or forums.

5.2 The concern must be noted on VOICE (the University's customer relationship management system), with the details of the member of staff who has been designated by the faculty or programme to be responsible for investigating the concern. Who the designated member is will vary from programme to programme, but having undertaken the investigation they will not be able to be involved in later decision-making processes. In order to avoid prejudice to the student no other details should be logged on VOICE at this stage.

5.3 The designated member of staff should contact all appropriate parties and gather relevant information and carry out a formal risk assessment. (see Risk Assessment Form attached at Annex F). Please note: the purpose is to collect evidence in relation only to the concern raised and at no point should a wider exploration be undertaken. The student should be informed in writing that there is a concern, the reason for the concern, and be given the opportunity to respond to the concern. They should also be

² The risk assessment will determine whether a failure is significant in the context of fitness to practise.

informed when they can expect to hear the outcome of the investigation. Should it become clear in the course of the investigation that longer than 10 working days is required to complete the investigation, the student should be informed when they can expect to receive a decision.

5.4 Suspension pending the outcome of proceedings

- a. It may be necessary to suspend the student pending the outcome of this procedure. The Conditions of Registration, state “The Open University may impose conditions on your study or vary the terms on which you study and your access to services and facilities, notwithstanding anything in this agreement or the rules, regulations, policies and procedures if, in the opinion of the University, it is reasonably necessary to do so in order to comply with its duties to protect the health and safety of students, staff, contractors and members of the public, its duties with respect to the safeguarding of young persons or vulnerable adults, in order to comply with its obligations under the Equalities Act 2010 or in order to comply with any other statutory duty or obligation.”
- b. An employer, sponsor or practice learning opportunity provider may suspend a student from practice only, in accordance with any rules or regulations applicable to that practice environment. The employer, sponsor or practice learning opportunity provider must inform the University of any such suspension as soon as practicable and the reasons for the suspension.
- c. If a concern has arisen as the result of, or which involves, a criminal investigation by the police or other investigating authority this does not necessarily mean that a student should be suspended from practice or study. A decision has to be made as to whether the matter is serious enough to warrant suspension. In such a case, further action under this procedure may need to be deferred until any criminal proceedings have been completed. If the student has been suspended, this must be reviewed regularly, as cases may be referred to the Crown Prosecution Service or Procurator Fiscal, but a later decision made not to proceed.
- d. A student may only be suspended from their studies, pending a fitness to practise investigation by an authorised executive authority of the University, which for these purposes would include an Associate Dean, a Programme Director or Head of the relevant programme, the Director of Academic Policy and Governance or the Director of Academic Services.
- e. If a student is suspended from practice under paragraph (a), (b) or (c) above this does not necessarily mean that they should be suspended from continuing as a student of the University. While they may not be able to continue with practice-related elements of their study pending an investigation, they may be able to continue with other study. If it is decided to suspend the student from all study with the University, the grounds on which this decision is made must clearly state why the student cannot continue with their other studies.
- f. If the student remains suspended from practice and/or study at the point at which a module would normally have been completed, and as a result of that suspension has not had a sufficient opportunity to demonstrate the learning outcomes of that module, it will be extended until the case is concluded. This may be achieved by pending the module result or by deferral, as appropriate.

- 5.5 Within 10 working days, the designated member of staff should meet with the Module Chair and at least one other member of senior academic staff ³, who will form an Investigation Panel, to determine whether it has been established that there is a cause of concern, and if so, whether the concern is sufficiently material to warrant further action. If, at any point in the investigation, the designated member of staff decides that there is no substance to the referral, e.g. the allegation is trivial, it is a malicious allegation that is untrue, or is mistaken, then the Module Chair should be informed, and following his or her agreement, the matter will be dismissed, the student informed and no record will be kept. Any decision made about whether the concern is sufficiently material as to be significant will be responsibility of the Module Chair and other senior member of staff. It is an important matter of principle that the designated member of staff can only make a recommendation, which should be documented; they cannot be part of the decision-making process.
- 5.6 If the concern is not established or is not considered to be sufficiently material to warrant further action, the matter will be dismissed, the student will be informed and no record will be kept. If it is considered to be material and significant, then one of the actions detailed in paras 5.9 to 5.12 below will apply.
- 5.7 The sequence of consideration is as follows:
- The concern is established and is considered to be material.
 - A decision is made as to whether or not it is considered to have a significant impact on the student's ability to continue with their studies on the programme.
 - If the impact is not considered to be significant, the student should be informed that either there will be no further action under this procedure, or there may be a recommendation of steps that they should take to improve their practice, for example study support sessions. This recommendation may involve the employer providing additional support.
 - This should be recorded on VOICE, the student should be informed in writing, and the Service Record (SR) closed. If the concern has arisen in practice, then the provider of the practice learning experience, employer or sponsor, should be told of the decision.
- 5.8 Alternatively:
- The concern is established but is not considered to be sufficiently material to warrant a full review meeting.
 - A decision is made that the student needs to undertake some further action in order to establish that they understand the implications of the concern that has been raised.
 - This may include undertaking a reflective piece of work to demonstrate that the student understands that their actions were unacceptable, additional supervision, or repeating a practice learning experience.

³ A suitable senior member of academic staff includes a senior lecturer from the programme concerned or another professional programme, Professional Lead or Associate Dean.

- This should be recorded on the Risk Assessment Form and on VOICE, the student should be informed in writing, and the SR closed.
 - This must be shared and agreed with the sponsor/employer/practice learning experience provider. In certain cases, it may be necessary to arrange an alternative practice learning experience provider.
- 5.9 Where the concern has been established, is material and is sufficiently significant that it has a potential impact on the student's ability to continue to study on the programme or to practise, then a number of options are available; the risk assessment may have revealed that concern is serious and immediate, and the student may need to be suspended from practice and/or study. Again, the process must follow the procedure laid down in paragraphs 5.5 and 5.6.
- 5.10 If, in the opinion of the Investigation Panel, the concern is a University disciplinary matter instead of or in addition to one of fitness to practise, the matter may be referred to the procedures detailed in the Code of Practice for Student Discipline, either after an FtP determination or, if it is more appropriate for factual matters to be determined through those procedures the FtP procedure will be suspended pending the outcome of the disciplinary process. If the Investigation Panel determines that the matter may be disciplinary but is not considered to affect fitness to practise then there should be a decision of no case to answer in the FtP process, as in paragraph 5.7, but the student must be informed that the matter is being passed to Central Disciplinary Committee for consideration. The evidence used by the Investigation Panel in coming to their determination should be passed to CDC.
- 5.11 The outcome of the investigation must be conveyed to the student in writing ⁴, recorded on VOICE and the Risk Assessment attached to VOICE. The letter should summarise the facts, how these facts do or don't establish a fitness to practise concern, the outcome decisions, and, where appropriate, the monitoring conditions and review arrangements. If these are completed satisfactorily, this should be recorded in VOICE and the student informed in writing that no further action will be taken, unless there is a new cause for concern.
- 5.12 The student has the right of appeal as set out in [section 9](#).

6 Preparing for a review meeting – first formal stage

- 6.1 If, as a result of the process of consideration in paragraphs 5.8 to 5.9, it has been determined that there is cause for serious concern, the case will proceed to the first formal stage. If the concern arises from an external event such as a conviction, the case will normally proceed directly to the formal stage. A person should be designated as a liaison for the case, who must not be someone with previous association with the investigation stage. They need not be a member of academic staff, but will be responsible for organising the meeting, ensuring all papers are distributed to panel members, that the correct timetable is adhered to, be the point of liaison for the

⁴ This should take the form of a formal letter, signed by the Module Chair, on University headed paper.

student, and act as secretary to the meeting. For the timeline, please see Annex G attached.

- 6.2 The Review Meeting will take the form of a formal panel meeting, which will consider the Risk Assessment and evidence gathered in the course of the investigation by the designated staff member. The composition of the panel will be determined in accordance with the appropriate annex at the end of this procedure. All panels must include one or more student representatives.
- 6.3 The student must be informed in writing of the decision to take the case to the formal stage, the matter(s) that has given rise to this concern, when the Review Meeting will be held and the person designated as liaison. The panel is able to consider the case in the absence of the student, or a response from the student, but all reasonable steps must be taken to ensure that the student has the opportunity to see the evidence being presented and to respond to it, either in writing or in person.
- 6.4 The student must be informed of the date on which the Review meeting will take place, who the members will be, and what they will consider and who the student should contact with any queries. The date should be as soon as reasonably practicable, but must allow sufficient time to enable the student to make arrangements to attend and/or to respond (see timeline at Annex G). The student must receive all the documents to be considered by the Panel at least 10 working days before the meeting date, and must be given the opportunity to respond to the material that they receive, and to provide their own response and/or evidence, either in advance or by attending the meeting, and this response must be amongst the evidence considered by the panel.
- 6.5 The student should be invited to attend the meeting to make their own submission, either in person or by a suitable electronic medium. If appropriate, the Review Meeting can be held in the OU office closest to the student, or if the meeting is to be held at Milton Keynes, the travel costs of the student and someone to accompany them should be offered. They may be accompanied by a friend or adviser, who may be a colleague, family member or friend, but not by a solicitor or barrister acting in that capacity – this is not a court of law.
- 6.6 The student must be given the opportunity to ask for a postponement of the Review Meeting if they are unable to attend on the first date suggested. The criteria which will be considered in deciding whether the request should be agreed are:
 - a pre-existing medical appointment or event which cannot be changed
 - being away on a pre-booked holiday
 - or similarly difficult clash of dates.
- 6.7 The members of the panel should receive the papers for the meeting, not less than five working days in advance of the meeting, and should have the opportunity to ask for any further information if they feel it would assist in the determination of the case. However, any further material or evidence supplied must also be provided to the student at least five days before and the meeting adjourned if necessary, unless the student accepts shorter notice. All panel members should have read the material to be considered in advance of the meeting. The student should be advised that evidence not provided in advance of the meeting will only be considered at the Chair's discretion.

- 6.8 Specific arrangements should be made for someone to be present to take notes; these should be detailed but not necessarily verbatim. The note-taker should be experienced, and impartial; they should not have been part of the earlier investigation.
- 6.9 Specific consideration should be given, and recorded, as to whether the student has declared a disability which requires any reasonable adjustment needs to be made to ensure fairness.

7 Conduct of the review meeting

- 7.1 If the student has asked to attend, they should be invited in to the meeting, and panel members should introduce themselves and their function/who they represent. If the student is accompanied, their companion should be told that they are there to support the student but should not intervene unless invited to do so by the Chair or the student. At the outset of the meeting, the Chair should outline the purpose of the meeting to the panel, and the possible outcomes. The student should be invited to make their representation, and panel members should be invited to ask the student questions. The student must also be given the opportunity to challenge the evidence against them. However, it should be made clear to them that this is not a court of law, and cross-examination and/or hostile questioning will not normally be appropriate.
- 7.2 Once the student has made their representation, they should be told when they will hear the outcome of the meeting, and be asked to leave. The panel should then consider the evidence presented and decide on the outcome. Only material presented to the student in advance can be considered; any material considered must have been shared with the student, and they must have had the opportunity to respond.

8 After the meeting

- 8.1 At the end of the meeting, the first task of the panel is to establish exactly what has happened – the findings of fact, and this must be recorded. Having established the facts, the panel then needs to determine whether, taking into account those facts, the applicable code of practice has been contravened and, if so, taking into account the stage of development of the student, it can or cannot be rectified. The note-taker will be present during these deliberations but does not take part in the process.
- 8.2 The panel must decide whether the breach is so serious that the student should be required to leave the programme immediately, or whether this is a matter which, if not satisfactorily addressed by the student, would mean that the university would not be confident in recommending them as fit to practise on completion of the programme, or that the student, having been given the opportunity to address a matter of concern, has failed to do so to a satisfactory standard, and as a consequence it is reasonable to terminate the programme.
- 8.3 In making this determination, the burden of proof is on the balance of the probabilities, and the benefit of doubt is with the student. Specific consideration must be given, and recorded, as to whether the student has declared a disability, and, if so, whether the matters under investigation arise wholly or partly from the disability, and whether they have arisen in spite of reasonable adjustments having been made to take account of the disability.

8.4 If it has been determined that there has been a breach of the relevant standards, then a decision can be made as to disposal, taking into account the decision as to whether the concern can be rectified, as outlined in paragraph 8.1. The powers available to the review panel include:

8.4.1 To give an informal warning

8.4.2 To give a formal warning, with or without the requirements below:

- to identify specific steps that must be taken to rectify the breach, by when, and how these will be monitored;
- requiring the student to repeat and pass a practice learning opportunity;
- requiring the student to repeat one or more modules.

8.4.3 Expulsion from the qualification or programme.

8.5 Other sanctions are available, which have a wider impact on the relationship between the student and the University. These can only be determined by Central Disciplinary Committee, and include:

- being prevented from studying on any work-based programme with the Open University;
- being permanently expelled from the University.

These should only be in question if there is a serious disciplinary offence in addition to the Fitness to Practise concern. In this case, the Review Panel should follow the same procedure that is detailed in paragraph 5.12.

8.6 In exercising their powers, mitigation and aggravation should be taken into account by the Review Panel. Mitigating circumstances might include the student demonstrating remorse or insight, illness which is now being treated, an absence of appropriate guidance on a practise learning opportunity. Aggravating circumstances might include the student denying or showing no insight into what has gone wrong, or having previously been through the informal stage but further concerns being raised.

8.7 Notes of the meeting should be prepared as soon as possible, agreed with the Chair of the panel and circulated to panel members for their information. The student would not normally receive a copy of the notes. If the provider of the practice learning experience, employer or sponsor has not been directly involved in the Review meeting, they should be told of the decision. If the employer/sponsor/ practise learning opportunity provider has suspended the student but the University does not uphold the case, then there will generally be a presumption of reinstatement as a student. If the student is also an employee, then the employer may wish to initiate their own disciplinary procedure, but this is a separate matter to the University's FtP procedure. In any case, this matter will be discussed between the programme and the employer/sponsor/ practise learning opportunity provider.

8.8 The student should be informed as soon as possible of the outcome of the meeting, in writing. The letter, signed by the Chair of the review panel, must clearly state the facts that have been established, the reasons why the panel has reached its decision, refer to the appropriate part of the professional code or guidance, what that decision is and how the panel has exercised its powers. The student should be informed of their right

of appeal, and that they have 28 days from the date of the decision in which they can appeal either the finding or the penalty, making it clear what the grounds of appeal are.

- 8.9 After the time allowed for appeal has elapsed and no further, or change in, the action to be taken has been decided then, in the case of any formal warning or expulsion, the appropriate regulator will be informed.

9 Right of Appeal

- 9.1 If a decision is made about a student's fitness to practise which requires them to undertake additional tasks, as outlined in paragraph 8.3.2, or limits their ability to study with the University, or for a particular qualification, the decision letter must inform them of their right to appeal to the Senate Academic Appeals Review Panel under section 4F of the [Student Complaints and Appeals Procedure](#).

10 Contact

The Student Casework Office

The Open University
PO Box 5155
Milton Keynes
MK7 6YJ

Phone: 01908 659535

Fax: 10908 659231

Email: StudentCaseworkOffice@open.ac.uk

Summary of changes

November 2018

- References to the Non-Medical Prescribing programme of study added throughout the document, to include a new Annex E specifically referring to this programme.
- References to the Paramedic Science programme of study removed throughout the document.
- Names of professional or statutory regulatory bodies updated throughout the document.
- Code of Practice information and links updated within the Annexes for each programme.
- Job titles for composition of review panel sections within the Annexes for each programme have been updated.

Annexes

- [A Social work in England](#)
- [B Social Work in Scotland](#)
- [C Social Work in Wales](#)
- [D Nursing](#)
- [E Non-Medical Prescribing](#)
- [F Suitability or Fitness to Practice – risk assessment form](#)
- [G Timeline for a review meeting](#)

Annex A: Social work in England

Programme:

Social Work (England)

Qualifications covered by this procedure:

BQ32: BA (Hons) Social Work (England)

Professional body for these programmes:

Health and Care Professions Council (regulator) NB Will be replaced by Social Work England in Spring 2019

Relevant Code of Practice for this programme and professional body:

HCPC (2012) Guidance on conduct and ethics for students

Specific requirements for this programme:

OU social work students must be employed in a social care agency; and be registered onto the course and supported by their employer.

Students must meet HCPC and the OU social work entry requirements, which include:

- Maths GCSE grade C or certified equivalent
- English GCSE grade C or certified equivalent
- 240 UCAS points (A Level grades CCC) or certified equivalent
- International English Language Testing Systems (IELTS) communicating and comprehension skills at Level 7 (if English is not the first language)
- Basic IT skills including word processing, internet browsing and use of email
- An Enhanced With Lists check from the Disclosure and Barring Service

In addition prior to interview, all candidates must complete an OU Application form which incorporates the personal statement; a Declaration of suitability; and provide a satisfactory health (fitness to practise) check.

Students must demonstrate the entry level capabilities set by the OU social work programme.

Composition of review panel:

- a chairperson: the Head of Social Work (England) or their nominee
- a representative from a sponsoring agency
- a member of social work academic staff, who should be a Staff Tutor (Social Work)
- a student representative (sourced via OUSA)
- a university note taker.

No member of the panel should be directly involved with the student subject to the enquiry.

Formal agreement with sponsors / employers:

All sponsoring agencies sign a formal Collaboration Agreement which clarifies the respective responsibilities of the OU and the sponsor. Sponsoring agencies agree to ensure that staff undergo a period of 20 days of readiness for practice; are provided with two contrasting practice learning opportunities with a suitable practice educator; and that study leave arrangements are agreed.

They also agree, without prejudice to their right to deal with employment matters under their normal procedures, that FtP issues arising in connection with work placements or other employment related matters affecting their continuation on the programme, will be dealt with under these procedures. They also include an agreement that all parties will share any information about any issues relating to the student's conduct which might affect their professional suitability or fitness to practise, and also to share the relevant evidence which may be needed by the University for this Fitness to Practise procedure.

They should be made aware that if a cause of concern arises in the course of practice, they should inform the Head of Operations, Social Work immediately, as well as, or in parallel with, invoking their own procedures.

Annex B: Social work in Scotland

Programme:

Social Work (Scotland)

Qualifications covered by this procedure:

- Q41 BA (Hons) Social Work (Scotland)
- Q50 BA (Hons) Social Work (Scotland) graduate entry route

Professional body for these programmes:

Scottish Social Services Council

Relevant Code of Practice for this programme and professional body :

SSSC (2016) Codes of Practice for Social Service Workers and Employers

Specific requirements for this programme:

Students must meet the entry requirements set by the Scottish Social Services Council:

- have Standard Grade Two in English and Maths (or a recognised equivalent)
- provide evidence of ability to understand and communicate in written and spoken English
- demonstrate that you have appropriate personal and intellectual qualities to train as a social worker
- take part in an interview.

Successful candidates must register with the Scottish Social Services Council (SSSC) as a social work student – this includes a Disclosure Scotland check.

Candidates and sponsors are required to inform the Head of Social Work, Scotland of any convictions or alternatives to convictions at the point of application and to send a copy of the completed Disclosure Scotland when received back from the SSSC.

OU social work students must be employed in a social care agency in Scotland (with the exception of students accepted on the independent route).

Composition of review panel:

- a chairperson: the Head of Social Work (Scotland) or their nominee
- a representative from a sponsoring agency
- a member of social work academic staff, who should be a Staff Tutor (Social Work)
- a student representative, sourced via OUSA
- a university note taker.

Members would normally be appointed from within the Scotland programme.

No member of the panel should be directly involved with the student subject to the enquiry.

Formal agreement with sponsors / employers

All sponsoring agencies sign a formal Collaboration Agreement which clarifies the respective responsibilities of the OU and the sponsor. Sponsoring agencies agree to ensure that staff undergo a period of 20 days of preparation for practice; are provided with two contrasting practice learning opportunities with a suitable practice educator/assessor; and that study leave arrangements are agreed.

They also agree without prejudice to their right to deal with employment matters under their normal procedures that FtP issues arising in connection with work placements or other employment related matters affecting their continuation on the programme, will be dealt with under these procedures. They also include an agreement that all parties will share any information about any issues relating to the student's conduct which might affect their professional suitability or fitness to practise, and also to share the relevant evidence which may be needed by the University for this Fitness to Practise procedure.

They should be made aware that if a cause of concern arises in the course of practice, they should inform the Head of Operations, Social Work immediately, as well as, or in parallel with, invoking their own procedures.

Annex C: Social work in Wales

Programme:

Social Work (Wales)

Qualifications covered by this procedure:

Q42 BA (Hons) Social Work (Wales)

Professional body for these programmes:

Social Care Wales (SCW)

Relevant Code of Practice for this programme and professional body

Code of Practice for Social Care (2017) Social Care Wales

Specific requirements for this programme:

Students must meet SCW entry requirements:

- provide evidence of ability to understand and communicate in written and spoken Welsh or English
- demonstrate that they have appropriate personal and intellectual qualities to train as social workers
- take part in an interview
- complete a medical questionnaire (and, if required by the University, undergo a medical examination)
- undertake a full Enhanced Disclosure from the Criminal Records Bureau (in addition to any disclosure already obtained by the employer for current practice).
- have GCSE grade A–C in Welsh or English and mathematics, or a recognised equivalent.

Successful candidates must register with the Social Care Wales (SCW) as a social work student.

Composition of review panel:

- a chairperson: the Head of Social Work (Wales) or their nominee
- a representative of a partner agency from the Wales Programme Partnership
- a member of social work academic staff, who should be a Staff Tutor (Social Work)
- a student representative sourced via OUSA
- a university note taker.

Members should normally be appointed from the Wales programme.

No member of the panel should be directly involved with the student subject to the enquiry.

Formal agreement with sponsors / employers:

All sponsoring agencies sign a formal Collaboration Agreement which clarifies the respective responsibilities of the OU and the sponsor. Non-sponsored students sign a Programme Agreement outlining the respective responsibilities of the OU and the student. All students must undergo a period of 20 days of fitness to proceed in social work practice or complete an Alternative to Practice portfolio; complete two contrasting practice learning opportunities with a suitable practice assessor; study leave arrangements are agreed with the sponsor if appropriate.

Sponsoring agencies also agree without prejudice to their right to deal with employment matters under their normal procedures, that FtP issues arising in connection with work placements or other employment related matters affecting their continuation on the programme, will be dealt with under these procedures. They also include an agreement that all parties will share any information about any issues relating to the student's conduct which might affect their professional suitability or fitness to practise, and also to share the relevant evidence which may be needed by the University for this Fitness to Practise procedure.

Sponsoring agencies should be made aware that if a cause of concern arises in the course of practice, they should inform the Head of Operations, Social Work immediately, as well as, or in parallel with, invoking their own procedures.

Annex D: Nursing

Programme:

Nursing

Qualifications covered by this procedure:

- DipHE Adult Nursing D67
- DipHE Mental Health Nursing D68
- BSc(Hons) Adult Nursing Q73
- BSc(Hons) Mental Health Nursing Q74
- BSc(Hons) Nursing Practice Q53

Professional body for these programmes:

Nursing and Midwifery Council (Regulator)

Relevant Code of Practice for this programme and professional body :

- The Code: Professional standards of practice and behaviour for Nurses, Midwives and Nursing associates (NMC 2015) updated 2018
- Openness and honesty when things go wrong: the professional duty of candour (July 2015) Joint GMC/NMC publication
- Standards of proficiency for registered nurses (2018)
- Standards for pre-registration nursing education (2010)
- Standards for pre-registration nursing programmes (NMC 2018)
- Raising Concerns: Guidance for Nurses and Midwives (2015)

Specific requirements for this programme:

- literacy (Functional / Key skills level 2 or equivalent e.g. GCSE Grade C or above in English, Scottish SCQF L5)
- numeracy (Functional / Key skills level 2 or equivalent e.g. GCSE Grade C or above in Maths, Scottish SCQF Level 5)
- good character, evidenced through self-declaration, an enhanced criminal disclosure, and two references – one of which must be from the individual's line manager
- good health, evidenced through self-declaration of health status, occupational health (OH) screening, review of previous sickness and absence record (as requested in the line manager's reference), and two references – one of which must be from the individual's line manager

OU nursing students must be sponsored by their employer and be employed in a healthcare support worker role or acceptable equivalent.

Students enrolled on Q53 must hold current registration with the NMC

Composition of review panel:

The panel must include at least one member (not including the note taker) with a background in the specific field of study being undertaken by the student (i.e. Adult or Mental Health Nursing)

- Professional Lead Nursing
- Staff Tutor / Regional Education Manager representative (who has not been involved in the initial risk assessment)
- student / student representative with experience of work-based professional programmes (existing student or alumnus / alumna)
- employer / employer representative (who must not be a member of staff from the student's department / clinical place of work, or have been involved in the initial evidence gathering exercise)
- a note taker.

No member of the panel should have been directly involved with the student subject to the enquiry.

Formal agreement with employers:

All employers sign a formal 'Practice Placement Agreement' which requires that they inform the OU:

- immediately of the removal (and reason for removal) of students from placement on grounds of conduct, suitability or patient safety, thereafter cooperating in any disciplinary proceedings relating to the student
- as soon as reasonably practicable of concerns in respect of a student over time
- should a student withdraw from the programme or cease employment
- should a student accrue sufficient absence from the programme to jeopardise his/her ability to meet learning outcomes and statutory / regulatory requirements.

In addition the employer is required to ensure that students satisfy OH requirements throughout their practice experience, to cooperate in answering any complaint, clinical negligence or personal injury claim involving a student and to encourage and support its staff to participate in disciplinary and appeals processes where appropriate.

Employers also agree without prejudice to their right to deal with employment matters under their normal procedures that Fitness to Practise issues arising in connection with practice placements or other employment related matters affecting student continuation on the programme, will be dealt with under these normal procedures. The Practice Placement Agreement also requires that all parties will share any information about any issues relating to the student's conduct which might affect their professional suitability or fitness to practise, and also to share the relevant evidence which may be needed by the University for this Fitness to Practise procedure.

Employers should be made aware that if a cause of concern arises in the course of practice, they should inform the University immediately, through liaison with a Practice Tutor, or Staff Tutor / Regional Education Manager in the local region as well as, or in parallel with, invoking their own procedures.

Annex E: Non-Medical Prescribing

Programme:

Non-Medical Prescribing

Qualifications covered by this procedure:

- PG Cert Non-Medical Prescribing

Professional body for these programmes:

General Pharmaceutical Council (GPhC – Regulator)

Health and Care Professions Council (HCPC – Regulator)

Nursing and Midwifery Council (NMC - Regulator)

Relevant Code of Practice for this programme and professional body:

- Standards for Pharmacy Professionals (GPhC May 2017)
- Standards of Conduct, Performance and Ethics (HCPC January 2016)
- The Code for Nurses and Midwives (NMC October 2018)

Specific requirements for this programme:

GPhC Registrants:

- Registrant with the GPhC
- At least two years appropriate patient-orientated experience in a UK hospital, community or primary care setting following the preregistration year
- Up to date CPD record
- Numeracy (self-declared against provided example)
- Organisational support and governance for the pharmacist in the group of patients specified
- Possess a valid (within the last 3 years or online) AccessNI, PVG or DBS* certificate.

HCPC Registrants:

- Registrant with the HCPC
- At least three years appropriate patient-orientated experience in a UK hospital, community or primary care setting following the preregistration year
- Up to date CPD record
- Numeracy (self-declared against provided example)
- Organisational support and governance for the allied health professional in the group of patients specified
- Possess a valid (within the last 3 years or online) AccessNI, PVG or DBS* certificate.

NMC Registrants:

- Registrant with the NMC

- At least one year appropriate patient-orientated experience in a UK hospital, community or primary care setting following the preregistration year
- Competence, experience and academic ability to study and submit at level 7
- Numeracy (self-declared against provided example)
- Organisational support and governance for the pharmacist in the group of patients specified
- Prepared for 600 hours of study (academically, time allowance and general health – self-declared)
- Possess a valid (within the last 3 years or online) AccessNI, PVG or DBS* certificate.

Composition of review panel:

The panel must include at least one member (not including the note taker) with a background in the specific professional regulator of the student (i.e. GPhC, HCPC or NMC)

- Professional Lead Non-Medical Prescribing
- Academic Tutor (who has not been involved in the initial risk assessment)
- Student / student representative with experience of non-medical prescribing programmes (existing student or alumnus / alumna)
- Employer / employer representative (who must not be a member of staff from the student's department / clinical place of work, or have been involved in the initial evidence gathering exercise)
- A note taker.

No member of the panel should have been directly involved with the student subject to the enquiry.

Formal agreement with employers:

All employers sign a formal 'Practice Placement Agreement' which requires that they inform the OU:

- immediately of the removal (and reason for removal) of students from placement on grounds of conduct, suitability or patient safety, thereafter cooperating in any disciplinary proceedings relating to the student
- as soon as reasonably practicable of concerns in respect of a student over time
- should a student withdraw from the programme or cease employment
- should a student accrue sufficient absence from the programme to jeopardise his/her ability to meet learning outcomes and statutory / regulatory requirements.

In addition, the employer is required to ensure that students satisfy OH requirements throughout their practice experience, to cooperate in answering any complaint, clinical negligence or personal injury claim involving a student and to encourage and support its staff to participate in disciplinary and appeals processes where appropriate.

Employers also agree without prejudice to their right to deal with employment matters under their normal procedures that Fitness to Practise issues arising in connection with practice placements or other employment related matters affecting student continuation on the programme, will be dealt with under these normal procedures. The Practice Placement Agreement also requires that all parties will share any information about any issues relating

to the student's conduct which might affect their professional suitability or fitness to practise, and also to share the relevant evidence which may be needed by the University for this Fitness to Practise procedure.

Employers should be made aware that if a cause of concern arises in the course of practice, they should inform the University immediately, through liaison with the OU Non-Medical Prescribing lead as well as, or in parallel with, invoking their own procedures.

Annex F: Suitability/ Fitness to Practice – informal stage

Risk Assessment

Applicant / student (delete as appropriate) Personal Identifier:

Applicant / student (delete as appropriate) name:

Intended OU / Professional qualification:

Current module:

OU region:

Investigator name:

Investigator job title:

Date incident occurred:

Date of initial risk assessment:

Date of report of initial risk assessment:

Date of update of risk assessment (add rows as necessary)

Risk issue giving rise to concern (please provide details

Date that issue(s) occurred/were reported

Is there a recurrent pattern in relation to issue(s)? (If yes, please provide details, including any previous warnings)

Relevance to OU study

Relevance to statutory body/health care practice standards of conduct

Current level of supervision (students only)

Is there a potential risk? (If yes, please provide details)

Who / what could be affected by the potential risk? (If answered yes to previous question, please complete)

Response from Student

Outcome of Risk Assessment (please tick ✓ relevant boxes)

Is the level of risk

Minimal

Significant

Recommendation from designated investigator on actions to be taken following FtP Risk Assessment (one column only, but may be more than one action)

	Minimal	Significant
Level of risk	No further action OR 2. Review level of supervision 3. Complete FtP Action Plan in conjunction with student and PT 4. Other	Inform employer. Remove from 'student' practice if relevant. Seek permission for suspension from OU study whilst issue investigated (students only). Inform sponsor (students only, where funding is in place from a third party). Proceed with review meeting. Other.

Comments by investigator (insert reasons for recommendations):

FtP Risk Assessment informed by:

(Please insert evidence sources which informed the risk assessment and attach to this document)

Signature of investigator:

Name:

Title:

Date:

Decision of investigation panel

	Minimal	Significant
Level of risk	No further action OR 2. Review level of supervision 3. Complete FtP Action Plan in conjunction with student and PT 4. Other	Inform employer. Remove from 'student' practice if relevant. Seek permission for suspension from OU study whilst issue investigated (students only). Inform sponsor (students only, where funding is in place from a third party). Proceed with review meeting. Other.

Comments by review panel (insert findings as to whether cause for concern has been established, reasons for findings, and any other matters considered, including mitigation and aggravation)

Disability declaration:

Has the student declared a disability? Yes No

If so, has the Investigation Panel considered whether the student's disability has had any impact on the matters being considered?

Signature of 1st Reviewer:

Name:

Title:

Date:

Signature of 2nd Reviewer:

Name:

Title:

Date:

CC (delete as appropriate): STN; PT; Employer link; Mentor

Annex G

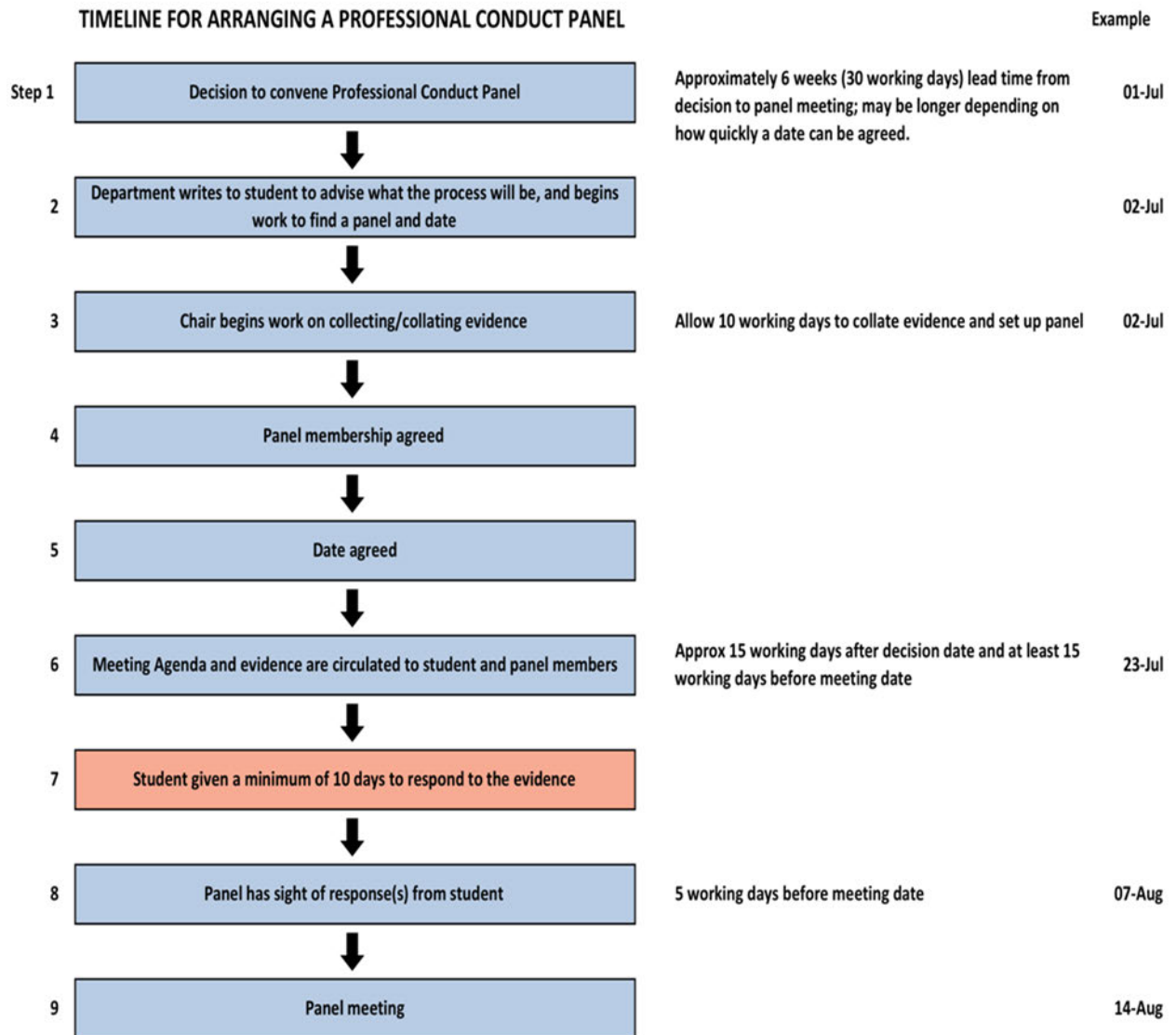


Figure 1 Timeline for arranging a professional conduct panel



Fitness to Practise Procedure

2020/21

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Version number: 1.1	Approved by: Education Committee
Effective from: 1 August 2020	Date for review: August 2021

The Open University is incorporated by Royal Charter (RC 000391), an exempt charity in England & Wales and a charity registered in Scotland (SC 038302). The Open University is authorised and regulated by the Financial Conduct Authority in relation to its secondary activity of credit broking.

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Version number: 1.1	Approved by: Education Committee
Effective from: 1 August 2020	Date for review: August 2021

Summary of procedure

This procedure should be followed where a professional programme offered by The Open University is governed by a Professional, Statutory or Regulatory Body (PSRB) that requires The Open University to declare that a student is not only academically qualified to practise, but also suitable or fit to practise in that profession.

The procedure sets out the process for how The Open University responds to an allegation or cause for concern about a student's suitability or fitness to practise and the stages required to ensure that any issues raised are investigated and assessed quickly, fairly and systematically.

Summary of significant changes since last version

There are several significant changes from the previous version of this procedure dated November 2018. These are:

- a) References to programmes no longer offered to students by The Open University have been removed and references to new programmes have been added.
- b) References to PSRBs have been updated where the names of those bodies have changed. References and hyperlinks to external policy, guidance and regulatory information held by PSRBs within appendices has been updated.
- c) Annexes referred to in previous versions of this document are now referred to as an Appendix/Appendices.
- d) The procedure has been reviewed for clarity and the content has been restructured.
- e) References to operational procedures undertaken by The Open University staff have been removed.

This document may be updated throughout the year to correct errors, improve clarity or accessibility, or to reflect changes in legal or regulatory requirements.

Procedures superseded by this document

This document replaces the previous version of the Fitness to Practise Procedure dated May 2019.

Version number: 1.1	Approved by: Education Committee
Effective from: 1 August 2020	Date for review: August 2021

Scope

What this document covers

This procedure covers undergraduate and postgraduate students, students on work-based placements and apprenticeships, students studying qualifications where registration with a Professional, Statutory or Regulatory Body (PSRB) is required in order to practise a profession, or students studying qualifications where they are required to follow to a Code of Ethics or other professional standards documents issued by a PSRB.

What this document does not cover

This procedure does not apply to students studying qualifications that do not require them to register with a PSRB to practise a profession or follow a PSRB's Code of Ethics or other professional standards documents.

This policy does not apply to individuals who are not yet students of The Open University (enquirers). Curriculum partnership students are covered by the policies of the institution with which they are studying.

Students who are studying qualifications where their suitability or fitness to practise is being assessed through the work-based elements of their programme may be subject to the terms of other written agreements between The Open University and their employer, sponsor or practice learning opportunity provider. If those agreements state that responsibility is retained by the employer, sponsor or practice learning opportunity provider to assess the student's suitability or fitness to practise, The Open University reserves the right to follow alternative appropriate policies such as the Code of Practice for Student Discipline, the Fitness to Study policy, Plagiarism policy or another policy.

If you are unsure as to whether this procedure will apply to you, please contact the Student Casework Office.

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Documents that govern your study

- [Advocacy: guidelines and procedure](#)
- [Code of Practice for Student Discipline](#)
- [Conditions of Registration](#)
- [Fitness to Study Policy](#)
- [Plagiarism Policy](#)
- [Prevent Principles](#)
- [Safeguarding Policy](#)
- [Student Complaints and Appeals Procedure](#)
- [Student Computing Policy](#)
- [Student Privacy Notice](#) (All personal data, including 'sensitive personal data', will be treated in accordance with the General Data Protection Regulation (GDPR) and [Student Privacy Notice](#).)

Information and Guidance

Social Work

- [Appendix A Social Work](#)
- [Social Work Privacy Notice](#)
- [Supplementary Agreement \(Social Work\)](#)

Nursing

- [Appendix B Nursing](#)
- [Nursing Privacy Notice](#)
- [Supplementary Agreement \(Nursing\)](#)

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Non-Medical Prescribing

- [Appendix C Non-Medical Prescribing](#)
-

PGCE (Wales)

- PGCE ([Wales](#)) [Appendix D](#)
 - PGCE (Wales) Privacy Notice
 - PGCE (Wales) Supplementary Agreement
-

Apprenticeships

- [Apprenticeship Privacy Notice](#)
 - [Apprenticeship Standards](#)
-

Other WELS related health and social care programmes

- X04 Foundation Degree in Nursing Associate Practice (Nursing Associate Apprenticeship)
 - Q73 BSc (Hons) Adult Nursing
 - Q74 BSc (Hons) Mental Health Nursing
 - R41 BSc (Honours) Adult Nursing (Apprenticeship)
 - R42 BSc (Honours) Mental Health Nursing (Apprenticeship)
 - R39 BSc (Hons) Nursing (subject to NMC approval)
 - R43 BSc (Honours) Nursing (Apprenticeship) (subject to NMC approval)
-

Teaching

- [Education Workforce Council \(EWC\) code of professional conduct and practice](#)

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Policing

- [College of Policing Code of Ethics](#) (2014) A Code of Practice for the Principles and Standards of Professional Behaviour for the Policing Profession of England and Wales
-

The Open University Student Charter Principles

This policy aligns with the following [Open University Student Charter](#) Principles:

- Principle 1: We treat each other with dignity and respect
- Principle 2: We aim to inspire and enable learning
- Principle 3: We share the responsibility of learning
- Principle 4: We work together to secure the University's mission and to promote the University's values

Introduction

This procedure should be followed in regard to professional programmes offered by The Open University where Professional, Statutory or Regulatory Bodies (PSRBs) require The Open University to declare that you are not only academically qualified but also suitable or fit to practise in that profession. The procedure does not replace the Code of Practice for Student Discipline or the Fitness to Study policy and the University reserves the right to refer to these or other alternative policies where appropriate.

For specific guidance on how this procedure may relate to your personal circumstances, please contact the Student Casework Office.

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Procedure

1 Purpose

- 1.1 This document sets out how The Open University fulfils its responsibility to confirm your professional suitability or fitness to practise for training/education and registration and/or employment with a Professional, Statutory or Regulatory Body (PSRB). Fitness to practise means your ability to meet professional standards and encompasses your character, professional competence and health. This document sets out the appropriate student support and management measures that The Open University might employ from the point at which initial concerns related to any of the three areas (character, professional competence, health) may arise, through the formal stages of risk assessment, to the preparation for and implementation of a formal review meeting, post-meeting actions and your right to appeal.
- 1.2 The procedure aims to be thorough and fair to service users, patients/clients, carers, students, sponsors, employers and practice learning opportunity providers. Different professional programmes use different terms, but this procedure is intended to be fair to all those that you will come into contact with.

2 Background

- 2.1 Programmes and qualifications where professional registration is required, or a code of practise or professional standards document issued by a PSRB is to be followed for a person to professionally practice, are listed as appendices to this document.
- 2.2 Roles in these professions are challenging and entail a high degree of responsibility as well as requiring the ability to work safely with individuals and groups in vulnerable situations. Relevant PSRBs have codes of practice and other policies and procedures that set out the standards for professional conduct and practise, and all professional practitioners within the respective discipline are required to uphold those standards. The relevant documents issued by PSRBs are detailed in the appendices to this document.

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- 2.3 The Open University is required to ensure that students on all professional programmes concerned are fit to practise, but the mechanism by which this happens varies:
- 2.3.1 For Social Work, students in Wales and Scotland register as students with the Social Care Wales (SCW) or Scottish Social Services Council (SSSC) at the point they commence their studies. In England they become eligible to be registered with Social Work England (SWE) at the point they are awarded their qualification.
 - 2.3.2 For Nursing, The Open University makes a judgement and signs a declaration of health and good character of applications prior to registration, as well as uploading success data to the Nursing and Midwifery Council (NMC) on successful completion of the programme.
 - 2.3.3 For Non-Medical Prescribing, as a requirement for enrolment all students on the programme are registrants of the appropriate PSRB, the General Pharmaceutical Council (GPhC), Health and Care Professions Council (HCPC) or the Nursing and Midwifery Council (NMC).
 - 2.3.4 For PGCE (Wales), students on the salaried route need to register with the Regulatory Body (the Education Workforce Council, EWC) as a School Support worker before they commence their PGCE and will need to comply with the EWC Code of Professional Conduct and Practice. On successful award of the PGCE (Wales) qualification, The Open University will notify the EWC of recommendation for Qualified Teacher Status (QTS).
 - 2.3.5 For Policing, the decision as to whether students are fit to practice resides with the police force. The Open University has the obligation to communicate any Fitness to Practice issues raised through the duration of their study.
- 2.4 In applying for registration as a student with The Open University, you agree to abide by the relevant code of practice or ethics for your professional programme, as detailed in the Appendices to this document, in addition to the [Conditions of Registration](#) and any relevant supplementary agreements for your professional programme. Failure to meet these standards or otherwise being found to be unsuitable in terms of conduct, character and/or health can lead to either the relevant regulatory body withdrawing your registration as a student, or The Open University not recommending you for registration.

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- 2.5 University staff, along with sponsors or employers, can be responsible for making decisions about your suitability to enrol on and remain on professional programmes as well as your suitability or fitness to practise as a professional at the end of your training. For this reason, it is essential that you and your sponsors, employers or practice learning opportunity providers (if applicable) share full and up-to-date information about any conduct or behaviours which cause concern.
- 2.6 It is important to draw a distinction between academic competence and suitability or fitness to practise. You may have excelled in your academic studies but may be deemed unsuitable or unfit to practise if you are considered not to be professionally competent, unsuitable for health reasons, or if your conduct is not compatible with the standards required by the relevant PSRB.

3 Written agreements

- 3.1 It is a condition of acceptance on professional programmes that you are either supported, sponsored or employed by a recognised employer, and that employer signs a written agreement for each student or cohort of students they register. These agreements set out responsibilities for each party, including responsibility for dealing with fitness to practise issues. The written agreement will set out who is responsible for dealing with fitness to practise matters that arise in connection with your study, work placements or other employment related matters. You will be provided with a copy of this written agreement.
- 3.2 Employers, sponsors and providers of practice learning opportunities will be provided with a copy of this procedure and the written agreement will set out if they have agreed to The Open University's approach to suitability and fitness to practise. If agreed and a cause of concern arises in the course of practice, they will inform The Open University immediately, as well as, or in parallel with, invoking their own procedures. This procedure is intended as an approach to assist you to become a competent and trusted member of your chosen profession and an exemplary employee.
- 3.3 The written agreement will also set out how all parties will share information or relevant evidence about issues relating to your conduct which might affect your professional suitability or fitness to practise, which may be needed to invoke this Fitness to Practise procedure. Please see section 7 in this document which sets out further information on confidentiality and the sharing of information.

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3.4 You agree, as part of your [Conditions of Registration](#), and the [Supplementary Agreement](#) for your professional programme (if relevant), that your personal information can be shared between your employer, sponsor, provider of practice learning opportunity and The Open University, and that you have a personal responsibility to inform the programme about any conduct issue or behaviour giving rise to a suitability or fitness to practise concern. This is reinforced in the module materials and/or Practice Learning Guide, so that you are fully aware of the expectations that The Open University and relevant PSRBs have of you. The sharing of personal data is set out in more details in the relevant student privacy notices.

4 Implementation and enforcement of procedure

4.1 When you are subject to workplace procedures and have appealed against it (either to your employer or employment tribunal) or you are subject to a criminal investigation, the Fitness to Practice investigation will be held until the case is concluded. This may imply that you are suspended from continuing your study for that period.

4.1.1 Raising concerns

Behaviours which may give rise to concerns could include the following:

- a) Character:
- a conviction or caution for fraud, theft, violence, sexual offence, drug dealing or drunkenness
 - serious cases of accessing illegal material from the internet
 - dishonesty, including falsifying study or practice records
 - serious or repeated instances of plagiarism could be considered to have implications for professional practice if it is found to be indicative of dishonesty or lack of integrity
 - serious inappropriate use of social media

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- b) Serious ill health:
- long-term, untreated/unmanaged or unacknowledged physical or mental health conditions that would impede professional practice. The Open University will implement all reasonable adjustments to support the students who have declared to have disabilities or long-term conditions.
 - long-term untreated alcohol or drug dependence
- c) Misconduct:
- physical or verbal abuse of patients/service users/carers, colleagues or members of the public
 - theft whilst working
 - significant failure to deliver adequate care
 - significant failure to keep proper records (determined through risk assessment)
 - failure to follow dress code
 - inappropriate use of mobile phones
 - poor time keeping and attendance
- d) Lack of competence in the related profession:
- lack of skill or knowledge
 - poor judgement, including a failure to understand where their professional practice has fallen below expected standards
 - inability to work as part of a team
 - difficulty or failure to communicate with colleagues or people in their care.
 - 'Health and safety' breeches
 - Confidentiality breeches

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- 4.1.2 Issues can be raised by you, employers, sponsors, providers of a practice learning opportunities, tutors, another part of The Open University, a service user, or another external source. The issue might arise from concerns about your health or behaviour, your competence, an incident or behaviour during practice or external to your studies or practice, or behaviour in a social context including on social media or forums (internally or externally).
- 4.1.3 To be fair to service users, patients, clients, carers, students, sponsors, providers of practice learning opportunities and employers, it is important that any concerns about your suitability or fitness to practise are raised promptly, and that they are investigated and assessed quickly, fairly and systematically. The first stage is to investigate the alleged cause for concern and decide whether it is of such seriousness that the Fitness to Practise procedure should be invoked, or whether the concern can be addressed by supporting and advising you. If the concern raised involves minor competency issues, you will be given the opportunity to improve your practise and provided with an action plan with corresponding timescales for improvement. The Open University might ask you to write a reflective piece of work in order to assess your ability to recognise your mistakes and work towards goals to improve your practise. If you fail to comply with the action plan, the case may be referred to the Fitness to Practise panel and/or be subject to disciplinary procedures, as set out in the Code of Practice for Student Discipline.
- 4.1.4 Overall consideration of fitness to practise issues should take into account how far you have progressed through your studies and the reasonable expectations of you at that point in your development. Consequently, a different approach may be taken towards an issue if you have only recently commenced studies compared to if you are about to complete your studies.

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4.2 Investigation stage

- 4.2.1 When a concern is raised, this is recorded on your student record. A senior member of the staff who has received dedicated training by The Open University in matter of investigation, will be designated by the faculty or your professional programme to be responsible for investigating the concern, but they will not be involved in later decision-making processes. In order to avoid prejudice to you, no other details will be logged on your student record at this stage.
- 4.2.2 The designated member of the staff will contact you by email or letter to inform you of the allegations made against you, and you will be invited to respond within 10 days. The email/letter will detail the procedure to be followed by the Investigation Panel.
- 4.2.3 Within 15 working days of receiving a concern, the designated member of staff will meet with the Module Chair and at least one other member of senior academic staff (either a Senior Lecturer from the relevant professional programme, the Head of School or an Associate Dean), who will form an Investigation Panel to establish if there is evidence to support a cause for concern and whether the concern warrants further action. At least one member of the Investigation Panel will be a professional of the corresponding area of expertise of your programme. All those forming the investigation panel will have received appropriate training and will be asked if they have had any contact with you in the past and if so, under what circumstances. You will be informed in writing and in advance on the composition of the Investigation Panel and you will be given the opportunity to object on any of its members before information about your case has been disclosed to the Panel members. You will be asked to provide reasons for your objection and the designated person will make the necessary adjustments to the composition of the panel, if your reasons are deemed acceptable. The Open University may need to invite staff from other institutions in order to cover specific areas of expertise.

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- 4.2.4 Any decision made about whether a concern is sufficiently supported by evidence and found to be significant will be the responsibility of the Module Chair and other senior members of academic staff. The designated member of staff can only make a recommendation, which will be documented, and he/she cannot be part of the decision-making process.
- 4.2.5 The designated member of staff will contact all appropriate parties to gather relevant information so that they can carry out a formal risk assessment. Any evidence collected will only be in relation to the concern raised and a wider investigation will not be undertaken at this stage.
- 4.2.6 You will be informed in writing that there is a concern, why it has been raised and you will be given the opportunity to respond. You will also be informed when you can expect to hear the outcome of the investigation. If we require longer than 15 working days to complete an investigation, you will be informed when you can expect to receive a decision.

4.3 Outcomes when a concern is received or from the investigation stage

4.3.1 No further action:

- If, at any point during the investigation, the designated member of staff decides that there is no evidence or substance to the referral, e.g. the allegation is trivial, it is a malicious allegation that is untrue, or is mistaken, then the Module Chair should be informed and, following their agreement, the matter will be dismissed and you will be informed of this outcome in writing.
- If a concern is raised but is not considered to be proven, then you may be informed that there is no case to answer.

4.3.2 Additional support:

- If a concern is raised but is not considered to be proven then there may be a recommendation of steps that you should take to improve your professional practice, for example support sessions. This recommendation may involve your employer, sponsor or learning opportunity provider providing additional support to you.

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- This outcome will be recorded on your student record and you will be informed of the outcome in writing. If the concern has arisen in practice, then the provider of the practice learning opportunity, employer or sponsor, will be told of the decision.

4.3.3 Recommended actions:

- If the concern is proven but is not considered to be significant enough to warrant a full review meeting, a decision may be made that you need to undertake some further recommended actions so that you understand the implications of the concern that has been raised. This may include you carrying out a reflective piece of work to demonstrate that you understand that your actions were unacceptable; additional supervision or repeating a practice learning experience.
- Any recommended actions will be recorded on your student record, then shared and agreed with your sponsor/employer/practice learning opportunity provider. In certain cases, it may be necessary to arrange an alternative practice learning opportunity provider. The Open University will make every effort to find other placement opportunities for you. If another placement is not available or your programme does not offer this opportunity (e.g. Policing), The Open University will discuss with you the option of being transferred to another course or what exit awards are available in your case.

4.3.4 Suspension:

- Where a concern has been raised, is proven and is sufficiently significant that it has a potential impact on your ability to continue to study on the programme or to professionally practice, then several options are available. The risk assessment may have revealed that concern is serious and immediate, and you may need to be suspended from professional practice, as described in section 4.6.

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4.3.5 Referral to other disciplinary or procedural route:

- If, in the opinion of the Investigation Panel, the concern is an Open University disciplinary matter rather than, or in addition to, one of fitness to practise, the matter may be referred to the [Code of Practice for Student Discipline](#) or another Open University policy or procedure. This referral may happen either after the outcome of or parallel to a fitness to practise investigation. On some occasions, it may be more appropriate for the fitness to practise investigation to be suspended pending the outcome of other policy processes or procedures.
- If the Investigation Panel determines that the matter may be disciplinary but is not considered to affect your fitness to practise then there should be a decision of no case to answer in this procedure, as in paragraph 4.3.1, but you may be informed that the matter is being passed to the appropriate disciplinary authority as set out in the Code of Practice for Student Discipline for consideration

4.3.6 You will be informed of any outcome in writing and this will be recorded on your student record. The letter will summarise the facts, how these facts do or do not establish a fitness to practise concern, the outcome decision(s) and, where appropriate, any monitoring conditions and review arrangements. If these are completed satisfactorily then this will be recorded on your student record and you will be informed in writing that no further action will be taken, unless there is a new cause for concern.

4.3.7 You have the right to appeal as set out in section 5.

4.4 Review meeting

4.4.1 If, as a result of the process of the investigation stage, it has been determined that there is cause for serious concern, the case will proceed to the review meeting stage. If the concern arises from an external event such as a conviction, the case will normally proceed directly to the review meeting stage. A senior member of the staff who has received dedicated training by The Open University in matter of investigation, will be designated by the Module Chair as a point of liaison for the case. This designated person does not need to be a member of academic staff but will be responsible for ensuring that the correct timetable is adhered to; be your liaison and act as

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secretary to the meeting. For an example of a review meeting timeline, please see [Appendix F](#).

- 4.4.2 The review meeting is a formal panel meeting that will consider the risk assessment and evidence gathered in the investigation stage. The composition of the formal panel will be determined in accordance with the professional programme that you are studying and is set out in the appropriate appendix for that programme. All panels will include one or more current or alumni student representatives from your professional programme.
- 4.4.3 You will be informed in writing of the decision to take the case to a review meeting, the matter(s) that has given rise to this concern, when the review meeting will be held, and details of the person designated as your liaison. The review meeting panel can consider the case in your absence or if you do not respond, but we will take all reasonable steps to ensure that you have had the opportunity to see the evidence being presented and to respond to it, either in writing or in person.
- 4.4.4 When you are informed of the review meeting date, you will be told who the review meeting panel members will be. All those forming the review panel will have received appropriate training and will be asked if they have had any contact with you in the past and if so, under what circumstances. You will be informed in writing and in advance on the composition of the Investigation Panel and you will be given the opportunity to object on any of the members of the Panel. You will be asked to provide reasons for your objection and the designated person will make the necessary adjustments to the composition of the panel, if your reasons are deemed acceptable. You will be provided with copies of the documents that will be considered by the panel. You will receive this information at least ten working days before the review meeting date to allow you to make arrangements to attend and/or to respond as set out in the timeline. Any response or evidence that you provide either in advance or when you attend the review meeting must be considered by the panel.

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- 4.4.5 When you are invited to attend the review meeting to make your submission, you can do this either in person or by video conferencing. If appropriate, the review meeting can be held in The Open University office closest to you, or if the meeting is taking place in Milton Keynes, your travel costs and anyone who is accompanying you will be offered. You may be accompanied by a friend or adviser, who may be a colleague, family member or friend.
- 4.4.6 You will be given the opportunity to ask for a postponement of the review meeting if you are unable to attend on the first meeting date suggested. Appropriate evidence must accompany the request and will be considered by the Chair of the Panel. Only one deferral may be requested, and the Review Meeting will take place within 30 days of the original date set.
- 4.4.7 The members of the review meeting panel could ask for any further information if they feel it would assist in the determination of your case. However, any further material or evidence supplied must also be provided to you at least five working days before and the review meeting may be adjourned if necessary, unless you accept the shorter notice period. Any evidence requested by review meeting panel members not provided in advance of the meeting will only be considered at the Chair's discretion.
- 4.4.8 If you, or your witnesses, have declared a disability that requires any reasonable adjustments to be made, these will be made prior to the review meeting to ensure fairness.
- 4.4.9 When the review meeting takes place, the Chair will outline the purpose of the meeting and explain the possible outcomes. If you are attending the meeting, you will be invited to provide your response in relation to the evidence provided against you. The panel will reserve the right to ask you further questions on specific matters of concern. The Chair will then tell you when you should expect to hear the outcome of the meeting and you will be asked to leave. The panel will then consider all the evidence that has been presented and decide on the outcome.

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4.4.10 At the end of the review meeting, the panel will consider, on the balance of probabilities and all evidence that has been presented, whether you have breached your applicable professional code of practice and, if so, consider your stage in study and if the breach can or cannot be rectified. If you have declared a disability, the review meeting panel will also consider whether the matters under investigation have arisen wholly or partly related to your disability, and whether they have arisen despite reasonable adjustments having been made.

4.4.11 Mitigating and/or aggravating circumstances will be considered by the panel when they determine if a breach of professional standards has occurred. Mitigating circumstances might include that you are demonstrating remorse or insight; you have disclosed an illness that is now being treated; or you have provided evidence that there has been an absence of appropriate professional guidance on a practice learning opportunity. Aggravating circumstances might include you denying or showing no insight into what has gone wrong, or you have previously been taken through the informal stage of this Fitness to Practise procedure, but further concerns have been raised.

4.5 Outcomes from the review meeting

- 4.5.1 The panel will determine whether the breach is so serious that you:
- will be expelled from the professional programme immediately; or
 - whether this is a matter which, if not satisfactorily addressed by you, would mean that The Open University would not be confident in recommending you as fit to practise on completion of the professional programme; or
 - that you, having been given the opportunity to address a matter of concern, have failed to do so to a satisfactory standard and consequently it is reasonable to expel you from the professional programme.

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4.5.2 If the panel determines that you have breached professional standards and they have made a decision as to whether the breach can be rectified, one of the following outcomes will apply:

- i) You will be given an informal warning
- ii) You will be given a formal warning, with or without the requirements below:
 - to identify specific steps that you must take to rectify the breach, by when, and how these will be monitored;
 - you will be required to repeat and pass a professional practise learning opportunity;
 - you will be required to repeat one or more modules.
- iii) You will be expelled from the qualification or programme.

4.5.3 Please be aware that if your case is referred to the Central Disciplinary Committee (CDC) at any stage, outcomes that may be determined by CDC include:

- you will be prevented from studying on any work-based programme with The Open University;
- you will be permanently expelled from The Open University.

CDC will only consider these outcomes if there is a serious disciplinary offence in addition to the Fitness to Practise concern.

4.5.4 You will be informed of the outcome decision of the panel in writing within 15 working days. The outcome decision letter will set out the facts that have been established, the reasons why the panel has reached its outcome decision (referring to the appropriate part of the professional code or guidance) and what outcome the panel have applied including any limitations being placed on you or additional tasks that you will be required to undertake.

4.5.5 Your practice learning opportunity provider, employer or sponsor will be provided with the details of the outcome decision. If your employer/sponsor/practice learning opportunity provider has suspended you but The Open University does not uphold the case, then we will presume that you will be reinstated as a student unless they tell us that you have been

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withdrawn from the professional programme. Please be aware that your employer/sponsor/practice learning opportunity provider may reserve the right to invoke their own procedures as a result of the outcome decision.

4.6 Suspension pending the outcome of proceedings:

- 4.6.1 It may be necessary to suspend you, pending the outcome of this procedure, as outlined in the [Conditions of Registration and Supplementary Agreement](#) (if relevant).
- 4.6.2 An employer, sponsor or practice learning opportunity provider may suspend you from practice only, in accordance with any rules or regulations applicable to that practice environment. In the cases of Apprenticeships, the employer may remove you from the entire programme. The employer, sponsor or practice learning opportunity provider will inform The Open University of any such suspension as soon as practicable and provide the reasons for the suspension.
- 4.6.3 If a concern has arisen as the result of, or which involves, a criminal investigation by the police or other investigating authority, this does not necessarily mean that you should be suspended from practice or study. The Review Panel chair will send a recommendation to the Central Disciplinary Committee (CDC) of The Open University which will make the decision regarding whether the matter is serious enough to warrant suspension. Further action under this procedure may need to be deferred until any criminal proceedings have been completed. If you have been suspended, this will be reviewed regularly, as cases may be referred to the Crown Prosecution Service or Procurator Fiscal, but a later decision made not to proceed.
- 4.6.4 You may only be suspended from your academic studies and professional practise pending a fitness to practise investigation by an authorised executive authority of The Open University. This may be an Associate Dean, a Programme Director or Head of the relevant professional programme, the Director of Academic Services or their delegate. In the cases of Apprenticeships, the employer may remove you from the entire programme. This may be an Associate Dean, a Programme Director or Head of the relevant professional programme, the Director of Academic Services or their delegate.

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- 4.6.5 If you are suspended from practice, this does not necessarily mean that you should be suspended from continuing as a student of The Open University (however, exceptions apply in Policing). While you may not be able to continue with practice-related elements of your study pending an investigation, you may be able to continue with academic study by transferring your credit to a non-practice related qualification for academic study only. This does not apply to Apprenticeships, unless you intend to personally pay for your new module. If it is decided to suspend you from all study with The Open University, the grounds on which this decision is made must clearly state why you cannot continue with your academic studies.
- 4.6.6 If you remain suspended from practice and/or academic study at the point where a module or qualification would normally have been completed, and as a result of that suspension have not had a sufficient opportunity to demonstrate the learning outcomes of that module or qualification, where possible and where appropriate, you will be re-registered on the module or qualification (or its replacement) to allow you to conclude your studies.
- 4.6.7. For Apprentices, your employer may remove you from the entire programme pending the investigation in your apprenticeship setting. The outcome of the employer's investigation may have an impact on your ability to resume the apprenticeship.

5 Right of Appeal

If you wish to appeal against the decision of the investigation panel, the review meeting panel or any element of how this procedure has been applied, please consult the [Student Complaints and Appeals Procedure](#).

6 Non-compliance

Should you refuse to cooperate or engage with this procedure, we reserve the right to follow alternative appropriate policies or procedures such as the Code of Practice for Student Discipline, the Fitness to Study Policy, Plagiarism policy or any other relevant policy specified in 'Related Documentation'. You will be advised of any additional action which may be taken to respond to your case.

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7 Confidentiality and the sharing of information

- 7.1 Processing data relating to this procedure is part of our public task of delivering Higher Education qualifications.
- 7.2 You, and/or your witnesses, may declare that disclosing personal or “special category” data such as information about physical or mental health, will help explain your circumstances. We will ask for your, and your witnesses’, informed consent to use such data as part of this procedure. You and your witnesses can withdraw your consent to use this “special category” data at any time.
- 7.3 You, and/or your witnesses, can ask for any “special category” data collected under the procedure to be removed from our systems if you/them withdraw your/their consent.
- 7.4 If during our discussions with you, you disclose disability information to us, we will record this on your student record. You will be asked if you wish this information to be sent to the support teams who can talk to you about additional support that may be available. This information will only be shared if you agree.
- 7.5 More information about how your data is used, stored and shared is given in the [Student Privacy Notice](#).
- 7.6 Under normal circumstances, your data will not be shared with third parties outside of The Open University, your practice learning opportunity provider, employer or sponsor. If we deem you or others to be at risk of harm because of your behaviour or actions, we will share your data with other organisations without your consent under the exceptional circumstances set out in the Data Protection Act 2018 Schedule 1, paragraphs 1, 10 and 18. Please see the Glossary for a definition of these exceptional circumstances.
- 7.7 If any of the circumstances outlined in the Glossary occur, The Open University may contact the police force, a hospital, psychiatric services, a case worker, psychiatric nurse, Social Services or a nominated advocate to speak on your behalf (for Open University purposes or court appointed).

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- 7.8 Data relating to Fitness to Practise will be kept on your student record for the duration of your professional programme or for as long as you remain a student of The Open University (plus 6 years as specified in the [Retention of Student data and Records](#)).

8. Welsh Language standards

- 8.1 Students living in Wales have the right to communicate with The Open University through the medium of Welsh. This includes:
- Correspondence – you have the right to write to us or email us in Welsh, and we will respond to you in Welsh if that is your wish.
 - Meetings - When we invite you to a meeting as part of the procedure, either in person or on the telephone, we will ask you if you wish to use Welsh at the meeting. If you choose to use Welsh at a meeting and not all attendees are Welsh speakers, we will arrange a simultaneous translator.
- 8.2 Advocates - Any advocate you choose to represent you may also use Welsh in any meeting or correspondence.

Appendices

- [A Social Work](#)
- [B Nursing](#)
- [C Non-Medical Prescribing](#)
- [D PGCE \(Wales\)](#)
- [E Policing](#)
- [F Example timeline for a review meeting](#)

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Glossary of terms

Mitigating and/or aggravating circumstances

Under normal circumstances, your data will not be shared with third parties outside The OU. If exceptionally the data does need to be shared, we will seek your consent. The only circumstances under which we could share the data with other organisations without your consent are:

- When your mental health threatens your personal safety (DP ACT 2018 sch1(18) safeguarding)
- When your behaviour is adversely affecting the rights and health and safety of others (sch1(1) for social protection/ health and safety)
- When a member of staff would be liable to criminal procedures if the information was not disclosed (i.e. a crime had been committed) sch1 (10) prevention/ detection of crime.

Fitness to practise

Fitness to practise is your ability to meet professional standards. It encompasses your character, professional competence and health.

Investigation Panel

An investigation panel will be chaired by a senior member of the staff who has had no previous involvement in the case. Members of the investigation panel will be trained and resourced in order to effectively undertake an investigation on a concern about a student's fitness for practise.

Review Meeting Panel

The Review meeting panel is a formal panel that will determine the severity of the breach of the professional standards specified in the contract with the written agreement within a training programme. The Review meeting panel will consider the risk assessment and evidence gathered in the investigation stage.

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Special Category Data

The General Data Protection Regulation sets out “special categories” of data which have to be given additional protection. These comprise your racial or ethnic origin, religious beliefs, political opinions, trade union membership, genetics, biometrics (where used for ID purposes) physical or mental health, sex life and sexual orientation. Information about criminal offences or criminal proceedings are treated similarly.

Sponsor/Sponsoring Agency (Social Work)

Sponsor/Sponsoring agency is an organisation putting forward a student to participate in the programme and undertaking the arrangement of supervision of their practice learning; this term is used whether or not the organisation is also paying the student tuition fees.

Student of The Open University

For the purposes of this procedure, you are a student of The Open University if you are currently registered for a qualification or a module, or if you have studied a module in either of the previous two academic years.

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Further clarification

If you have any queries around the content provided within this document and how to interpret it, please contact the Student Casework Office who are specially trained to advise on the implementation of policy.

The Student Casework Office

The Open University

PO Box 5155

Milton Keynes

MK7 6YJ

Phone: 01908 659535

Fax: 01908 659231

Email: StudentCaseworkOffice@open.ac.uk

If you have any comments about this procedure document and how it might be improved, please submit these to SPR-Policy-Team@open.ac.uk.

Alternative format

If you require this document in an alternative format, please contact the Student Support Team via <http://www.open.ac.uk/contact/> (phone +44 (0)300 303 5303), or your dedicated Student Support Team via StudentHome if you are a current Open University student.

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Appendix A: Social Work

1. Social Work (England) Professional Programme

1.1 Qualifications covered:

- [Q32: BA \(Hons\) Social Work \(England\)](#)
- [R34: BA \(Honours\) in Social Work \(England\) \(Apprenticeship\)](#)
- [F80: MA in Social Work](#)
- [E85: Postgraduate Diploma in Social Work](#)

1.2 Professional, statutory or regulatory body:

- [Social Work England](#)

1.3 Code of Practice and relevant regulatory documents:

- [Social Work England- Professional Standards](#)

1.4 Composition of review meeting panel:

- a chairperson: the Head of Social Work (England) or their nominee
- a representative from a sponsoring agency
- a member of academic staff from the social work professional programme, who should be a Staff Tutor (Social Work)
- a (current or alumni) student representative from the social work professional programme
- an impartial and experienced university note taker.

No member of the panel should be directly involved with the student subject to the enquiry.

1.5 Specific social work entry requirements:

You must demonstrate the entry level capabilities and other entry requirements set by the Open University social work programme and are linked to in the qualifications section above or can be provided by your Student Support Team.

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2. Social Work (Scotland) Professional Programme

2.1 Qualifications covered:

- [Q41 BA \(Hons\) Social Work \(Scotland\)](#)
- [Q50 BA \(Hons\) Social Work \(Scotland\) \(graduate entry\)](#)
- [F80: MA in Social Work](#)
- [E85: Postgraduate Diploma in Social Work](#)

2.2 Professional, statutory or regulatory body:

- [Scottish Social Services Council \(regulator\) \(SSSC\)](#)

2.3 Code of Practice and relevant regulatory documents:

- [SSSC \(2016\) Codes of Practice for Social Service Workers and Employers](#)
- [SSSC Fitness to practise guidance](#)

2.4 Composition of review meeting panel:

- a chairperson: the Head of Social Work (Scotland) or their nominee
- a representative a from a sponsoring agency
- a member of academic staff from the social work professional programme who should be a Staff Tutor (Social Work)
- a (current or alumni) student representative from the social work professional programme
- an impartial and experienced university note taker.

Members would normally be appointed from within the Social Work (Scotland) professional programme.

No member of the panel should be directly involved with the student subject to the enquiry.

2.5 Specific social work entry requirements:

You must demonstrate the entry level capabilities and other entry requirements set by the Open University social work programme and are linked to in the qualifications section above or can be provided by your Student Support Team.

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3. Social Work (Wales) Professional Programme

3.1 Qualifications covered:

- [Q42 BA \(Hons\) Social Work \(Wales\)](#)
- [F80: MA in Social Work](#)
- [E85: Postgraduate Diploma in Social Work](#)

3.2 Professional, statutory or regulatory body:

- [Social Care Wales \(regulator\) \(SCW\)](#)

3.3 Code of Practice and relevant regulatory documents:

- [SCW \(2018\) Code of Professional Practice for Social Care](#)
- [SCW Fitness to practise guidance](#)

3.4 Composition of review meeting panel:

- a chairperson: the Head of Social Work (Wales) or their nominee.
- a representative of a partner agency from the Wales Programme Partnership.
- a member of academic staff from the social work professional programme, who should be a Staff Tutor (Social Work).
- a (current or alumni) student representative from the social work professional programme.
- an impartial and experienced university note taker.

Members should normally be appointed from the Wales programme.

No member of the panel should be directly involved with the student subject to the enquiry.

3.5 Specific social work entry requirements:

You must demonstrate the entry level capabilities and other entry requirements set by the Open University social work programme and are linked to in the qualifications section above or can be provided by your Student Support Team.

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4. Social Work (Northern Ireland) Professional Programme

4.1 Qualifications covered:

- [R61 BA \(Hons\) Social Work \(Northern Ireland\)](#)

4.2 Professional, statutory or regulatory body:

- [Northern Ireland Social Care Council \(NISCC\)](#)

4.3 Code of Practice and relevant regulatory documents:

- [NISCC Standards of Conduct and Practice for Social Work students](#)

4.4 Composition of review meeting panel:

- a chairperson: the Associate Head of School, Professional Programmes, or their nominee (who must be a qualified and registered Social Worker)
- a representative from a sponsoring agency
- a member of academic staff from the social work professional programme, who should be a Staff Tutor (Social Work)
- a (current or alumni) student representative from the social work professional programme
- an impartial and experienced university note taker.

No member of the panel should be directly involved with the student subject to the enquiry.

4.5 Social work entry requirements:

You must demonstrate the entry level capabilities and other entry requirements set by the Open University social work programme and are linked to in the qualifications section above or can be provided by your Student Support Team.

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5. Formal agreement with social work sponsors/employers:

- 5.1 All sponsoring agencies sign a formal agreement that clarifies the respective responsibilities of The Open University and the sponsor. Sponsoring agencies agree to ensure that you undergo a period of 20 days of readiness for practice, are provided with two contrasting practice learning opportunities with a suitable practice educator, and that study leave arrangements are agreed.
- 5.2 Sponsoring agencies also agree, without prejudice to their right to deal with employment matters under their normal procedures, that Fitness to Practise issues arising in connection with work placements or other employment related matters affecting your continuation on the programme, will be dealt with under these procedures. They also include an agreement that all parties will share any information about any issues relating to your conduct which might affect your professional suitability or fitness to practise, and to share the relevant evidence which may be needed by The Open University for this Fitness to Practise procedure.
- 5.3 If a cause for concern arises in the course of practice, sponsoring agencies will inform the Head of Operations, Social Work at The Open University immediately, as well as, or in parallel with, invoking their own fitness to practise procedures.

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Appendix B: Nursing

1. Nursing Professional Programme

1.1 Qualifications covered:

- [Q73: BSc \(Hons\) Adult Nursing](#)
- [Q74: BSc \(Hons\) Mental Health Nursing](#)
- [R41: BSc \(Hons\) Adult Nursing \(Apprenticeship\)](#)
- [R42: BSc \(Hons\) Mental Health Nursing \(Apprenticeship\)](#)
- [X04 Foundation Degree in Nursing Associate Practice \(Nursing Associate Apprenticeship\)](#)
- [X19 Foundation Degree in Nursing Associate Practice \(approval is expected over the summer\)](#)
- [R39 BSc \(Honours\) Nursing](#)
- [R43 BSc \(Honours\) Nursing \(Apprenticeship\)](#)

1.2 Professional, statutory or regulatory body:

- [Nursing and Midwifery Council \(regulator\) \(NMC\)](#)

1.3 Code of Practice and relevant regulatory documents:

- [The Code: Standards of practice and behaviour for nurses, midwives and nursing associates \(NMC October 2018\)](#)
- [Standards for nurses \(NMC 2018\)](#)
- [Standards for nursing associates \(NMC 2018\)](#)
- [Guidance: Health and character as a student \(NMC 2019\)](#)
- [Guidance: Raising concerns](#)
- [Raising concerns: Guidance for nurses, midwives and nursing associates](#)
- [Standards of Proficiency for Pre-Registration Nursing Programmes \(NMC Jan 2019\)](#)
- [Standards of Proficiency for Pre-Registration Midwifery Programmes \(NMC Jan 2020\)](#) [Standards framework for nursing and midwifery education \(NMC Jan 2019\)](#)

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1.4 Composition of review panel:

- Senior Academic from the School of Nursing
- Staff Tutor / Regional Education Manager representative (who has not been involved in the initial risk assessment)
- student / student representative with experience of work-based professional programmes (existing student or alumnus / alumna)
- employer / employer's representative (who must not be a member of staff from the student's department / clinical place of work, or have been involved in the initial evidence gathering exercise)
- an impartial and experienced university note taker.

The panel must include at least one member (not including the note taker) with a background in the specific field of study being undertaken by the student (i.e. Adult or Mental Health Nursing)

No member of the panel should have been directly involved with the student subject to the enquiry.

2. Specific nursing entry requirements:

- 2.1 Open University nursing students must be employed in a healthcare support worker role or acceptable equivalent setting. They may be funded by their employer or a government agency or, in England, may self-fund their studies.
- 2.2 You must demonstrate the entry level capabilities and other entry requirements set by The Open University nursing programme and are linked to in the qualifications section above or can be provided by your Student Support Team.

3. Formal agreement with employers:

- 3.1 All employers sign a formal Agreement which requires that they inform The Open University:
 - immediately of your removal (and reason for removal) from placement on grounds of conduct, suitability or patient safety, thereafter, cooperating in any disciplinary proceedings relating to you.
 - concerns raised about you over a period time as soon as reasonably practicable.

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- if you withdraw from the programme or cease employment.
 - if you are sufficiently absent from the programme to jeopardise your ability to meet learning outcomes and statutory/regulatory requirements.
- 3.2 In addition, employers are required to ensure that you satisfy occupational health requirements throughout your practice experience, to cooperate in answering any complaint, clinical negligence or personal injury claim involving you, and to encourage and support its staff to participate in disciplinary and appeals processes where appropriate.
- 3.3 Employers also agree, without prejudice to their right to deal with employment matters under their normal procedures, that Fitness to Practise issues arising in connection with practice placements or other employment related matters affecting your continuation on the programme, will be dealt with under these normal procedures. The Agreement also requires that all parties share any information about any issues relating to your conduct which might affect your professional suitability or fitness to practise, and also to share the relevant evidence which may be needed by The Open University for this Fitness to Practise procedure.
- 3.4 If a cause for concern arises in the course of practise, employers will inform The Open University immediately, through liaison with a Practice Tutor, or Staff Tutor/ Education Manager as well as, or in parallel with, invoking their own procedures.

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Appendix C: Non-Medical Prescribing

1. Non-Medical Prescribing Professional Programme

1.1 Qualifications covered:

- [K33: Postgraduate Certificate in Non-Medical Prescribing](#)

1.2 Professional, statutory or regulatory bodies

- [General Pharmaceutical Council \(GPhC – Regulator\)](#)
- [Social Work England](#)
- [Nursing and Midwifery Council \(NMC\)](#)

1.3 Code of Practice and relevant regulatory documents:

- [Standards for pharmacy professionals \(GPhC May 2017\)](#)
- [Fitness to practise declarations \(GPhC 2019\)](#)
- [Professional Standards](#) (Social Work England 2019)
- [Education and training standards](#) (Social Work England 2019)
- [The Code: Standards of practice and behaviour for nurses, midwives and nursing associates \(NMC October 2018\)](#)

1.4 Composition of review panel:

- Professional Lead Non-Medical Prescribing
- Academic Tutor (who has not been involved in the initial risk assessment)
- Student / student representative with experience of non-medical prescribing programmes (existing student or alumnus/alumna)
- Employer / employer representative (who must not be a member of staff from the student's department / clinical place of work, or have been involved in the initial evidence gathering exercise)
- an impartial and experienced university note taker.

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The panel must include at least one member (not including the note taker) with a background in the specific professional regulator of the student (i.e. GPhC, SWE or NMC).

No member of the panel should have been directly involved with the student subject to the enquiry.

2. Specific entry requirements for this programme:

2.1 You must demonstrate the entry level capabilities and other entry requirements set by the Open University social work programme and are linked to in the qualifications section above or can be provided by your Student Support Team.

3. Formal agreement with employers:

3.1 All employers sign a formal Agreement which requires that they inform The Open University:

- immediately of your removal (and reason for removal) from placement on grounds of conduct, suitability or patient safety, thereafter, cooperating in any disciplinary proceedings relating to you.
- concerns raised about you over a period time as soon as reasonably practicable.
- if you withdraw from the programme or cease employment.
- if you are sufficiently absent from the programme to jeopardise your ability to meet learning outcomes and statutory/regulatory requirements.

3.2 In addition, employers are required to ensure that you satisfy occupational health requirements throughout your practice experience, to cooperate in answering any complaint, clinical negligence or personal injury claim involving you and to encourage and support its staff to participate in disciplinary and appeals processes where appropriate.

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- 3.3 Employers also agree without prejudice to their right to deal with employment matters under their normal procedures that Fitness to Practise issues arising in connection with practice placements or other employment related matters affecting your continuation on the programme, will be dealt with under these normal procedures. The Agreement also requires that all parties will share any information about any issues relating to your conduct which might affect your professional suitability or fitness to practise, and also to share the relevant evidence which may be needed by the University for this Fitness to Practise procedure.
- 3.4 Employers should be made aware that if a cause for concern arises in the course of practice, they should inform the University immediately, through liaison with The Open University Non-Medical Prescribing lead as well as, or in parallel with, invoking their own procedures.

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Appendix D: PGCE (Wales)

1. PGCE (Wales) Programme:

1.1 Qualifications covered:

- [K36 Postgraduate Certificate in Education \(Wales\)](#)

1.2 Professional, statutory or regulatory bodies:

- [Education Workforce Council \(EWC\)](#)

1.3 Code of Practice and relevant regulatory documents:

- [Code of Professional Conduct and Practice](#) (1 September 2019), Education Workforce Council (EWC)

1.4 Composition of review panel:

- Chairperson: the Director of the PGCE Programme for Wales, or their nominee
- Employer School representative (who must not be a member of staff from the student's school, or have been involved in the initial evidence gathering exercise)
- A member of PGCE academic staff, who should be a Curriculum Tutor but who should have not been involved in the initial risk assessment
- A student / student representative with experience of work-based professional programmes (existing student or alumnus / alumna)
- A university note taker.
- Members should normally be appointed from the PGCE Wales programme. No member of the panel should be directly involved with the student subject to the enquiry.

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2. Specific entry requirements for this programme:

which apply to both Primary and Secondary phases except where stated:

- a UK degree or equivalent (Secondary phase only: this qualification must have at least 50% relevance to the subject they want to teach).
- Primary phase only: achieved a standard equivalent to a GCSE Grade C or above (or equivalent) in Science.
- a GCSE Grade B or above (or equivalent) in mathematics or Mathematics-Numeracy.
- a GCSE Grade B or above (or equivalent) in either English Language, English Literature, Welsh Language or Welsh Literature. Where an equivalent to a grade B in either English Literature or Welsh Literature is achieved, a minimum of a grade C (or equivalent) must be achieved in the corresponding GCSE examination in English or Welsh Language.
- confirms that they understand that should they be successful they will need to apply for a Disclosure and Barring check and register with the Education Workforce Council as Learning Support prior to commencement on the programme.
- a named employer school and has included a supporting statement for the application endorsed by the head teacher or has indicated that they do not have a named employer school at this stage and states the geographical location for where a salaried placement is being sought.
- confirms that they understand that they will also need to do school experience in a second school.

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3. Formal agreement with Lead Partner Schools and Second Schools:

- 3.1 All Schools sign a MoU which clarifies the respective responsibilities of the OU and the school. Students sign on registration that they understand the respective responsibilities of the OU and the student.
- 3.2 All students must follow the expectations set out in the Supplementary Agreement, including a statutory minimum of 120 days of practice learning.
- 3.3 Schools also agree without prejudice to their right to deal with employment matters under their normal procedures, that FtP issues arising in connection with practice learning experience or other employment related matters affecting their continuation on the programme, will be dealt with under these procedures. They also agree that all parties will share any information about any issues relating to the student's conduct which might affect their professional suitability or fitness to practise, and also to share the relevant evidence which may be needed by the University for this Fitness to Practise procedure.
- 3.4 Schools should be made aware that if a cause of concern arises in the course of practice learning, they should inform the Director of the PGCE Programme for Wales immediately, as well as, or in parallel with, invoking their own procedures.

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Appendix E: Policing

1. Policing Programme

1.1 Qualifications covered:

- [Police Constable Degree Apprenticeship](#)
- Degree Holder Entry Programme (DHEP)

1.2 Professional, statutory or regulatory body:

- [The College of Policing](#)

1.3 Code of Practice and relevant regulatory documents:

- [The College of Policing Code of Ethics](#)

2. Composition of review panel:

The panel must include at least one member (not including the note-taker) with a background in policing education.

- A chairperson: The Teaching Director or nominee
- A representative from the employing Police Force (who has not been involved in any workplace investigation)
- A representative from the Student Experience Team
- A representative from the Business Development Unit
- A (current or alumni) student representative (from the policing programme)
- An impartial and experienced university note taker

No panel member should have been directly involved in the teaching of the student subject to the enquiry.

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3. Specific entry requirements for these programmes:

- 3.1 Policing students must be employed by a Police Force and registered onto the course by their employer.
- 3.2 Individual forces may set their own educational entry requirements in addition to:
 Good character, evidenced through self-declaration, Police Force recruitment process, vetting and enhanced criminal disclosure.
- Good health, evidenced through self-declaration, Police Force recruitment process, medical and other screening on entry.
- 3.3 Entry requirements onto the Apprenticeship are also dictated by the Apprentice Standard as approved by the ESFA and IfATE.
- 3.4 Students must sign a registration agreement which references the student privacy notice.

4. Formal agreement with employers:

- 4.1 The two qualifications covered by this Annex are subject to employment by a Police Force: it is not possible for an individual to register for the qualifications without being confirmed in post as an employee of a Police Force. The Police Force govern the terms of employment and progression via their professional pathway. If an individual is no longer employed, they are no longer a student on the qualification for which they were enrolled.
- 4.2 All employers sign a formal agreement/contract which requires that they inform The Open University
- Immediately of the termination (and reason for termination) of employment for any student.
 - Concerns raised about students over a period of time as soon as reasonably practicable.
 - Should the student accrue sufficient absence from employment to jeopardise their ability to meet learning outcomes of the programme.

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- 4.3 As the employing force is responsible for conferring Fitness to Practice to the student, the Open University must ensure the force is fully informed of any concerns observed through the context of study. Force procedure in relation to Fitness to Practice takes precedent over Open University procedure.
- 4.4 The employer will, without prejudice, have the right to deal with employment related matters under their normal procedures. Any Fitness to Practice concerns arising in connection with employment, and which may impact on the student's continuation on the programme, must be referred to the University to determine if the Fitness to Practise procedure should also be followed. The agreement/contract also requires that all parties share information about any issues relating to the student's conduct which might affect their professional suitability or fitness to practise, and also to share the relevant evidence which may be needed by either party for this Fitness to Practise procedure.
- 4.5 Employers are required to inform the University immediately, via the Practice Tutor or Apprenticeship Programme Delivery Manager as well as, or in parallel with, invoking their own procedures. Similarly, the University will inform the employer via the Practice Tutor or Apprenticeship Programme Delivery Manager as well as, or in parallel with, invoking the Fitness to Practise.

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Appendix F: Example timeline for a review meeting

Figure 1 – Table of steps and timeline for a review meeting

Step	Example date	Comment
The decision to convene a review meeting panel is made.	1 st July	N/A
The faculty writes to you to advise what the process will be and the date of the review meeting.	15 th July	The faculty has 10 working days to collate evidence and recruit the panel members.
The meeting agenda and evidence is circulated to you and the panel members.	23 rd July	This date should be at least 15 working days before the review meeting takes place.
The deadline by which you can respond to the evidence.	13 th August	You will have 10 working days to respond to the evidence.
The panel has sight of your response.	27 th August	This must be at least 5 working days before the review meeting date.
The review meeting takes place.	14 th August	N/A
The panel write to you with the outcome decision(s) and any recommendations	3 rd September	The panel must inform you of their decisions within 15 working days.
Appeal deadline	17 th September	You have 10 working days to appeal the panel's decision or recommendations

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**Realising professionalism:
Standards for education and training**

**Part 1: Standards
framework for
nursing and
midwifery education**

Published 17 May 2018

About these standards

Realising professionalism: *Standards for education and training* includes the *Standards framework for nursing¹ and midwifery education, Standards for student supervision and assessment*, and programme standards specific to each approved programme.

Our *Standards for education and training* are set out in three parts:

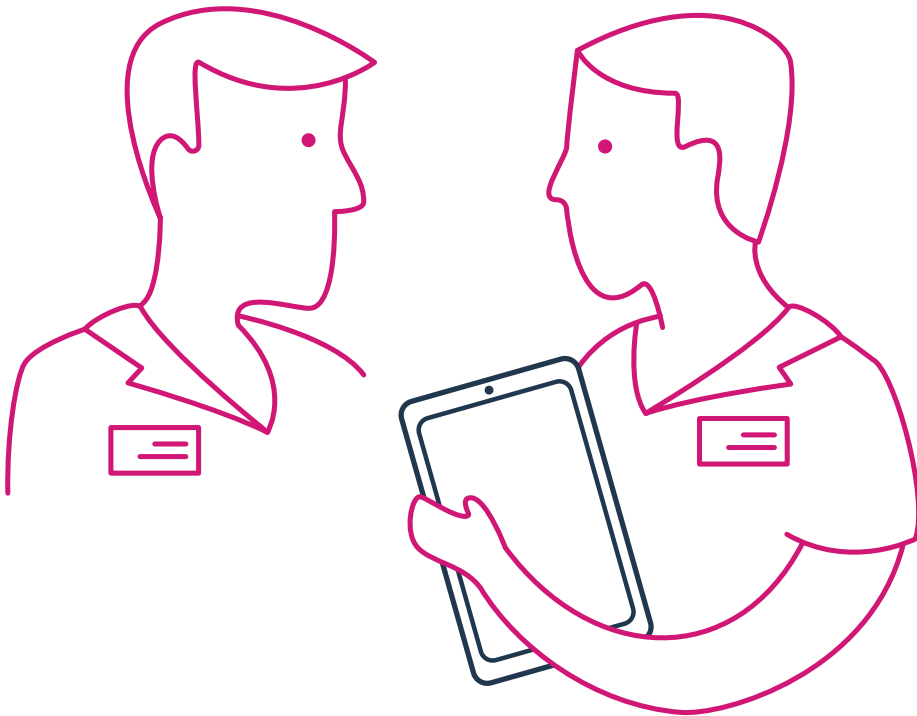
Part 1: Standards framework for nursing and midwifery education

Part 2: Standards for student supervision and assessment

Part 3: Programme standards

- Standards for pre-registration nursing education
- Standards for pre-registration nursing associate education
- Standards for prescribing programmes

These standards help nursing and midwifery [students](#) achieve proficiencies and programme outcomes. All nursing and midwifery professionals must practise in line with the requirements of [The Code](#), the professional standards of practice and behaviour that nurses, midwives and nursing associates are expected to uphold.



¹ We have used the phrase 'nursing' in this document to apply to the work of nurses and nursing associates. Nursing associates are a distinct profession with their own part of our register, but they are part of the nursing team.

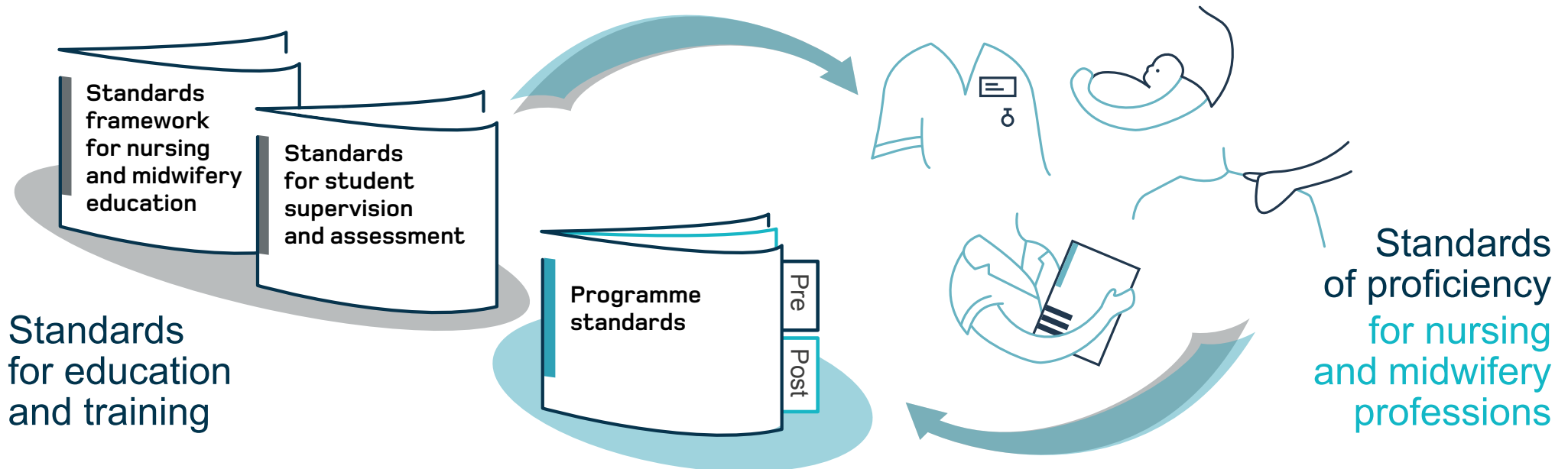
Introduction

Our *Standards framework for nursing and midwifery education* applies to all [approved education institutions](#) (AEIs) and their [practice learning partners](#) that are running NMC approved programmes.

Article 15(1) of the Nursing and Midwifery Order 2001 ([‘the Order’](#)) requires the Council to establish standards for education and training which are necessary to achieve the standards of proficiency for admission to the register, as required by Article 5(2) of the Order. The *Standards framework for nursing and midwifery education* is established under the provision of Article 15(1) of the Order.

These standards aim to provide AEIs and practice learning partners with the flexibility to develop innovative approaches to all education for nurses, midwives and nursing associates, while being accountable for the local delivery and management of approved programmes in line with our standards. Pre-registration nursing and midwifery programmes and post-registration programmes may offer various academic and flexible routes to registration and annotation when seeking approval in line with our standards.

These standards should be read with *Part 2: Standards for student supervision and assessment* and *Part 3: Programme standards* which are standards specific for each pre-registration and post-registration educational programme. Together these are the NMC *Standards for education and training* (*‘Realising professionalism’*) for the nursing and midwifery professions. Education institutions must be approved against these standards to run any NMC approved programmes.



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AEIs are responsible for working with practice learning partners to manage the quality of their educational programmes. Overall responsibility for the day-to-day management of the quality of any educational programme lies with an AEI in partnership with practice learning partners who provide opportunities for practice experience to nursing and midwifery students.

Before a programme can be run, an approval process takes place through which we check that the proposed programme meets our standards.

Public safety is central to our standards. Students will be in contact with [people](#) throughout their education and it's important that they learn in a safe and effective way.

Through our quality assurance (QA) processes we check that education programmes meet our standards and that education institutions and practice learning partners are managing risks effectively. Using internal and external intelligence we monitor risks to quality in education and training; this intelligence gathering includes analysis of system regulator reports.

Approved education providers are monitored and we have processes for collecting, analysing and responding to any risk intelligence we receive regarding educational programmes, including concerns raised with us directly by students. Approved education providers are also required to self-report any risks or concerns that could affect the quality of programme delivery and, therefore, public protection.

We strongly encourage people to take part in QA events, where they will be asked to share experiences of nurse and midwifery education and suggest improvements.

AEIs must seek permission for approval for programme endorsement for programmes approved in the UK, to be delivered in a specified location outside the UK. This must be done in line with the NMC *Quality assurance framework*.

Our Standards framework for nursing and midwifery education is set out under the following five headings:

1. Learning culture

We will only approve programmes where the learning culture is ethical, open and honest, is conducive to safe and effective learning that respects the principles of equality and diversity, and where innovation, inter-professional learning and team working are embedded

2. Educational governance and quality

We expect education providers to comply with all legal and regulatory requirements

3. Student empowerment

We want students to be empowered and provided with the learning opportunities they need to achieve the desired proficiencies and programme outcomes

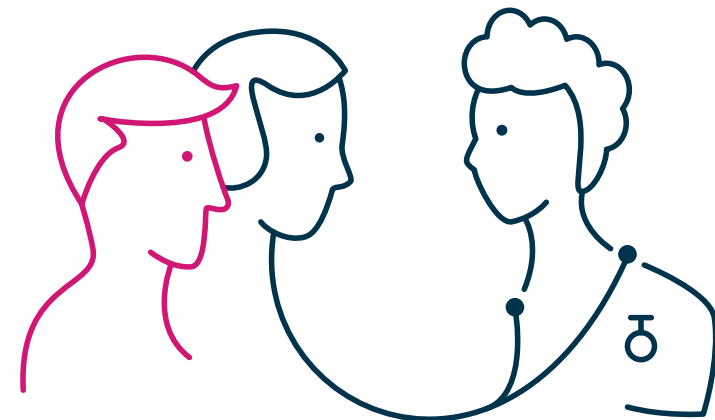
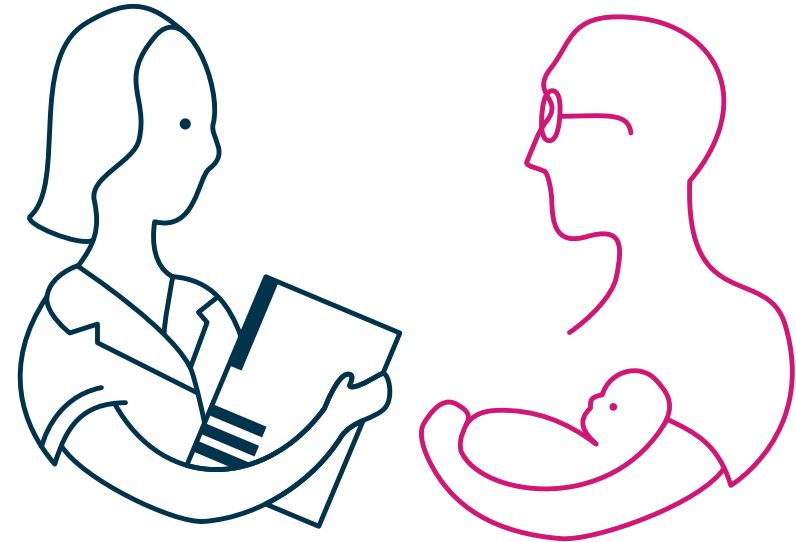
4. Educators and assessors

We will seek assurance that those who support, supervise and assess students are suitably qualified, prepared and skilled, and receive the necessary support for their role

5. Curricula and assessment

We set standards for curricula and assessment that enable students to achieve the outcomes required to practise safely and effectively in their chosen area

We use these standards to assess the safety and effectiveness of all [learning environments](#).



1 Learning culture

Standards

- 1.1 The learning culture prioritises the safety of people, including carers, students and [educators](#), and enables the values of *The Code* to be upheld.
- 1.2 Education and training is valued in all learning environments.

Requirements

Approved education institutions, together with practice learning partners, must:

- 1.1 demonstrate that the safety of people is a primary consideration in all learning environments
- 1.2 prioritise the wellbeing of people promoting critical self-reflection and safe practice in accordance with *The Code*
- 1.3 ensure people have the opportunity to give and if required, withdraw, their informed consent to students being involved in their care
- 1.4 ensure educators and others involved in supervision, learning and assessment understand their role in preserving public safety
- 1.5 ensure students and educators understand how to raise concerns or complaints and are encouraged and supported to do so in line with local and national policies without fear of adverse consequences

- 1.6 ensure any concerns or complaints are investigated and dealt with effectively
- 1.7 ensure concerns or complaints affecting the wellbeing of people are addressed immediately and effectively
- 1.8 ensure mistakes and incidents are fully investigated and learning reflections and actions are recorded and disseminated
- 1.9 ensure students are supported and supervised in being open and honest with people in accordance with [the professional duty of candour](#)
- 1.10 ensure the learning culture is fair, impartial, transparent, fosters good relations between individuals and diverse groups, and is compliant with [equalities and human rights legislation](#)
- 1.11 promote programme improvement and advance equality of opportunity through effective use of information and data
- 1.12 ensure programmes are designed, developed, delivered, evaluated and co-produced with [service users](#) and other [stakeholders](#)
- 1.13 work with service providers to demonstrate and promote inter-professional learning and working, and
- 1.14 support opportunities for research collaboration and evidence-based improvement in education and service provision.

2 Educational governance and quality

Standards

- 2.1 There are effective governance systems that ensure compliance with all legal², regulatory, professional and educational requirements, differentiating where appropriate between the devolved legislatures of the United Kingdom, with clear lines of responsibility and accountability for meeting those requirements and responding when standards are not met, in all learning environments.
- 2.2 All learning environments optimise safety and quality, taking account of the diverse needs of, and working in partnership with, service users, students and all other stakeholders.

Requirements

Approved education institutions, together with practice learning partners, must:

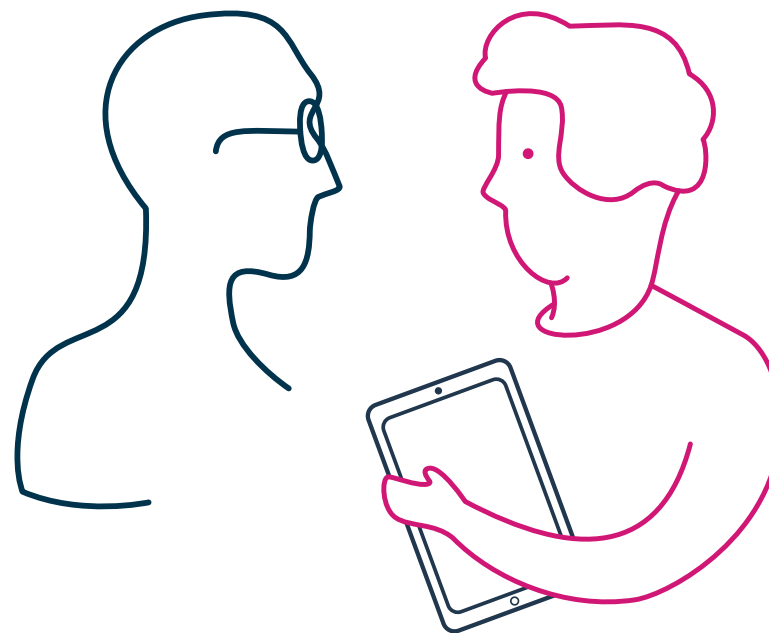
- 2.1 comply with all relevant legal, regulatory, professional and educational requirements
- 2.2 ensure programmes are designed to meet proficiencies and outcomes relevant to the programme

- 2.3 comply with NMC *Programme standards* specific to the programme being delivered
- 2.4 comply with NMC *Standards for student supervision and assessment*
- 2.5 adopt a partnership approach with shared responsibility for theory and practice supervision, learning and assessment, including clear lines of communication and accountability for the development, delivery, [quality assurance](#) and evaluation of their programmes
- 2.6 ensure that recruitment and selection of students is open, fair and transparent and includes measures to understand and address underrepresentation
- 2.7 ensure that service users and representatives from relevant stakeholder groups are engaged in partnership in student recruitment and selection
- 2.8 demonstrate a robust process for [recognition of prior learning](#) (RPL) and how it has been mapped to the programme learning outcomes and proficiencies
- 2.9 provide students with the information and support they require in all learning environments to enable them to understand and comply with relevant local and national governance processes and policies
- 2.10 have robust, effective, fair, impartial and lawful fitness to practise procedures to swiftly address concerns about the conduct of students that might compromise public safety and protection

² Includes, but not limited to, relevant European Union legislation and legislation passed by devolved administrations of the United Kingdom.

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- 2.11 confirm that students meet the required proficiencies and programme outcomes in full, demonstrating their fitness for practice and eligibility for academic and professional award
- 2.12 provide all information and evidence required by regulators
- 2.13 regularly review all learning environments and provide assurance that they are safe and effective
- 2.14 have the capacity, facilities and resources in place to deliver safe and effective learning opportunities and practical experiences for students as required by their programme learning outcomes
- 2.15 be compliant with the NMC *Standards for education and training*³ for all periods of learning undertaken outside the UK
- 2.16 improve quality, manage risk and disseminate effective practice through the proactive seeking and appropriate sharing of information and data
- 2.17 proactively identify and act on any areas for improvement, regularly measuring programme performance and outcomes against the NMC standards and requirements, and other recognised quality frameworks in education
- 2.18 appoint appropriately qualified and experienced people for programme delivery
- 2.19 identify programme leaders to confirm that all proficiencies have been met by each student by the end of their programme, and
- 2.20 ensure appropriately qualified and experienced external examiners consider and report on the quality of theory and practice learning.



³ NMC *Standards for education and training*, standards established by NMC Council as necessary to achieve the standards of proficiency for admission to the register. Includes Parts 1, 2 and relevant standards in Part 3 and proficiencies.

3 Student empowerment

Standards

- 3.1 Students are provided with a variety of learning opportunities and appropriate resources which enable them to achieve proficiencies and programme outcomes and be capable of demonstrating the professional behaviours in *The Code*.
- 3.2 Students are empowered and supported to become resilient, caring, reflective and lifelong learners who are capable of working in inter-professional and inter-agency teams.

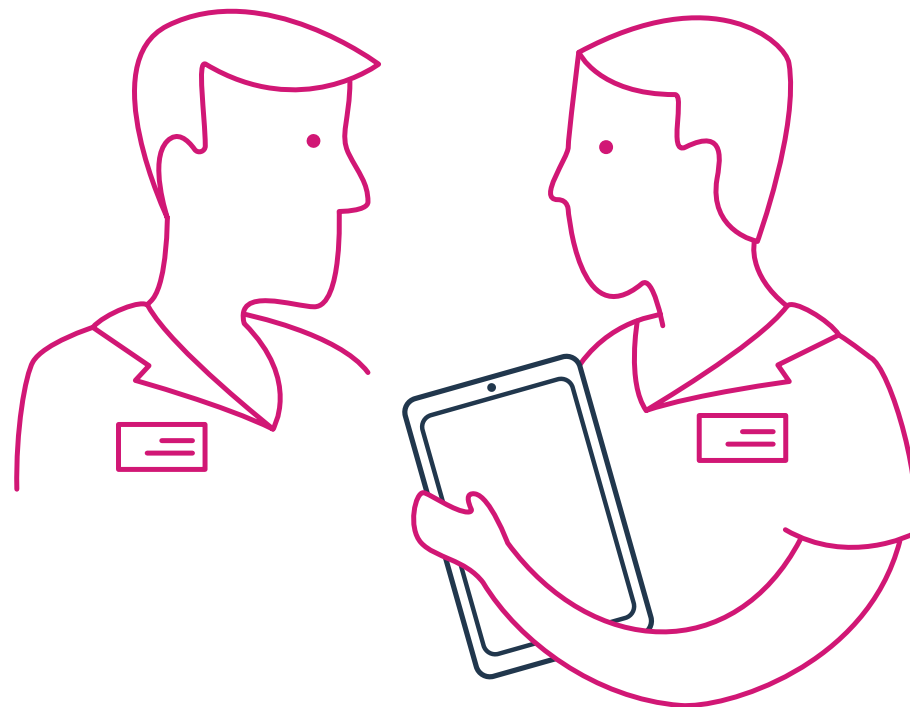
Requirements

Approved education institutions, together with practice learning partners, must ensure that all students:

- 3.1 have access to the resources they need to achieve the proficiencies and programme outcomes required for their professional role
- 3.2 are provided with timely and accurate information about curriculum, approaches to teaching, supervision, assessment, practice placements and other information relevant to their programme
- 3.3 have opportunities throughout their programme to work with and learn from a range of people in a variety of practice placements, preparing them to provide care to people with diverse needs

- 3.4 are enabled to learn and are assessed using a range of methods, including technology enhanced and [simulation](#)-based learning appropriate for their programme as necessary for safe and effective practice
- 3.5 are supervised and supported in practice learning in accordance with the NMC *Standards for student supervision and assessment*
- 3.6 are supervised according to their individual learning needs, proficiency and confidence
- 3.7 are allocated and can make use of [supported learning time](#) when in practice
- 3.8 are assigned and have access to a nominated practice assessor for a practice placement or a series of practice placements in addition to a nominated academic assessor for each part of the education programme, in accordance with the NMC *Standards for student supervision and assessment*
- 3.9 have the necessary support and information to manage any interruptions to the study of programmes for any reason
- 3.10 are provided with timely and accurate information regarding entry to NMC registration or annotation of their award
- 3.11 have their diverse needs respected and taken into account across all learning environments, with support and [adjustments](#) provided in accordance with equalities and human rights legislation and good practice
- 3.12 are protected from discrimination, harassment and other behaviour that undermines their performance or confidence

- 3.13 are provided with information and support which encourages them to take responsibility for their own mental and physical health and wellbeing
- 3.14 are provided with the learning and pastoral support necessary to empower them to prepare for independent, reflective professional practice
- 3.15 are well prepared for learning in theory and practice having received relevant inductions
- 3.16 have opportunities throughout their programme to collaborate and learn with and from other professionals, to learn with and from peers, and to develop supervision and leadership skills
- 3.17 receive constructive feedback throughout the programme from stakeholders with experience of the programme to promote and encourage reflective learning, and
- 3.18 have opportunities throughout their programme to give feedback on the quality of all aspects of their support and supervision in both theory and practice.



4 Educators and assessors

Standard

- 4.1 Theory and practice learning and assessment are facilitated effectively and objectively by appropriately qualified and experienced professionals with necessary expertise for their educational and assessor roles.

Requirements

Approved education institutions, together with practice learning partners, must ensure that all educators and assessors:

- 4.1 comply with all standards and requirements in the *NMC Standards for education and training*
- 4.2 act as professional role models at all times
- 4.3 receive relevant induction, ongoing support and access to education and training which includes training in equality and diversity
- 4.4 have supported time and resources to enable them to fulfil their roles in addition to their other professional responsibilities

- 4.5 respond effectively to the learning needs of individuals
- 4.6 are supportive and objective in their approach to student supervision and assessment
- 4.7 liaise and collaborate with colleagues and partner organisations in their approach to supervision and assessment
- 4.8 are expected to respond effectively to concerns and complaints about public protection and student performance in learning environments and are supported in doing so
- 4.9 receive and act upon constructive feedback from students and the people they engage with to enhance the effectiveness of their teaching, supervision and assessment
- 4.10 share effective practice and learn from others, and
- 4.11 appropriately share and use evidence to make decisions on student assessment and progression.

5 Curricula and assessment

Standard

5.1 Curricula and assessments are designed, developed, delivered and evaluated to ensure that students achieve the proficiencies and outcomes for their approved programme.

Requirements

Approved education institutions, together with practice learning partners, must ensure:

- 5.1 curricula fulfil NMC Programme standards, providing learning opportunities that equip students to meet the proficiencies and programme outcomes⁴
- 5.2 curricula remain relevant in respect of the contemporary health and social care agenda
- 5.3 curricula weigh theory and practice learning appropriately to the programme
- 5.4 curricula are developed and evaluated by suitably experienced and qualified educators and practitioners who are accountable for ensuring that the curriculum incorporates relevant programme outcomes
- 5.5 curricula are [co-produced](#) with stakeholders who have experience relevant to the programme

5.6 curricula provide appropriate structure and sequencing that integrates theory and practice at increasing levels of complexity

5.7 curricula are structured and sequenced to enable students to manage their theory and practice learning experience effectively

5.8 assessment is fair, reliable and valid to enable students to demonstrate they have achieved the proficiencies for their programme

5.9 adjustments are provided in accordance with relevant equalities and human rights legislation for assessments in theory and practice

5.10 students are assessed across practice settings and learning environments as required by their programme

5.11 assessment is mapped to the curriculum and occurs throughout the programme to determine student progression

5.12 practice assessment is facilitated and evidenced by observations and other appropriate methods

5.13 students' self-reflections contribute to, and are evidenced in, assessments

5.14 a range of people including service users contribute to student assessment

5.15 assessment of practice and theory is weighted appropriately to the programme, and

5.16 there is no compensation in assessments across theory and practice learning.

⁴ Applies equally to all programmes whether delivered as full time or less than full time.

Glossary

Adjustments: where a student requires reasonable adjustments related to a disability or adjustments relating to any protected characteristics as set out in equalities and human rights legislation.

Approved education institutions (AEIs): the status awarded to an institution, or part of an institution, or combination of institutions that works in partnership with practice placement and work placed learning providers. AEIs will have provided us with assurance that they are accountable and capable of delivering NMC approved education programmes.

Co-produced: when an individual influences the support and services received, or when groups of people get together to influence the way that services are designed, commissioned and delivered, acknowledging that people who use social care and health services (and their families) have knowledge and experience that can be used to help make services better. Co-production is one of the principles of the Care Act 2014.

Educators: in the context of the NMC *Standards for education and training* are those who deliver, support, supervise and assess theory, practice or work placed learning.

Equalities and human rights legislation: prohibits unlawful discrimination on the basis of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation and other characteristics. Anti-discrimination laws can be country specific and there are some legally binding international protections

Learning environments: includes any environment in terms of physical location where learning takes place as well as the system of shared values, beliefs and behaviours within these places.

People: individuals or groups who receive services from nurses, midwives and nursing associates, healthy and sick people, parents, children, families, carers, representatives, also including educators and students and others within and outside the learning environment.

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Practice learning partners: organisations that provide practice learning necessary for supporting pre-registration and post-registration students in meeting proficiencies and programme outcomes.

Quality assurance: NMC processes for making sure all AEs continue to meet our requirements and their approved education programmes comply with our standards.

Recognition of prior learning: a process that enables previous certificated or experiential learning to be recognised and accepted as meeting some programme outcomes and requirements; this means it includes both theory and practice achievement.

Service users: people accessing health or social care services, and anyone supporting the needs and circumstances of these people.

Simulation: an artificial representation of a real world practice scenario that supports student development and assessment through experiential learning with the opportunity for repetition, feedback, evaluation and reflection. Effective simulation facilitates safety by enhancing knowledge, behaviours and skills.

Stakeholders: any person, group or organisation that has an interest or concern in the situation in question, and may affect or be affected by its actions, objectives or policies. In the context of the *NMC Standards for education and training* this includes students, educators, partner organisations, service users, carers, employers, other professionals, other regulators and education commissioners.

Student: any individual enrolled onto an NMC-approved programme at pre-registration or post-registration level, whether full time or less than full time.

Supported learning time: time to facilitate learning. This may include supernumerary status⁵ that enables students to be supported in safely and effectively achieving proficiency.

⁵Supernumerary: see *Standards for student supervision and assessment* and specific programme standards.

The role of the Nursing and Midwifery Council

What we do

We regulate nurses, midwives and nursing associates in the UK. We exist to protect the public. We set standards of education, training, conduct and performance so that nurses, midwives and nursing associates can deliver high quality care throughout their careers.

We make sure nurses, midwives and nursing associates keep their skills and knowledge up to date and uphold our professional standards. We have clear and transparent processes to investigate nurses, midwives and nursing associates who fall short of our standards.

We maintain a register of nurses, midwives and nursing associates allowed to practise in the UK.

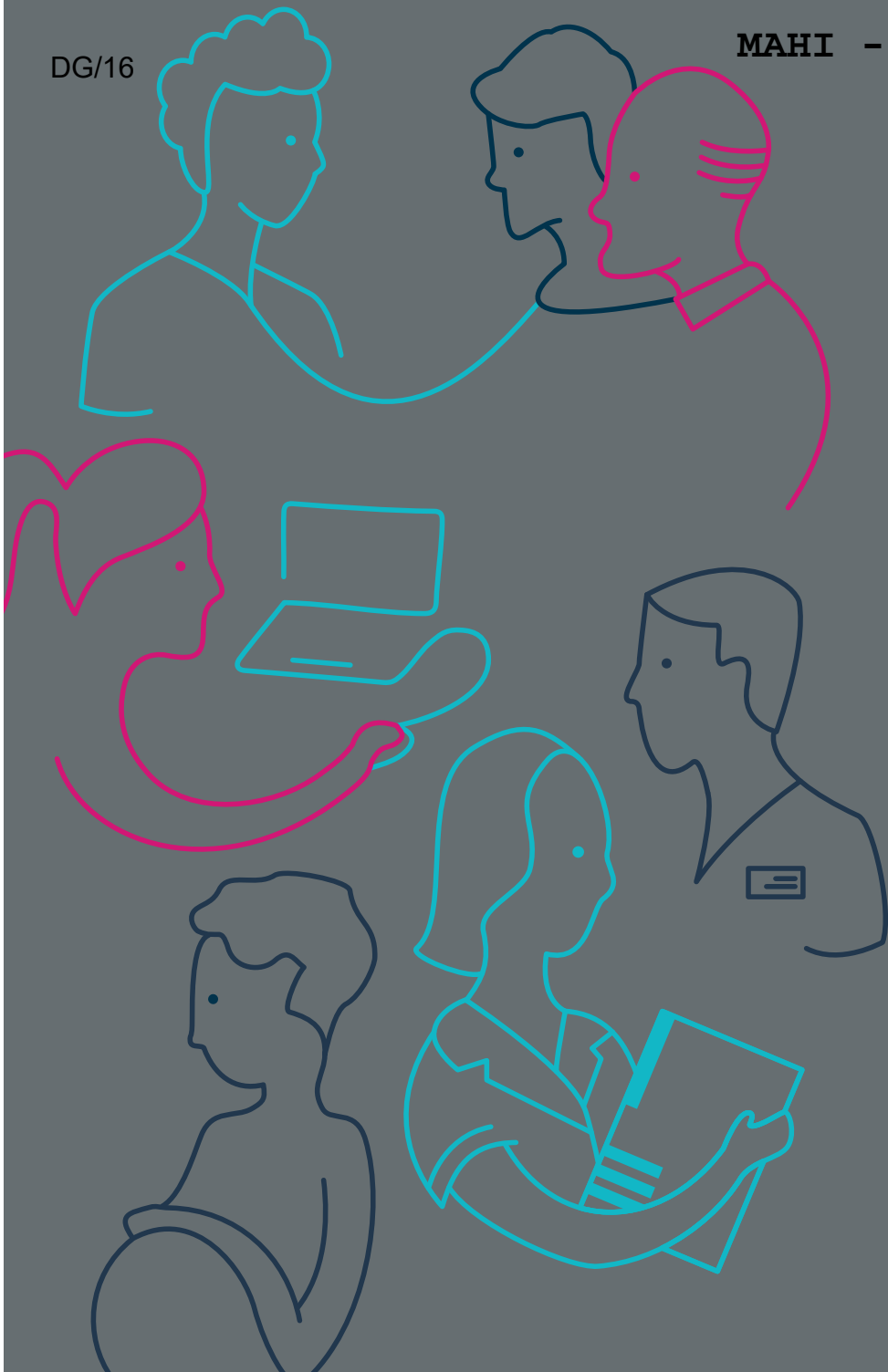
These standards were approved by Council at their meeting on 28 March 2018 and have been updated to include the regulation of pre-registration nursing associate programmes on 8 October 2018.



Realising professionalism:
Standards for education and training

Part 2: Standards for student supervision and assessment

Published 17 May 2018



About these standards

Realising professionalism: *Standards for education and training* includes the *Standards framework for nursing¹ and midwifery education, Standards for student supervision and assessment* and, programme standards specific to each approved programme.

Our *Standards for education and training* are set out in three parts:

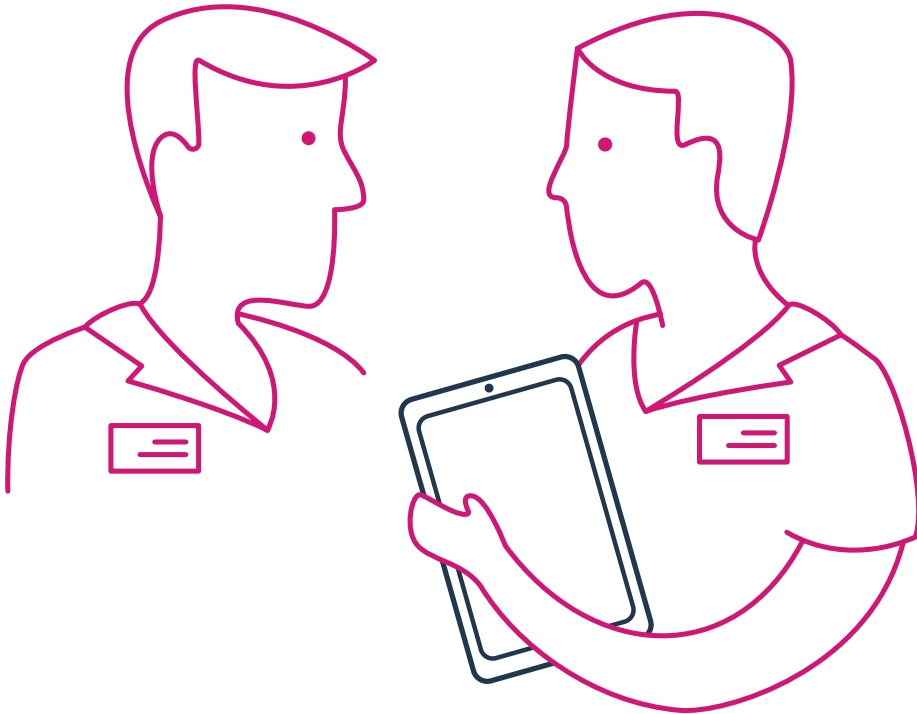
Part 1: Standards framework for nursing and midwifery education

Part 2: Standards for student supervision and assessment

Part 3: Programme standards

- Standards for pre-registration nursing education
- Standards for pre-registration nursing associate education
- Standards for prescribing programmes

These standards help nursing and midwifery students achieve the NMC proficiencies and programme outcomes. All nursing and midwifery professionals must practise in line with the requirements of [The Code](#), the professional standards of practice and behaviour that nurses, midwives and nursing associates are expected to uphold.



¹ We have used the phrase 'nursing' in this document to apply to the work of nurses and nursing associates. Nursing associates are a distinct profession with their own part of our register, but they are part of the nursing team.

Introduction

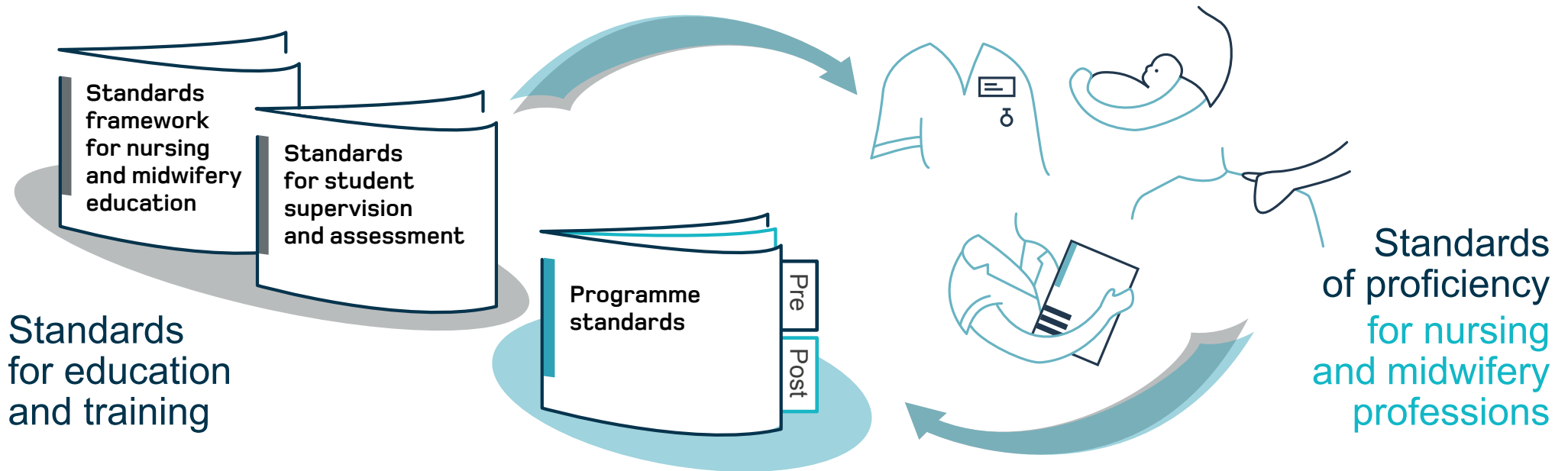
Our *Standards for student supervision and assessment* set out our expectations for the learning, support and supervision of students in the practice environment. They also set out how students are assessed for theory and practice.

Article 15(1) of the Nursing and Midwifery Order 2001 ([‘the Order’](#)) requires the Council to establish standards for education and training which are necessary to achieve the standards of proficiency for admission to the register, as required by Article 5(2) of the Order. The *Standards for student supervision and assessment* are established under the provision of Article 15(1) of the Order.

These standards aim to provide approved education institutions (AEIs) and practice learning partners with the flexibility to develop innovative approaches to nursing and midwifery education, while being accountable for the local delivery and management of approved programmes in line with our standards. Public safety is central to our standards.

Students will be in contact with people throughout their education and it’s important that they learn in a safe and effective way.

The *Standards for student supervision and assessment* apply to all NMC approved programmes and should be read with the NMC *Part 1: Standards framework for nursing and midwifery education* and the programme standards specific to the programme that is being delivered. There must be compliance with all these standards for an education institution to be approved and run NMC approved programmes.



Our *Standards for student supervision and assessment* are set out under the following three headings:

Effective practice learning (section 1)

These standards describe what needs to be in place to deliver safe and effective learning experiences for nursing and midwifery students in practice.

Supervision of students (sections 2 to 5)

Here we describe the principles of student supervision in the practice environment, and the role of the practice supervisor.

Assessment of students and confirmation of proficiency (sections 6 to 10)

In these standards we set out what we require from educators who are assessing and confirming students' practice and academic achievement. We describe the role and responsibilities of the practice assessor and the academic assessor.

Each of the described roles must be in place for education institutions and practice learning partners to meet our standards. Additional roles may be introduced in line with local or national requirements. Programme leaders will confirm the achievement of proficiencies by each student on a programme as set out in *Part 1: Standards framework for nursing and midwifery education* and the programme standards specific to the programme.

The *Standards for student supervision and assessment* are outcome-focused and allow for local innovation in programme delivery; they are designed to work across all programmes and in all settings. Student supervision and assessment can be flexible, provided the education institutions and practice learning partners meet our standards. Students in practice or work-placed learning must be supported to learn. This may include being supernumerary, meaning that they are not counted as part of the staffing required for safe and effective care in that setting. The decision on the level of supervision provided for students should be based on the needs of the individual student. The level of supervision can decrease with the student's increasing proficiency and confidence. Students must be provided with adjustments in accordance with relevant equalities and human rights legislation in all learning environments and for supervision and assessment.



Effective practice learning

All students are provided with safe, effective and inclusive learning experiences. Each learning environment has the governance and resources needed to deliver education and training. Students actively participate in their own education, learning from a range of people across a variety of settings.

1. Organisation of practice learning

Approved education institutions, together with practice learning partners, must ensure that:

- 1.1 practice learning complies with the *NMC Standards framework for nursing and midwifery education*
- 1.2 practice learning complies with specific programme standards
- 1.3 practice learning is designed to meet proficiencies and outcomes relevant to the programme
- 1.4 there are suitable systems, processes, resources and individuals in place to ensure safe and effective coordination of learning within practice learning environments

- 1.5 there is a nominated person for each practice setting to actively support students and address student concerns
- 1.6 students are made aware of the support and opportunities available to them within all learning environments
- 1.7 students are empowered to be proactive and to take responsibility for their learning
- 1.8 students have opportunities to learn from a range of relevant people in practice learning environments, including service users, registered and non-registered individuals, and other students as appropriate
- 1.9 learning experiences are inclusive and support the diverse needs of individual students
- 1.10 learning experiences are tailored to the student's stage of learning, proficiencies and programme outcomes, and
- 1.11 all nurses, midwives and nursing associates contribute to practice learning in accordance with *The Code*.

Supervision of students

Practice supervision enables students to learn and safely achieve proficiency and autonomy in their professional role. All NMC registered nurses, midwives and nursing associates are capable of supervising students, serving as role models for safe and effective practice. Students may be supervised by other registered health and social care professionals.

2. Expectations of practice supervision

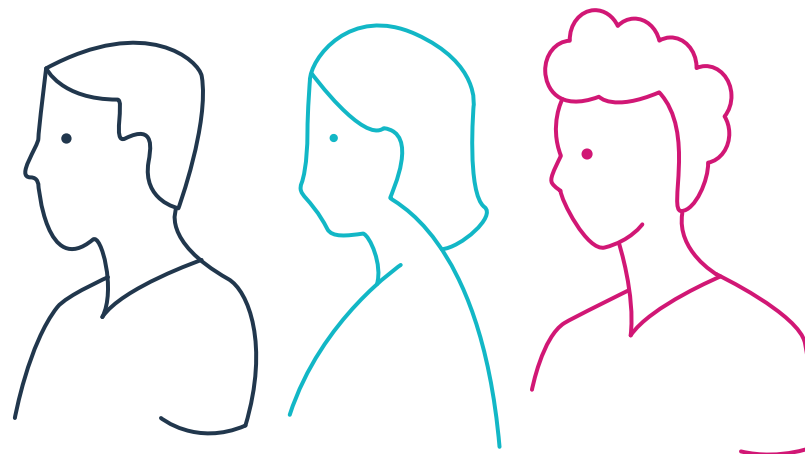
Approved education institutions, together with practice learning partners, must ensure that:

- 2.1 all students on an NMC approved programme are supervised while learning in practice
- 2.2 there is support and oversight of practice supervision to ensure safe and effective learning
- 2.3 the level of supervision provided to students reflects their learning needs and stage of learning
- 2.4 practice supervision ensures safe and effective learning experiences that uphold public protection and the safety of people
- 2.5 there is sufficient coordination and continuity of support and supervision of students to ensure safe and effective learning experiences
- 2.6 practice supervision facilitates independent learning, and
- 2.7 all students on an NMC approved programme are supervised in practice by NMC registered nurses, midwives, nursing associates, and other registered health and social care professionals.

3. Practice supervisors: role and responsibilities

Approved education institutions, together with practice learning partners, must ensure that practice supervisors:

- 3.1 serve as role models for safe and effective practice in line with their code of conduct
- 3.2 support learning in line with their scope of practice to enable the student to meet their proficiencies and programme outcomes
- 3.3 support and supervise students, providing feedback on their progress towards, and achievement of, proficiencies and skills
- 3.4 have current knowledge and experience of the area in which they are providing support, supervision and feedback, and
- 3.5 receive ongoing support to participate in the practice learning of students.



4. Practice supervisors: contribution to assessment and progression

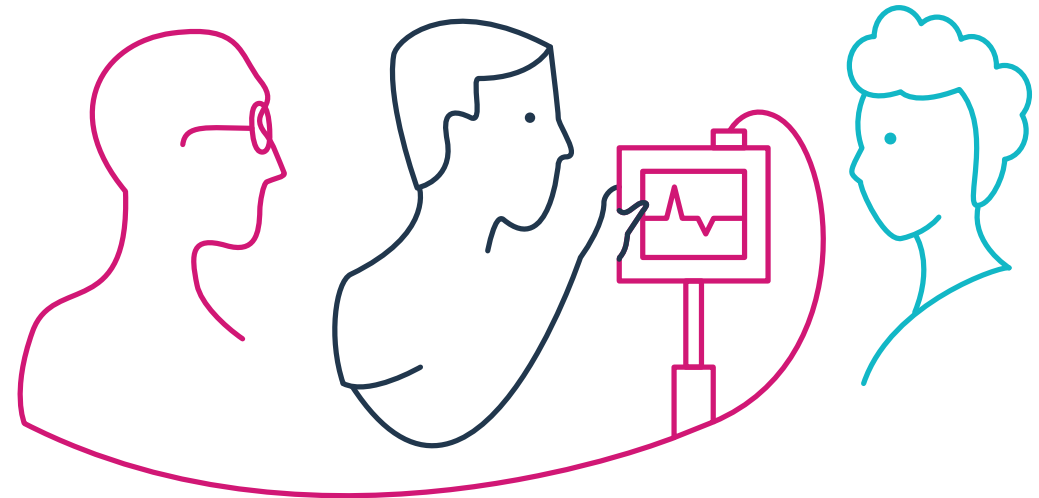
Approved education institutions, together with practice learning partners, must ensure that practice supervisors:

- 4.1 contribute to the student's record of achievement by periodically recording relevant observations on the conduct, proficiency and achievement of the students they are supervising
- 4.2 contribute to student assessments to inform decisions for progression
- 4.3 have sufficient opportunities to engage with practice assessors and academic assessors to share relevant observations on the conduct, proficiency and achievement of the students they are supervising, and
- 4.4 are expected to appropriately raise and respond to student conduct and competence concerns and are supported in doing so.

5. Practice supervisors: preparation

Approved education institutions, together with practice learning partners, must ensure that practice supervisors:

- 5.1 receive ongoing support to prepare, reflect and develop for effective supervision and contribution to, student learning and assessment, and
- 5.2 have understanding of the proficiencies and programme outcomes they are supporting students to achieve.



Assessment of students and confirmation of proficiency

Student assessments are evidence based, robust and objective. Assessments and confirmation of proficiency are based on an understanding of student achievements across theory and practice. Assessments and confirmation of proficiency are timely, providing assurance of student achievements and competence.

6. Assessor roles

Approved education institutions, together with practice learning partners, must ensure that:

- 6.1 all students on an NMC approved programme are assigned to a different nominated academic assessor for each part of the education programme
- 6.2 all students on an NMC approved programme are assigned to a nominated practice assessor for a practice placement or a series of practice placements, in line with local and national policies
- 6.3 nursing students are assigned to practice and academic assessors who are registered nurses with appropriate equivalent experience for the student's field of practice
- 6.4 midwifery students are assigned to practice and academic assessors who are registered midwives

- 6.5 specialist community public health nurse (SCPHN) students are assigned to practice and academic assessors who are registered SCPHNs with appropriate equivalent experience for the student's field of practice
- 6.6 nursing associate students are assigned to practice and academic assessors who are either a registered nursing associate or a registered nurse
- 6.7 students studying for an NMC approved post-registration qualification are assigned to practice and academic assessors in accordance with relevant programme standards
- 6.8 practice and academic assessors receive ongoing support to fulfil their roles, and
- 6.9 practice and academic assessors are expected to appropriately raise and respond to concerns regarding student conduct, competence and achievement, and are supported in doing so.



7. Practice assessors: responsibilities

Approved education institutions, together with practice learning partners, must ensure that:

- 7.1 practice assessors conduct assessments to confirm student achievement of proficiencies and programme outcomes for practice learning
- 7.2 assessment decisions by practice assessors are informed by feedback sought and received from practice supervisors
- 7.3 practice assessors make and record objective, evidenced-based assessments on conduct, proficiency and achievement, drawing on student records, direct observations, student self-reflection, and other resources
- 7.4 practice assessors maintain current knowledge and expertise relevant for the proficiencies and programme outcomes they are assessing
- 7.5 a nominated practice assessor works in partnership with the nominated academic assessor to evaluate and recommend the student for progression for each part of the programme, in line with programme standards and local and national policies
- 7.6 there are sufficient opportunities for the practice assessor to periodically observe the student across environments in order to inform decisions for assessment and progression
- 7.7 there are sufficient opportunities for the practice assessor to gather and coordinate feedback from practice supervisors, any other practice assessors, and relevant people, in order to be assured about their decisions for assessment and progression
- 7.8 practice assessors have an understanding of the student's learning and achievement in theory
- 7.9 communication and collaboration between practice and academic assessors is scheduled for relevant points in programme structure and student progression
- 7.10 practice assessors are not simultaneously the practice supervisor and academic assessor for the same student, and
- 7.11 practice assessors for students on NMC approved prescribing programmes support learning in line with the NMC *Standards for prescribing programmes*.

8. Practice assessors: preparation

Approved education institutions, together with practice learning partners, must ensure that practice assessors:

- 8.1 undertake preparation or evidence prior learning and experience that enables them to demonstrate achievement of the following minimum outcomes:
 - 8.1.1 interpersonal communication skills, relevant to student learning and assessment
 - 8.1.2 conducting objective, evidence based assessments of students
 - 8.1.3 providing constructive feedback to facilitate professional development in others, and
 - 8.1.4 knowledge of the assessment process and their role within it
- 8.2 receive ongoing support and training to reflect and develop in their role
- 8.3 continue to proactively develop their professional practice and knowledge in order to fulfil their role, and
- 8.4 have an understanding of the proficiencies and programme outcomes that the student they assess is aiming to achieve.

9. Academic assessors: responsibilities

Approved education institutions, together with practice learning partners, must ensure that:

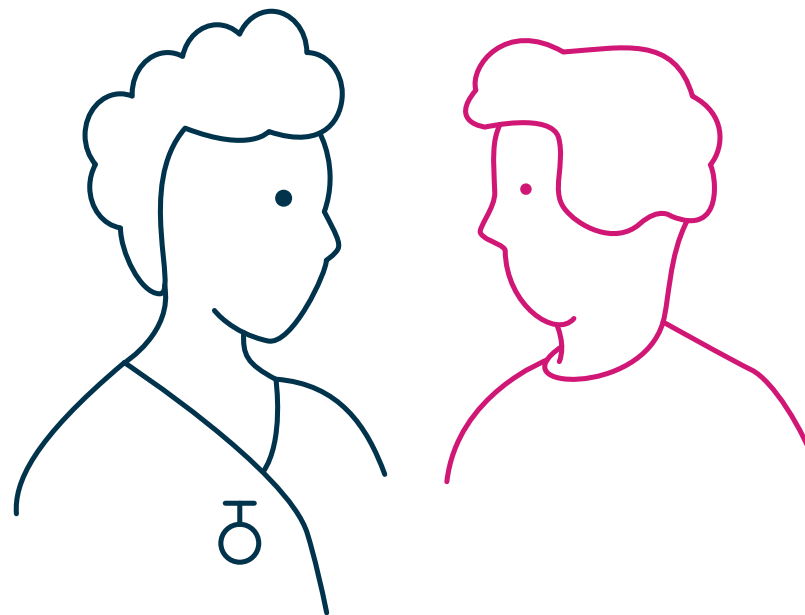
- 9.1 academic assessors collate and confirm student achievement of proficiencies and programme outcomes in the academic environment for each part of the programme
- 9.2 academic assessors make and record objective, evidence-based decisions on conduct, proficiency and achievement, and recommendations for progression, drawing on student records and other resources
- 9.3 academic assessors maintain current knowledge and expertise relevant for the proficiencies and programme outcomes they are assessing and confirming
- 9.4 the nominated academic assessor works in partnership with a nominated practice assessor to evaluate and recommend the student for progression for each part of the programme, in line with programme standards and local and national policies
- 9.5 academic assessors have an understanding of the student's learning and achievement in practice
- 9.6 communication and collaboration between academic and practice assessors is scheduled for relevant points in programme structure and student progression, and
- 9.7 academic assessors are not simultaneously the practice supervisor and practice assessor for the same student.

10. Academic assessors: preparation

Approved education institutions, together with practice learning partners, must ensure that academic assessors:

- 10.1 are working towards or hold relevant qualifications as required by their academic institution and local and national policies
- 10.2 demonstrate that they have achieved the following minimum outcomes:
 - 10.2.1 interpersonal communication skills, relevant to student learning and assessment
 - 10.2.2 conducting objective, evidence based assessments of students
 - 10.2.3 providing constructive feedback to facilitate professional development in others, and
 - 10.2.4 knowledge of the assessment process and their role within it

- 10.3 receive ongoing support and training to reflect and develop in their role
- 10.4 continue to proactively develop their professional practice and knowledge in order to fulfil their role, and
- 10.5 have an understanding of the proficiencies and programme outcomes that the student they confirm is aiming to achieve.



The role of the Nursing and Midwifery Council

What we do

We regulate nurses, midwives and nursing associates in the UK. We exist to protect the public. We set standards of education, training, conduct and performance so that nurses, midwives and nursing associates can deliver high quality care throughout their careers.

We make sure nurses, midwives and nursing associates keep their skills and knowledge up to date and uphold our professional standards. We have clear and transparent processes to investigate nurses, midwives and nursing associates who fall short of our standards.

We maintain a register of nurses, midwives and nursing associates allowed to practise in the UK.

These standards were approved by Council at their meeting on 28 March 2018 and have been updated to include the regulation of pre-registration nursing associate programmes on 8 October 2018.





Realising professionalism:
Standards for education and training

Part 3: Standards for pre-registration nursing programmes

Published 17 May 2018

About these standards

Realising professionalism: *Standards for education and training* includes the *Standards framework for nursing¹ and midwifery education, Standards for student supervision and assessment*, and programme standards specific to each approved programme.

Our *Standards for education and training* are set out in three parts:

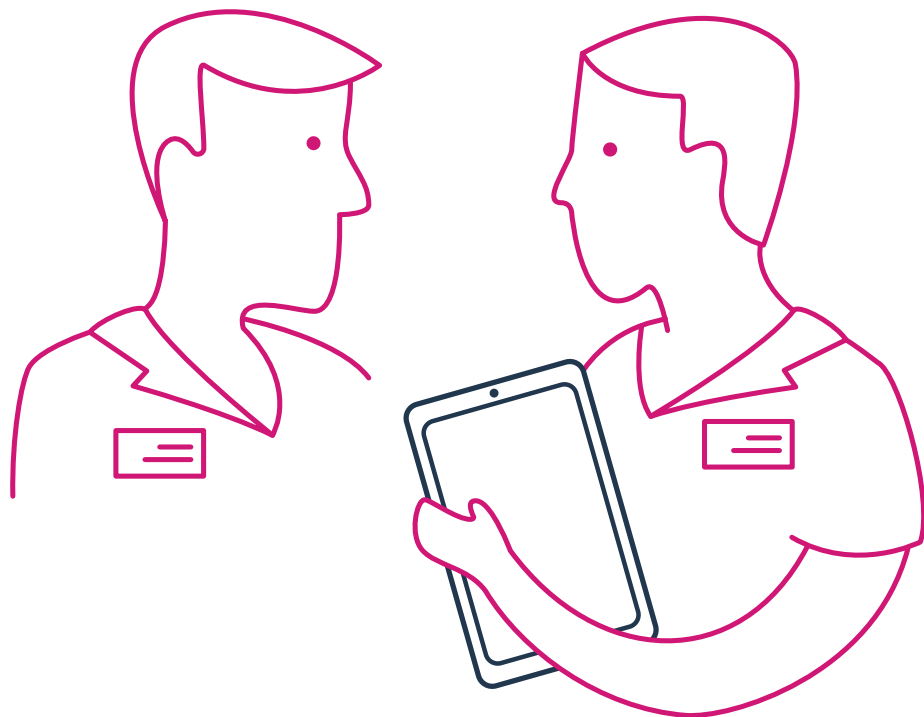
Part 1: Standards framework for nursing and midwifery education

Part 2: Standards for student supervision and assessment

Part 3: Programme standards

- Standards for pre-registration nursing education
- Standards for pre-registration nursing associate education
- Standards for prescribing programmes

These standards help nursing and midwifery [students](#) achieve the NMC proficiencies and programme outcomes. All nursing and midwifery professionals must practise in line with the requirements of [The Code](#), the professional standards of practice and behaviour that nurses, midwives and nursing associates are expected to uphold.



¹ We have used the phrase 'nursing' in this document to apply to the work of nurses and nursing associates. Nursing associates are a distinct profession with their own part of our register, but they are part of the nursing team.

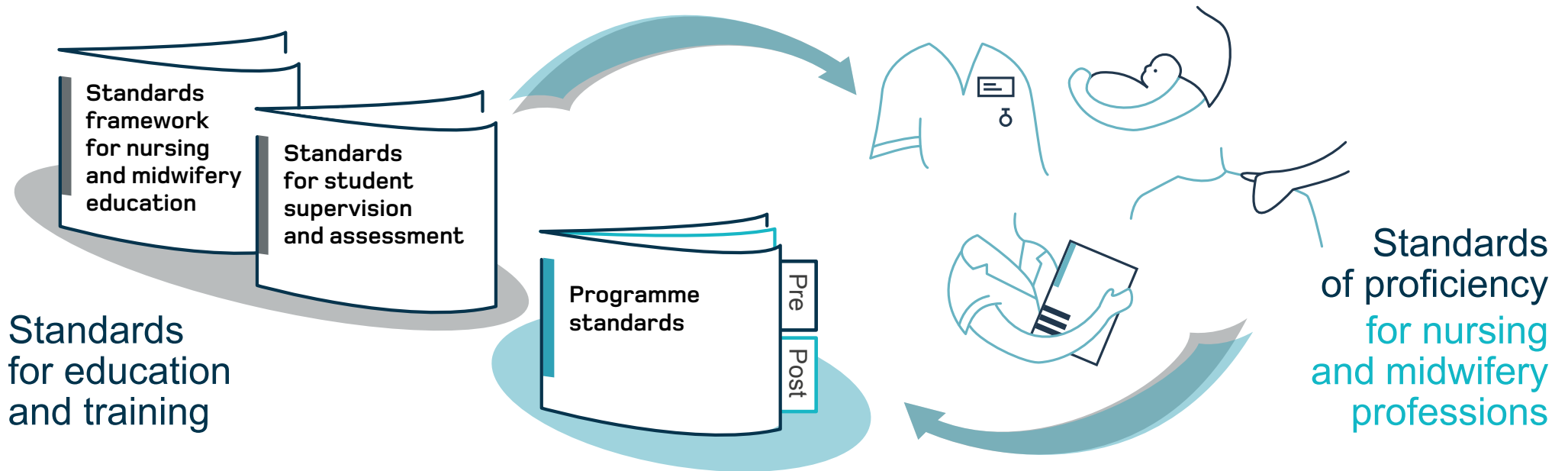
Introduction

Our *Standards for pre-registration nursing programmes* set out the legal requirements, entry requirements, availability of [recognition of prior learning](#), length of programme, methods of assessment and information on the award for all pre-registration nursing education programmes.

Student nurses must successfully complete an NMC approved pre-registration programme in order to meet the *Standards of proficiency for registered nurses* and to be eligible to apply, and be entered onto, the NMC register.

Public safety is central to our standards. Students will be in contact with people throughout their education and it's important that they learn in a safe and effective way.

These programme standards should be read with the NMC *Standards framework for nursing and midwifery education* and *Standards for student supervision and assessment* which apply to all NMC approved programmes. There must be compliance with all these standards for an education institution to be approved and to run any NMC approved programme.



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Legislative framework

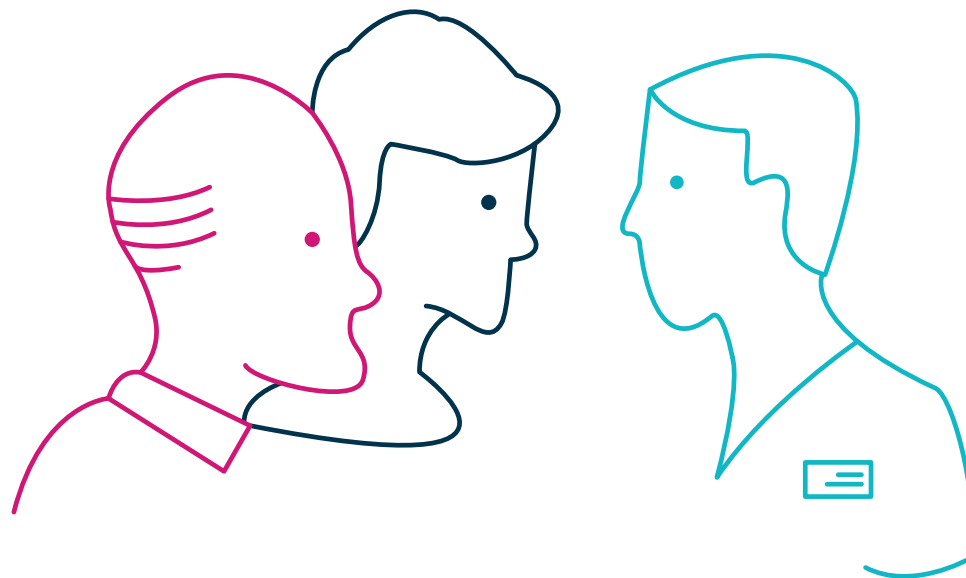
Education providers structure their educational programmes to comply with our programme standards. They also design their curricula around the published proficiencies for a particular programme and students are assessed against these proficiencies to make sure they are capable of providing safe and effective care. Proficiencies are the knowledge, skills and behaviours that nurses and midwives need in order to practise. We publish standards of proficiency for the nursing and midwifery professions as well as proficiencies for NMC approved post-registration programmes.

Through our [quality assurance](#) (QA) processes we check that education programmes meet all of our standards regarding the structure and delivery of educational programmes, that the programme outcomes relate to the expected proficiencies for particular qualifications and that the [approved education institutions](#) (AEIs) and [practice learning partners](#) are managing risks effectively. Using internal and external intelligence we monitor risks to quality in education and training; this intelligence gathering includes analysis of system regulator reports.

Before any programme can be run, we make sure it meets our standards. We do this through an approvals process, in accordance with our *Quality assurance framework*.

Article 15(1) of the Nursing and Midwifery Order 2001 ([‘the Order’](#)) requires the Council to establish standards for education and training which are necessary to achieve the standards of proficiency for admission to the register, as required by Article 5(2) of the Order. The standards for pre-registration nursing programmes are established under the provision of Article 15(1) of the Order.

Overall responsibility for the day-to-day management of the quality of any educational programme lies with an AEI in partnership with practice learning partners.



Four fields of nursing practice

In accordance with the Nurses & Midwives (Part and Entries in the Register) Order of Council 2004 (SI 2004/1765), which states that entries in the register are to include a registrant's field of practice, UK students that qualify in a specific field of practice as a level 1 nurse may apply to enter the NMC register as a nurse in one or more of the four fields of nursing practice: adult, children, learning disabilities and mental health.

AEIs and their practice learning partners have ownership and accountability for the development, delivery and management of pre-registration nursing programme curricula. Pre-registration nursing programmes may offer various routes to registration however, all programmes leading to registration must include routes within the programme specific to the relevant fields of nursing practice for which approval is being sought.

The *Standards framework for nursing and midwifery education* and these programme requirements give AEIs in partnership with practice partners the flexibility to design their own curriculum and the autonomy to decide on the proportion of generic and field specific hours provided. In designing curricula for dual award (that is, a programme of study that leads to registration in two fields of nursing practice) the NMC expects the AEI to design and deliver a programme of suitable length that ensures the student is proficient in delivering safe and effective care in both fields of nursing.

Programme curricula must cover the outcomes set out in platforms 1-7 of *Standards of proficiency for registered nurses* and the communication and relationship management skills and nursing procedures set out in the Annexes to that document. All nursing students across all fields of nursing must have the necessary learning supervision and assessment in preparation for professional practice as a registered nurse. The adult nursing field must also include the content and competencies specified in relevant EU legislation.

We believe that involving our service users and members of the public in the planning and delivery of curricula will promote public confidence in the education of future nurses. We encourage the use of supportive evidence and engagement from [people](#) who have experienced care by adult, children's, learning disabilities or mental health nurses to inform programme design and delivery for all fields of nursing practice.

Nursing students will learn and be assessed in theory, [simulation](#) and practice environments. AEIs and practice placement partners must ensure that students meet the proficiencies relevant to their anticipated field(s) of nursing practice by the end of the programme. On successful completion of a programme students will be registered by the NMC as qualifying in one or more field of nursing practice.

The student journey

Standards for pre-registration nursing programmes follow the student journey and are grouped under the following five headings:

1. Selection, admission and progression

Standards about an applicant's suitability and continued participation in a pre-registration nursing programme

2. Curriculum

Standards for the content, delivery and evaluation of the pre-registration nursing programme

3. Practice learning

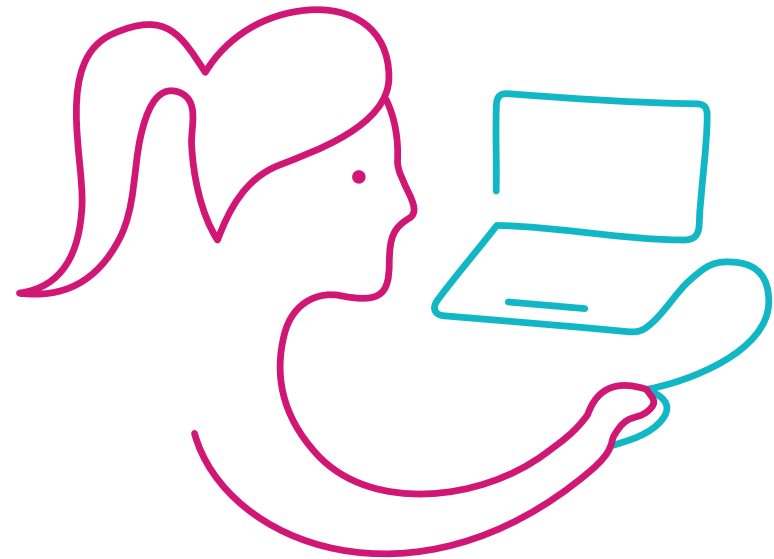
Standards specific to pre-registration learning for nurses that takes place in practice settings

4. Supervision and assessment

Standards for safe and effective supervision and assessment for pre-registration nursing programmes

5. Qualification to be awarded

Standards which state the award and information for the NMC register.



1 Selection, admission and progression

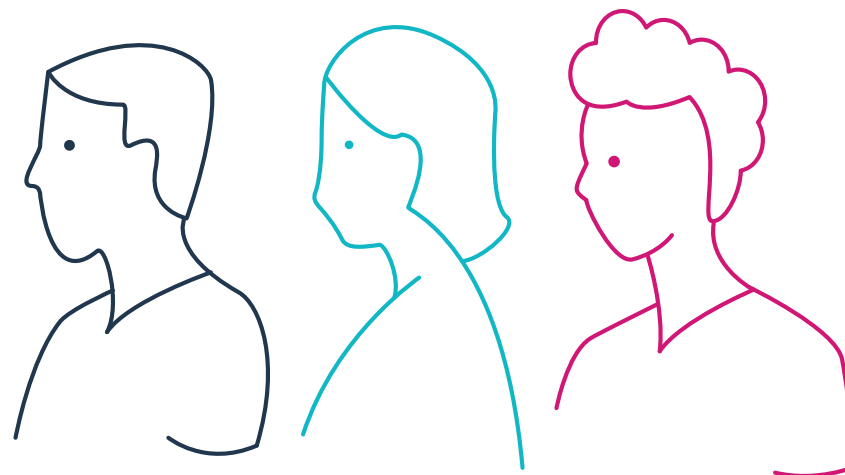
Approved education institutions, together with practice learning partners, must:

- 1.1 Confirm on entry to the programme that students:
 - 1.1.1 are suitable for their intended field of nursing practice: adult, mental health, learning disabilities and children's nursing
 - 1.1.2 demonstrate values in accordance with the Code
 - 1.1.3 have capability to learn behaviours in accordance with the Code
 - 1.1.4 have capability to develop numeracy skills required to meet programme outcomes
 - 1.1.5 can demonstrate proficiency in English language
 - 1.1.6 have capability in literacy to meet programme outcomes
 - 1.1.7 have capability for digital and technological literacy to meet programme outcomes.



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- 1.2 ensure students' [health and character](#) are sufficient to enable safe and effective practice on entering the programme, throughout the programme and when submitting the supporting declaration of health and character in line with the NMC's [health and character decision-making guidance](#). This includes satisfactory occupational health assessment and criminal record checks
- 1.3 ensure students are fully informed of the requirement to declare immediately any cautions or convictions, pending charges² or adverse determinations made by other regulators, professional bodies and educational establishments, and that any declarations are dealt with promptly, fairly and lawfully
- 1.4 ensure the registered nurse responsible for directing the educational programme or their designated registered nurse substitute is able to provide supporting declarations of health and character for students who have completed a pre-registration nursing programme³
- 1.5 permit recognition of prior learning that is capable of being mapped to the *Standards of proficiency for registered nurses* and programme outcomes, up to a maximum of 50 percent of the programme and comply with [Article 31\(3\)](#) of Directive 2005/36/EC (included in [Annexe 1](#) of this document)
- 1.6 for NMC registered nurses permit recognition of prior learning that is capable of being mapped to the *Standards of proficiency for registered nurses* and programme outcomes that may be more than 50 percent of the programme
- 1.7 support students throughout the programme in continuously developing their abilities in numeracy, literacy, digital and technological literacy to meet programme outcomes, and
- 1.8 ensure that all those enrolled on pre-registration nursing programmes are compliant with [Article 31\(1\)](#) of Directive 2005/36/EC regarding general education length as outlined in [Annexe 1](#) of this document.



² By 'pending charge' we mean police charge pending conclusion of the criminal proceedings in line with the NMC's guidance on health and character.

³ Rule 6(1)(a)(i) of the Nursing and Midwifery Council (Education, Registration and Registration Appeals) Rules 2004 (SI 2004/1767).

2 Curriculum

Approved education institutions, together with practice learning partners, must:

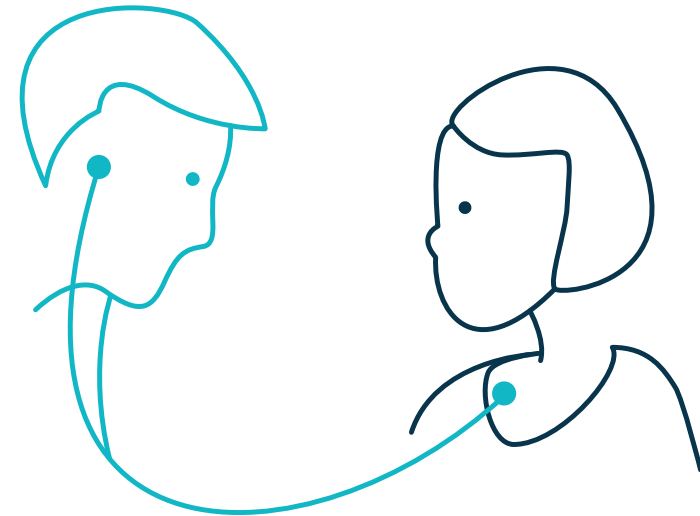
- 2.1 ensure that programmes comply with the NMC *Standards framework for nursing and midwifery education*
- 2.2 comply with the NMC *Standards for student supervision and assessment*
- 2.3 ensure that programme learning outcomes reflect the *Standards of proficiency for registered nurses* and each of the four fields of nursing practice: adult, mental health, learning disabilities and children's nursing
- 2.4 design and deliver a programme that supports students and provides exposure across all four fields of nursing practice: adult, mental health, learning disabilities and children's nursing
- 2.5 state routes within their pre-registration nursing programme that allows students to enter the register in one or more of the specific fields of nursing practice: adult, mental health, learning disabilities or children's nursing
- 2.6 set out the general and professional content necessary to meet the *Standards of proficiency for registered nurses* and programme outcomes
- 2.7 set out the content necessary to meet the programme outcomes for each field of nursing practice: adult, mental health, learning disabilities and children's nursing
- 2.8 ensure that field-specific content in relation to the law, safeguarding, consent, pharmacology and medicines administration and optimisation is included for entry to the register in one or more fields of nursing practice
- 2.9 ensure the curriculum provides an equal balance of theory and practice learning using a range of learning and teaching strategies
- 2.10 ensure that programmes delivered in Wales comply with legislation which supports use of the Welsh language
- 2.11 ensure pre-registration nursing programmes leading to registration in the adult field of practice are mapped to the content for nurses responsible for general care as set out in [Annexe V.2](#) point 5.2.1 of Directive 2005/36/EC (included in [Annexe 1](#) of this document)
- 2.12 ensure that all pre-registration nursing programmes meet the equivalent of minimum programme length for nurses responsible for general care in [Article 31\(3\)](#) of Directive 2005/36/EC (included in [Annexe 1](#) of this document)
- 2.13 ensure programmes leading to registration in two fields of nursing practice are of suitable length to ensure proficiency in both fields of nursing, and
- 2.14 ensure programmes leading to nursing registration and registration in another profession, are of suitable length and nursing proficiencies and outcomes are achieved in a nursing context.

3 Practice learning

Approved education institutions, together with practice learning partners, must:

- 3.1 provide practice learning opportunities that allow students to develop and meet the *Standards of proficiency for registered nurses* to deliver safe and effective care to a diverse range of people across the four fields of nursing practice: adult, mental health, learning disabilities and children's nursing
- 3.2 ensure that students experience the variety of practice expected of registered nurses to meet the holistic needs of people of all ages
- 3.3 provide practice learning opportunities that allow students to meet the communication and relationship management skills and nursing procedures, as set out in *Standards of proficiency for registered nurses*, within their selected fields of nursing practice: adult, mental health, learning disabilities and children's nursing
- 3.4 ensure technology enhanced and simulation-based learning opportunities are used effectively and proportionately to support learning and assessment and pre-registration nursing programmes leading to registration in the adult field of practice comply with [Article 31\(5\)](#) of Directive 2005/36/EC (included in [Annexe 1](#) of this document)

- 3.5 take account of students' individual needs and personal circumstances when allocating their practice learning including making [reasonable adjustments](#) for students with disabilities
- 3.6 ensure students experience the range of hours expected of registered nurses, and
- 3.7 ensure that students are [supernumerary](#).



4 Supervision and assessment

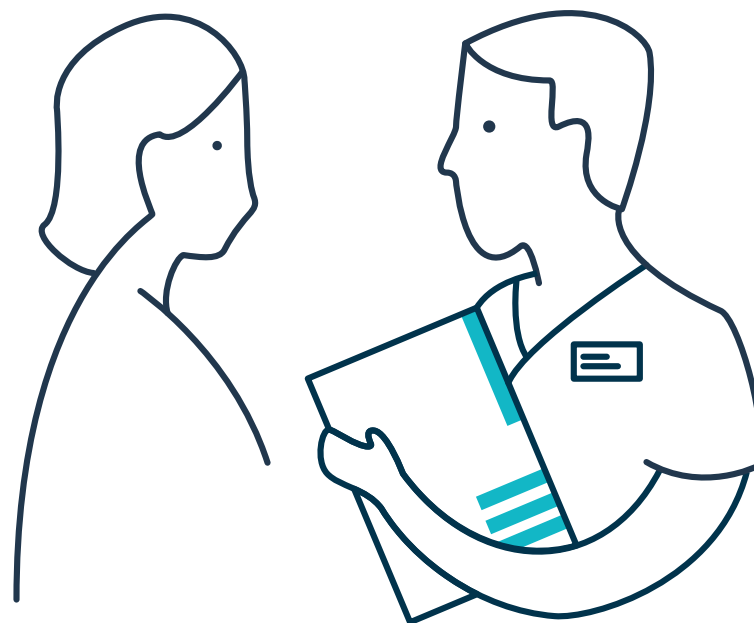
Approved education institutions, together with practice learning partners, must:

- 4.1 ensure that support, supervision, learning and assessment provided complies with the NMC *Standards framework for nursing and midwifery education*
- 4.2 ensure that support, supervision, learning and assessment provided complies with the NMC *Standards for student supervision and assessment*
- 4.3 ensure they inform the NMC of the name of the registered nurse responsible for directing the education programme
- 4.4 provide students with feedback throughout the programme to support their development
- 4.5 ensure throughout the programme that students meet the *Standards of proficiency for registered nurses* and programme outcomes for their fields of nursing practice: adult, mental health, learning disabilities and children's nursing
- 4.6 ensure that all programmes include a health numeracy assessment related to nursing proficiencies and calculation of medicines which must be passed with a score of 100%
- 4.7 ensure that students meet all communication and relationship management skills and nursing procedures within their fields of nursing practice: adult, mental health, learning disabilities and children's nursing
- 4.8 assess students to confirm proficiency in preparation for professional practice as a registered nurse
- 4.9 ensure that there is equal weighting in the assessment of theory and practice
- 4.10 ensure that all proficiencies are recorded in an ongoing record of achievement which must demonstrate the achievement of proficiencies and skills set out in *Standards of proficiency for registered nurses*, and
- 4.11 ensure the knowledge and skills for nurses responsible for general care set out in [Article 31\(6\)](#) and the competencies for nurses responsible for general care set out in [Article 31\(7\)](#) of Directive 2005/36/EC for pre-registration nursing programmes leading to registration in the adult field of practice have been met. ([Annexe 1](#) of this document).

5 Qualification to be awarded

Approved education institutions, together with practice learning partners, must:

- 5.1 ensure that the minimum award for a pre-registration nursing programme is a bachelor's degree, and
- 5.2 notify students during and before completion of the programme that they have [five years](#) to register their award with the NMC. In the event of a student failing to register their qualification within five years they will have to undertake additional education and training or gain such experience as specified in our standards.



Annexe 1

DIRECTIVE 2005/36/EC OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL on the recognition of professional qualifications (as amended by Directive 2013/55/EU)

Article 31

Training of nurses responsible for general care

1. Admission to training for nurses responsible for general care shall be contingent upon either:
 - a completion of general education of 12 years, as attested by a diploma, certificate or other evidence issued by the competent authorities or bodies in a Member State or a certificate attesting success in an examination of an equivalent level and giving access to universities or to higher education institutions of a level recognised as equivalent; or
 - b completion of general education of at least 10 years, as attested by a diploma, certificate or other evidence issued by the competent authorities or bodies in a Member State or a certificate attesting success in an examination of an equivalent level and giving access to a vocational school or vocational training programme for nursing.

2. Training of nurses responsible for general care shall be given on a full-time basis and shall include at least the programme described in Annex V.2, point 5.2.1.

The Commission shall be empowered to adopt delegated acts in accordance with Article 57c concerning amendments to the list set out in point 5.2.1 of Annex V.2 with a view to adapting it to scientific and technical progress.

The amendments referred to in the second subparagraph shall not entail an amendment of existing essential legislative principles in Member States regarding the structure of professions as regards training and conditions of access by natural persons. Such amendments shall respect the responsibility of the Member States for the organisation of education systems, as set out in Article 165(1) TFEU.

3. The training of nurses responsible for general care shall comprise a total of at least three years of study, which may in addition be expressed with the equivalent ECTS credits, and shall consist of at least 4,600 hours of theoretical and clinical training, the duration of the theoretical training representing at least one third and the duration of the clinical training at least one half of the minimum duration of the training. Member States may grant partial exemptions to professionals who have received part of their training on courses which are of at least an equivalent level.

The Member States shall ensure that institutions providing nursing training are responsible for the coordination of theoretical and clinical training throughout the entire study programme.

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4. Theoretical education is that part of nurse training from which trainee nurses acquire the professional knowledge, skills and competences required under paragraphs 6 and 7. The training shall be given by teachers of nursing care and by other competent persons, at universities, higher education institutions of a level recognised as equivalent or at vocational schools or through vocational training programmes for nursing.
 5. Clinical training is that part of nurse training in which trainee nurses learn, as part of a team and in direct contact with a healthy or sick individual and/or community, to organise, dispense and evaluate the required comprehensive nursing care, on the basis of the knowledge, skills and competences which they have acquired. The trainee nurse shall learn not only how to work in a team, but also how to lead a team and organise overall nursing care, including health education for individuals and small groups, within health institutes or in the community.
6. Training for nurses responsible for general care shall provide an assurance that the professional in question has acquired the following knowledge and skills:
 - a comprehensive knowledge of the sciences on which general nursing is based, including sufficient understanding of the structure, physiological functions and behaviour of healthy and sick persons, and of the relationship between the state of health and the physical and social environment of the human being;
 - b knowledge of the nature and ethics of the profession and of the general principles of health and nursing;
 - c adequate clinical experience; such experience, which should be selected for its training value, should be gained under the supervision of qualified nursing staff and in places where the number of qualified staff and equipment are appropriate for the nursing care of the patient;
 - d the ability to participate in the practical training of health personnel and experience of working with such personnel;
 - e experience of working together with members of other professions in the health sector.

This training shall take place in hospitals and other health institutions and in the community, under the responsibility of nursing teachers, in cooperation with and assisted by other qualified nurses. Other qualified personnel may also take part in the teaching process.

Trainee nurses shall participate in the activities of the department in question insofar as those activities are appropriate to their training, enabling them to learn to assume the responsibilities involved in nursing care.

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7. Formal qualifications as a nurse responsible for general care shall provide evidence that the professional in question is able to apply at least the following competences regardless of whether the training took place at universities, higher education institutions of a level recognised as equivalent or at vocational schools or through vocational training programmes for nursing:
- a competence to independently diagnose the nursing care required using current theoretical and clinical knowledge and to plan, organise and implement nursing care when treating patients on the basis of the knowledge and skills acquired in accordance with points (a), (b) and (c) of paragraph 6 in order to improve professional practice;
 - b competence to work together effectively with other actors in the health sector, including participation in the practical training of health personnel on the basis of the knowledge and skills acquired in accordance with points (d) and (e) of paragraph 6;
 - c competence to empower individuals, families and groups towards healthy lifestyles and self-care on the basis of the knowledge and skills acquired in accordance with points (a) and (b) of paragraph 6;
 - d competence to independently initiate life-preserving immediate measures and to carry out measures in crises and disaster situations;
 - e competence to independently give advice to, instruct and support persons needing care and their attachment figures;
 - f competence to independently assure the quality of, and to evaluate, nursing care;
 - g competence to comprehensively communicate professionally and to cooperate with members of other professions in the health sector;
 - h competence to analyse the care quality to improve their own professional practice as a nurse responsible for general care.

V.2. NURSE RESPONSIBLE FOR GENERAL CARE

5.2.1. Training programme for nurses responsible for general care

The training leading to the award of a formal qualification of nurses responsible for general care shall consist of the following two parts.

A. Theoretical instruction

a. Nursing:

- Nature and ethics of the profession
- General principles of health and nursing
- Nursing principles in relation to:
 - general and specialist medicine
 - general and specialist surgery
 - child care and paediatrics
 - maternity care
 - mental health and psychiatry
 - care of the old and geriatrics

b. Basic sciences:

- Anatomy and physiology
- Pathology
- Bacteriology, virology and parasitology
- Biophysics, biochemistry and radiology
- Dietetics
- Hygiene:
 - preventive medicine
 - health education
- Pharmacology

c. Social sciences:

- Sociology
- Psychology
- Principles of administration
- Principles of teaching
- Social and health legislation
- Legal aspects of nursing

B. Clinical instruction

- Nursing in relation to:
 - general and specialist medicine
 - general and specialist surgery
 - child care and paediatrics
 - maternity care
 - mental health and psychiatry
 - care of the old and geriatrics
 - home nursing

One or more of these subjects may be taught in the context of the other disciplines or in conjunction therewith.

The theoretical instruction must be weighted and coordinated with the clinical instruction in such a way that the knowledge and skills referred to in this Annex can be acquired in an adequate fashion.

Glossary

Reasonable adjustments: where a student requires reasonable adjustment related to a disability or adjustment relating to any protected characteristics as set out in the equalities and human rights legislation.

Approved education institutions (AEIs): the status awarded by the NMC to an institution, or part of an institution, or combination of institutions that works in partnership with practice placement and work placed learning providers. AEIs will have provided us with assurance that they are accountable and capable of delivering NMC approved education programmes.

Educators: in the context of the NMC *Standards for education and training* educators are those who deliver, support, supervise and assess theory, practice and/or work placed learning.

Equalities and human rights legislation: prohibits unlawful discrimination on the basis of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation and other characteristics. Anti-discrimination laws can be country specific and there are some legally binding international protections.

(Good) health and character requirements: as stipulated in NMC legislation (Articles 9(2)(b) and 5(2)(b) of the Nursing and Midwifery Order 2001) 'good health' means that the applicant is capable of safe and effective practice either with or without reasonable adjustments. It does not mean the absence of a health condition or disability. Each applicant seeking admission to the register or to renew registration, whether or not they have been registered before, is required to declare any pending charges, convictions, police cautions and determinations made by other regulatory bodies.

People: individuals or groups who receive services from nurses and midwives, healthy and sick people, parents, children, families, carers, representatives, also including educators and students and others within and outside the learning environment.

Practice learning partners: organisations that provide practice learning necessary for supporting pre-registration and post-registration students in meeting proficiencies and programme outcomes.

Quality assurance: NMC processes for making sure all AEs and their approved education programmes comply with our standards.

Recognition of prior learning (RPL):

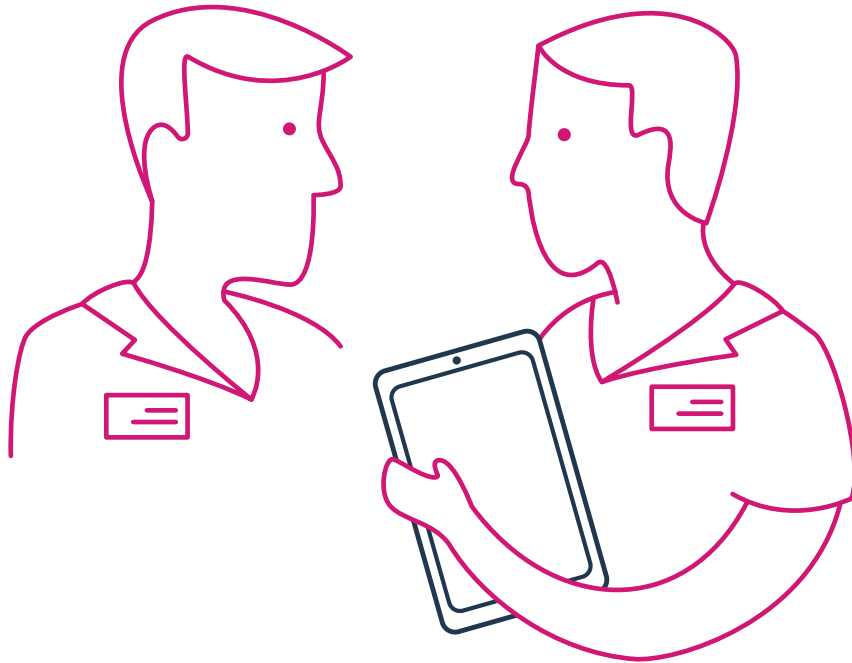
a process that enables previous certificated or experiential learning to be recognised and accepted as meeting some programme outcomes, this means it includes both theory and practice achievement.

Simulation: an artificial representation of a real world practice scenario that supports student development through experiential learning with the opportunity for repetition, feedback, evaluation and reflection. Effective simulation facilitates safety by enhancing knowledge, behaviours and skills.

Stakeholders: any person, group or organisation that has an interest or concern in the situation in question, and may affect or be affected by its actions, objectives or policies. In the context of the NMC *Standards for education and training* this includes students, educators, partner organisations, service users, carers, employers, other professionals, other regulators and education commissioners.

Student: any individual enrolled onto an NMC approved education programme whether full time or less than full time.

Supernumerary: students in practice or work placed learning must be supported to learn without being counted as part of the staffing required for safe and effective care in that setting. For apprentices, this includes practice placements within their place of employment; this does not apply when they are working in their substantive role. Placements should enable students to learn to provide safe and effective care, not merely to observe; students can and should add real value to care. The contribution students make will increase over time as they gain proficiency and they will continue to benefit from ongoing guidance and feedback. Once a student has demonstrated that they are proficient, they should be able to fulfil tasks without direct oversight. The level of supervision a student needs is based on the professional judgement of their supervisors, taking into account any associated risks and the students' knowledge, proficiency and confidence.



The role of the Nursing and Midwifery Council

What we do

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We make sure nurses, midwives and nursing associates keep their skills and knowledge up to date and uphold our professional standards. We have clear and transparent processes to investigate nurses, midwives and nursing associates who fall short of our standards.

We maintain a register of nurses, midwives and nursing associates allowed to practise in the UK.

These standards were approved by Council at their meeting on 28 March 2018 and have been updated to include the regulation of pre-registration nursing associate programmes on 8 October 2018.



Northern Ireland Future Nurse Future Midwife (FNFM) - Key Facts

Introduction and Context

The Nursing and Midwifery Council (NMC) have published a series of standards and proficiencies for nursing and midwifery education which set out the skills and knowledge that the next generation of nurses and midwives will need to deliver safe and effective care. [These standards](#) take into account the changes in society and the health care reforms which have implications for registrants, employers, educators, students and all those who support students in practice. They aim to raise the ambition in terms of what is expected of a nurse and midwife and maximise the quality and safety of nursing and midwifery education and training.

Why Change?

- The health and care landscape is changing rapidly
- The care provided by integrated teams is increasing
- There is a growing focus on person-centred care closer to home
- Nurses and midwives are taking on additional responsibilities
- The use of technology in health care is increasing
- Nurses and midwives are working across a range of settings.

The [standards of proficiencies for registered nurses \(2018\)](#) are presented under seven platforms and two annexes:

1. Being an **accountable** professional
2. **Promoting health** and preventing ill health
3. **Assessing** needs and **planning care**
4. Providing and **evaluating care**
5. **Leading and managing** nursing care and working in teams
6. Improving **safety and quality** of care
7. **Coordinating** care

Annex A: Communication & Relationship Management Skills

Annex B: Nursing Procedures

The [standards of proficiencies for midwives \(2019\)](#) are presented under six domains:

1. Being an **accountable, autonomous, professional** midwife
2. Safe and effective midwifery care: promoting and providing **continuity of care and carer**
3. **Universal care** for all women and newborn infants
4. Additional **care for women and newborn infants with complications**
5. Promoting excellence: the midwife as **colleague, scholar and leader**
6. The midwife as **skilled practitioner**

Northern Ireland Practice Assessment Document/Midwifery Ongoing Record of Achievement

Students undertaking NMC approved programmes are required to evidence how they meet the proficiencies of the programme they are studying. Pre-and post-registration nursing students will record their evidence of practice learning in the Northern Ireland Practice Assessment Document (NIPAD). Midwifery students will evidence their practice learning in the Midwifery Ongoing Record of Achievement (MORA). The NIPAD/MORA provides:

- a framework for the support, supervision and assessment of students in practice
- a means of communication for those supporting students learning in practice
- evidence of learning in practice and an on-going record of the student's achievements
- a structure to support the management of students who are underperforming and require additional support.

Standards for Student Supervision and Assessment (SSSA)

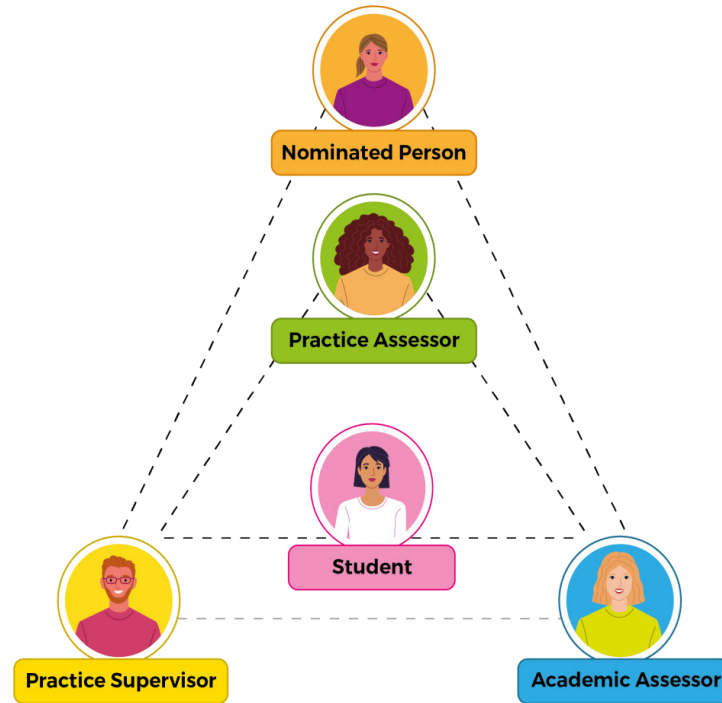
The process of [student supervision and assessment](#) is one of partnership between Northern Ireland's three universities and their practice partners. This partnership helps ensure safe and effective student learning and assessment along with enhanced professional and personal development. Supervision and assessment will help uphold public protection, empower the student to be a more resilient critical thinker and decision maker who can analyse, reflect on and improve their practice. Separating out the roles of student supervision and assessment ensures greater consistency and objectivity in the assessment process. Practice assessors, practice supervisors and academic assessors must be suitably prepared for the role.

Standards for Student Supervision and Assessment (SSSA)

MAHI - STM - 092 - 466

The nominated person is the ward sister/charge nurse, team leader or manager. **The nominated person:**

- ✓ promotes a quality practice learning environment
- ✓ allocates the student a practice assessor and at least one practice supervisor, while considering the registrants' scope of practice
- ✓ ensures continuity of the student's practice learning experience
- ✓ actively supports student learning
- ✓ ensures supervisors & assessors have access to suitable role preparation
- ✓ supports the management of student underperformance, linking with the Practice Education Team and university staff (link lecturer/practice tutor) where relevant.



The practice supervisor/s - all registered nurses and midwives are capable of being a practice supervisor, along with other registered health and social care professionals. A student will be allocated at least one practice supervisor during their practice learning experience but may work alongside several supervisors.

Practice supervisor/s:

- ✓ serve as a role model
- ✓ support the student to safely achieve a range of proficiencies and skills
- ✓ ensure student learning opportunities are facilitated
- ✓ provide feedback to the student to support learning
- ✓ provide feedback to the practice assessor regarding the student's progress and performance
- ✓ contribute to the student's assessments to inform decisions for progression
- ✓ record relevant observations of progress in the student's Northern Ireland Practice Assessment Document (NIPAD) or Midwifery Ongoing Record of Achievement (MORA).
- ✓ identifies, escalates and supports the management of student underperformance issues.

Students undertaking a practice learning experience must be supported to learn without being counted as part of the staffing requirements. While students maintain supernumerary status, they should always be considered part of the team and integral to the workforce through their contribution in providing person centred, safe and effective care. The level of supervision can decrease with the student's increasing proficiency and confidence.

Students should be observing and participating in practice and add real value to care while they evidence their learning.

The practice assessor* is a registered nurse (with equivalent experience for the student's field of practice) for nursing students or a registered midwife for midwifery students. Each student will be allocated a practice assessor for each practice learning experience or series of practice learning experiences.

Practice assessors:

- ✓ set the learning objectives for the practice learning experience with the student at their initial meeting and undertake the progress and final review meetings
- ✓ periodically observes the student in practice
- ✓ receive feedback from practice supervisor/s on student performance
- ✓ work in partnership with academic assessors to evaluate and recommend the student for progression to each part of their programme, in line with the programme standards (formative and summative assessments)
- ✓ manage student underperformance issues and support students and practice supervisor/s throughout
- ✓ are not simultaneously the practice supervisor for the same student

** Can be another healthcare professional in certain circumstances e.g. Nursing and Midwifery Prescribing*

The shared responsibility of the practice assessor and the academic assessor ensures that only those students who meet all programme requirements and proficiencies, and who are clearly able to demonstrate the principles of The Code (2018) are entered onto the NMC professional register

The academic assessor* is a registered nurse (with equivalent experience for the student's field of practice) for nursing students or a registered midwife for midwifery students & has the relevant qualifications required by the university. The student will have an academic assessor for each part of their programme.

Academic assessors:

- ✓ collate and confirm student achievement of proficiencies and programme outcomes in the academic environment for each part of the programme
- ✓ work in partnership with the practice assessor in evaluating and recommending the student for progression to each part of their programme.

** Can be another healthcare professional in certain circumstances e.g. Nursing and Midwifery Prescribing*



Department of
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Future Nurse Future Midwife Northern Ireland

Standards for Student Supervision and Assessment

A Guide for those Responsible for Student Supervision and Assessment in Practice



**QUEEN'S
UNIVERSITY
BELFAST**



The Open
University



Ulster
University



Health and
Social Care

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1. Introduction

Northern Ireland has three Approved Education Institutions (AEIs), The Open University, Queen's University Belfast and Ulster University who deliver NMC approved programmes. Through partnership working the NI regional Model was developed to implement and deliver the NMC Education Standards (2018), which includes the Standards for Student Supervision and Assessment (SSSA).

The Nursing and Midwifery Council (NMC) Realising professionalism: Standards for education and training - Part 2: Standards for student supervision and assessment (2018) sets out the expectation for the learning, support and supervision of students in the practice learning environment (PLE).

This guide provides details on the various roles and how they work together to ensure practice supervision and assessment meets the NMC Education Standards (2018) for SSSA. It will outline the responsibilities, preparation and support for these roles.

It also includes details on the regional approach to the practice assessor database, the roles of the Practice Education Teams or equivalent, and link lecturer/practice tutors.

2. The Northern Ireland Regional Model - Standards for Student Supervision and Assessment

The process of supervising and assessing students is one of partnership between the AEIs and practice partners to ensure that safe and effective learning and assessment upholds public protection. It is a process, which fosters a positive learning relationship with the student and enhances their professional and personal development. Supervision and assessment helps empower the student in becoming a more resilient critical thinker and decision maker who can analyse, reflect on and improve their practice.

Students experiencing practice or work placed learning must be supported to learn without being counted as part of the staffing levels required for safe effective care in that setting. While students will maintain supernumerary status they should always be considered part of the team and integral to the workforce through their contribution in providing safe and effective care. Students should be observing and participating in practice and should add real value to care while evidencing their learning.

The agreed model for SSSA will reflect the new roles of the:

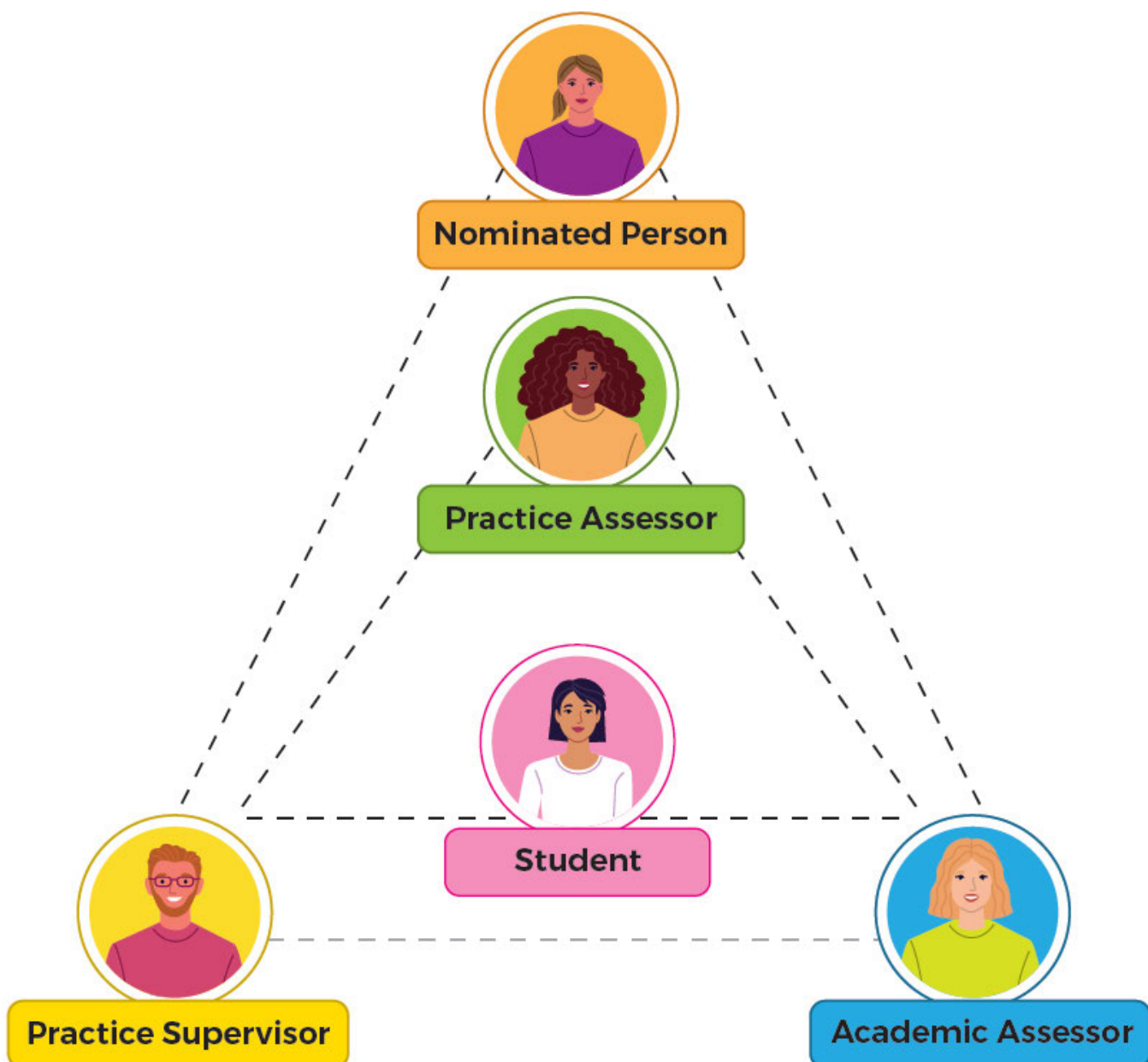
- nominated person (ward sister/charge nurse/team leader/manager)
- practice supervisor (all registered nurses/midwives & other healthcare professionals)
- practice assessor (registered nurse/midwife, designated medical prescribers)
- academic assessor (link lecturer/practice tutor).

Every student will be allocated:

- at least one practice supervisor for every practice learning experience
- a practice assessor for each practice learning experience or series of practice learning experiences
- an academic assessor for each part of the programme.

Separating out the supervision and assessment roles ensures greater consistency and objectivity in the assessment process. The academic assessor works in partnership with the practice assessor to evaluate and recommend the student for progression for each part of the programme informed by feedback sought and received from practice supervisor/s and practice assessors as illustrated in Diagram 1.

Diagram 1

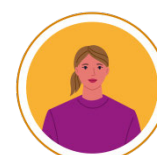


The shared responsibility of the practice assessor and the academic assessor ensures that robust, objective, fair and transparent assessments and shared decision-making will uphold public protection and ensure only those students who have met all the programme requirements and proficiencies and are clearly able to demonstrate the principles of The Code (2018) are entered onto the NMC professional register.

3. The Nominated Person

3.1. Who can be the Nominated Person?

The nominated person for each practice learning environment will normally be the ward sister/charge nurse/team leader/manager. The name of the nominated person will be detailed on the Practice Learning Environment Educational Audit (PLEEA).



Nominated Person

3.2. What is the role of the Nominated Person?

The nominated person will:

- ensure continuity of the practice learning experience for the student
- actively support student learning
- be responsible for assigning students to each practice supervisor and practice assessor
- consider the registrant's scope of practice when assigning practice supervisors and practice assessors
- support the practice supervisor/s and practice assessor/s to manage student underperformance or concerns in collaboration with the Practice Education Team (when appropriate), the link lecturer and academic assessor
- ensure the practice assessor/s and practice supervisor/s receive appropriate preparation and have ongoing access to support
- liaise with the Practice Education Team (when appropriate) or AEI
- co-ordinate and monitor quality assurance processes to support the PLE meet the NMC Education Standards (2018) i.e. student evaluation, educational audit, maintenance of the practice assessor database and continuing professional development requirements for the practice supervisor and practice assessor.

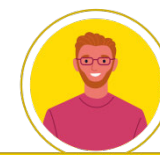
3.3. Who will support the Nominated Person?

The nominated person will be supported by the:

- line manager
- link lecturer/practice tutor
- academic assessor
- peers
- Practice Education Team or equivalent.

4. Supervision of Students

Practice supervision enables students to learn safely and achieve proficiency and autonomy in their professional role. Every student will be allocated at least one practice supervisor for each PLE however there could be multiple practice supervisors in the same PLE to support the student achieve a range of learning outcomes. When identifying the practice supervisor/s the registrant's scope of practice will be considered. There may be different models of supervision within the PLE such as 1:1 or Hub and Spoke ¹.



Practice Supervisor

It is anticipated that students will work with and learn from a range of people who may not be registered healthcare professionals but who can positively contribute to their learning; this practice learning experience will be coordinated by the practice supervisor/s.

4.1. Who can be the Practice Supervisor/s?

All NMC registered nurses and midwives are capable of supervising students and serving as role models for safe and effective practice. Students may also be supervised by other registered health and social care professionals. Each PLE will provide opportunities for the practice assessor to observe the student across a range of environments in order to inform decisions for assessment and progression.

To supervise a prescribing student the practice supervisor must:

- be a registered health care professional on a professional register with equivalent prescribing qualifications [notated on a professional register where relevant]
- be able to evidence active prescribing
- have completed a preparation programme to support them to undertake the role.

4.2. What is the role of the Practice Supervisor?

The practice supervisor will:

- have current knowledge and experience of the area in which they are providing support, supervision and feedback
- serve as role models for safe and effective practice in line with The Code (2018) and their professional duty of candour
- organise and co-ordinate student learning activities in practice, ensuring quality, safe and effective practice learning experiences that uphold public protection and the safety of people
- ensure the level of supervision provided to students reflects their learning needs and stage of learning
- support learning in line with their scope of practice to enable the student meet their

¹ Hub and Spoke is defined as a base practice learning environment/experience, (the hub) from which the students learning is complemented by additional activities in the spoke).

- proficiencies and programme outcomes
- ensure requirement and rights around informed consent are implemented and that public protection is maintained
- use their professional judgment and local/national policy to determine where activities may be safely delegated to students and the level of supervision required
- be accountable for their decisions
- support and supervise students, providing feedback on their progress towards achievement of proficiencies and skills
- set and monitor realistic achievement of proficiencies through the development of evidence identified within the programme specific Northern Ireland Practice Assessment Document (NIPAD) for nursing or the Midwifery Ongoing record of Achievement (MORA).
- contribute to the student's ongoing record of achievement in the student's NIPAD/MORA by periodically recording relevant observations on the conduct, proficiency and achievement of the students they are supervising
- facilitate practice based independent learning as appropriate
- support learning in an inter-professional environment, selecting and supporting a range of learning opportunities for students with other professions
- encourage and coordinate students to work with and learn from a number of people who are not registered healthcare professionals but who can positively contribute to their learning
- contribute to student assessments to inform decisions for progression at summative assessment through reviewing evidence to ensure its authenticity, standard and completeness
- liaise with others (e.g. Practice Education Team, practice assessor, link lecturer/practice tutor, academic assessor, nominated person) to provide feedback and identify any concerns about the student's performance and agree action as appropriate
- identify when a student is underperforming, or where there are professional concerns. Take prompt action to notify the appropriate key persons and document the concerns/underperformance in the student's NIPAD/MORA -
 - for further information, refer to Escalating Concerns/Issues Regarding a Student in Practice Learning Environments (Appendix Two).
 - the student's practice assessor must also be notified.

The supervisory role that non-registered colleagues play in supervising students will be dependent on their skill, knowledge and experience. They will be prepared for this role (Appendix One) and receive ongoing support.

4.3. Who will support the Practice Supervisor?

The practice supervisor can access support from the:

- nominated person
- link lecturer for the student
- other practice supervisors
- practice assessor

- academic assessor
- Practice Education Team or equivalent
- Trust nurse prescribing lead²
- supervision and annual appraisal process
- reflective discussion during the revalidation process

4.4. Preparation for the Role of Practice Supervisor/s

There will be an opportunity for mentors, sign-off mentors and practice teachers to have recognition of prior learning and move directly to the new role of practice supervisor following completion of a practice supervisor practice assessor transitioning programme. Practice supervisors will have the knowledge and experience that meets the NMC Education Standards (2018) and have an understanding of the proficiencies and programme outcomes that they are supporting students to achieve.

- Preparation programmes will be available, delivered and supported by key personnel in both practice and education environments (Appendix One)
- Preparation programmes will be delivered via e-Learning and/or face-to-face
- The opportunities to prepare for the role will be flexible and designed to meet the needs of practice supervisors.

5. Assessment of Students

The student will have a practice assessor for each practice learning experience or series of practice learning experiences and an academic assessor for each part of the programme. The academic assessor will not simultaneously be the practice supervisor and practice assessor for the same student. Students will not be assigned the same academic assessor on concurrent parts of the programme. The practice assessor will not simultaneously be the practice supervisor and practice assessor for the same student except in exceptional circumstances³.

5.1. Assessment Process

Practice assessors will conduct all assessments. During the final stage of each part of the programme or at agreed progression points depending on the programme, the practice assessor will work in partnership with the academic assessor to undertake student assessment. They will take into account feedback from practice supervisor/s and other practice assessors to evaluate and recommend the student for progression to the next part of the programme and ultimately onto the NMC professional register. Assessment and confirmation of proficiencies are based on an understanding of the student's achievement across theory and practice and is provisional until all practice hours are completed and there are no emerging professional/performance issues.

² Trust nurse prescribing lead Specific to NMP prescribing programmes

³ In exceptional circumstances the same individual may fulfil the role of practice assessor and practice supervisor for NMP, SCPHN & SPQ

The joint assessment will be face to face; however, in exceptional circumstances, for example inclement weather or illness other communication media will be acceptable including Zoom, Face-time and Skype.

5.2. Assessor Database

HSC Trusts will maintain their own practice assessor database and AElS will maintain a practice assessor database for the Independent Sector. A practice assessor database will record the following details: Name, NMC PIN, Part of NMC Register, Field of Practice and Date of Preparation for Role.

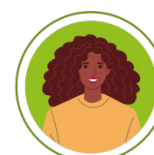
All existing mentors, sign off mentors and practice teachers will automatically transition onto a practice assessor database following suitable preparation. The current mentor register will also be maintained until all students are transitioned onto the NMC Education Standards (2018) programme/s.

The AElS will maintain an academic assessor database.

5.3. Practice Assessor

5.3.1. Who can be the Practice Assessor?

There will be an opportunity for mentors, sign-off mentors and practice teachers to have recognition of prior learning and move directly into the new role of practice assessor following a preparation programme. It is expected that all practice supervisors will progress to take on the role of practice assessor.



Practice Assessor

All practice assessors will have completed the practice assessor preparation programme and evidenced that they meet the NMC Education Standards (2018) outcomes for the role. There are some specific programme requirements depending on the practice assessor's registration and the programme the student is studying:

- to assess a nursing student, you must be a registered nurse with appropriate equivalent experience for the student's field of practice.
- to assess a midwifery student you must be a registered midwife.
- to assess a specialist community public health nurse (SCPHN) student you must be a registered SCPHN with appropriate equivalent experience for the student's field of practice.
- to assess students studying for an NMC post-registration qualification, you will be assigned practice and academic assessors in accordance with the relevant programme standards. (see Appendix Three for additional practice assessors guidance for Specialist Practice Qualifications)
- to assess a prescribing student you must be:
 - a registered healthcare professional and an experienced and current prescriber with suitable equivalent qualifications for the programme the student is undertaking
 - able to evidence active prescribing for a minimum of three years (usually)
 - able to confirm that your scope of prescribing practice aligns to, or exceeds that of the prescribing student.

In exceptional circumstances, the same person may fulfil the role of the practice supervisor and practice assessor for Prescribing Programmes, Specialist Practice and SCPHN. In such

instances, the student, practice supervisor/practice assessor and the AEI representative will need to evidence why it is necessary for the practice supervisor and practice assessor role to be carried out by the same person.

5.3.2. What is the role of the Practice Assessor?

The practice assessor will:

- conduct all assessments and work in partnership with the academic assessor to evaluate and recommend the student for progression for each part of the programme in line with programme standards
- make and record objective, evidenced-based assessments on conduct, proficiency and achievement, drawing on student records, direct observations, student self-reflection, and other resources
- periodically observe the student across environments in order to inform decisions for assessment and progression in partnership with the academic assessor
- ensure that assessment decisions are informed by feedback sought and received from practice supervisor/s
- confirm that all the evidence required for the specific part of the programme has been provided by the student and authenticated by practice assessors and practice supervisor/s. This will include evidence of authenticity, standard of completeness and relevancy to the claimed proficiencies
- in exceptional circumstances, agree alternative arrangements with the academic assessor, link lecturer/practice tutor and student if all three parties cannot be present at the assessment
- maintain current knowledge and expertise relevant to the proficiencies and programme outcomes they are assessing
- provide assurances that they maintain their professional knowledge and skills and critically reflect on their role through a range of processes, which includes NMC revalidation, supervision and appraisals.

5.3.3. Who will support the Practice Assessor?

The practice assessor can access support from the:

- nominated person
- link lecturer/practice tutor for the practice area
- academic assessor for student/s
- relevant programme leader
- Practice Education Team or equivalent
- Trust nurse prescribing lead (if relevant)

The practice assessor can gain additional support during discussions at supervision, annual appraisals, revalidation- by the use of critical reflection on their role and with other practice assessors and academic assessors in sharing best practice and discussing assessment decisions (group supervision/learning sets).

To note: practice assessors new to the role may wish to shadow an experienced practice assessor, this should be discussed with the nominated person.

There will be an opportunity on an annual basis to participate in discussions and updates on the role of the practice assessor. This updating may be accessed in a variety of ways including discussions with one of the individuals listed above, drop in sessions, teaching/assessing events and online learning etc.

5.3.4. Preparation for the role of Practice Assessor

There will be an opportunity for current mentors, sign-off mentors and practice teachers to have recognition of prior learning and move directly into the new role of practice assessor. The opportunities to prepare for the role will be flexible and designed to meet the needs of the practice assessor depending on their previous experience and identified learning needs.

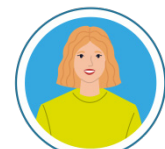
Preparation programmes can be accessed in two ways:

- The nominated person will recommend the practice supervisor for the role of practice assessor at supervision/appraisal.
- Self-nomination validated by the line manager.

Preparation programmes will be delivered and supported by key personnel in practice and education environments using a range of learning methods including face-to-face and an e-Learning package which can be accessed via the HSC Learning with additional resources available on the NIPEC website.

5.4. Academic Assessors

The programme lead for each NMC programme will allocate an appropriate academic assessor for each part of the student's programme. AElS will identify the academic assessor for each part of the programme through their local clinical allocation system and the academic assessor will be advised of their student's practice assessor.



Academic Assessor

5.4.1. Who can be the Academic Assessor?

The academic assessor will:

- be an affiliated member of staff from the student's AEl
- be a registered nurse or midwife
- hold relevant qualifications as required by their AEl
- have completed an academic assessor preparation programme or equivalent.

To note: the academic assessor for prescribing programmes may be a registered healthcare professional with appropriate equivalent experience for the student's field of practice. Students will not be assigned the same academic assessor for concurrent parts of the programme. The academic assessor will not simultaneously be the practice supervisor and practice assessor for the same student.

5.4.2. What is the role of the Academic Assessor?

The academic assessor will:

- maintain current knowledge and expertise relevant to the proficiencies and programme outcomes they are assessing and confirming
- collate and confirm student achievement of proficiencies and programme outcomes in the academic environment for each part of the programme
- communicate and collaborate with the practice assessor at scheduled relevant points during the student's programme
- make and record objective, evidence-based decisions on conduct, proficiency and achievement, and make recommendations for progression drawing on student records and other resources
- have an understanding of the student's learning and achievement in practice including any concerns around underperformance
- liaise with the link lecturer concerning any student underperformance issues
- work in partnership with the practice assessor to evaluate and recommend the student for progression for each part of the programme in line with programme standards and for entry (or additional entry) to the NMC professional register.
- forward the outcome of summative assessments to the appropriate person in a timely manner and advise the appropriate AEI personnel of any issues concerning the student's progress.

5.4.3. Who will support the Academic Assessor?

The opportunities to prepare for the role will be flexible and designed to meet the needs of the academic assessor. Link lecturers/practice tutors will simultaneously undertake the role of academic assessor following completion of a preparation programme or equivalent (Appendix One).

5.4.4. Preparation for the role of Academic Assessor

In order to fulfil their role the academic assessor will receive on-going training and support from their AEI to develop their professional practice and knowledge.

6. Link Lecturer/Practice Tutor

The Schools of Nursing in each of Northern Ireland's three AEIs operate a link lecturer/practice tutor system with an identified member of staff allocated to each PLE. All current link lecturers/practice tutors will transition to the role of academic assessor following completion of the academic assessor preparation programme.

6.1. What is the role of the Link Lecturer/Practice Tutor?

The link lecturer/practice tutor will:

- undertake the role of academic assessor for allocated students
- support students and practice supervisors in clarifying the learning opportunities available to develop evidence for the NIPAD/MORA
- be available to support and advise students and practice supervisor/s in relation to challenges to student learning within the PLE
- ensure that necessary measures are taken to make effective use of the learning potential in PLEs

- maintain accurate and appropriate records as required
- assure quality practice learning environments through the PLEEA and monitor the quality of the learning experience in collaboration with practice partners
- ensure the relevant process is followed in the event of concerns/issues regarding a student (Appendix Two)
- collaborate with the appropriate AEI personnel, nominated person, practice supervisor and the Practice Education Team (where applicable) regarding issues which may impact on students' learning experiences or performance
- encourage students to complete evaluation questionnaires
- provide assurances that they maintain their professional knowledge and skills and critically reflect on their role through a range of processes which includes NMC revalidation, supervision and appraisals.

6.1.1. Independent Sector: Link Lecturer/Practice Tutor

Within the Independent Sector the link lecturer in addition to the above list is responsible for:

- providing professional support to the nominated person or equivalent, the practice supervisor, the practice assessor and students
- ensuring quality practice learning environments through the PLEEA
- monitoring the quality of the practice learning experience in collaboration with the AEIs and through student evaluation questionnaires.

7. Practice Education Teams

Practice Education Teams provide professional support, advice and guidance to the nominated person, practice supervisors and practice assessors. In partnership with AEIs, they will support students to ensure that the NMC Education Standards (2018) are met including the SSSA.

The Practice Education Team will:

- work in partnership with others to contribute to systems that monitor the effectiveness of learning and education activities within all NMC approved programmes
- collate and maintain the practice assessor database and facilitate a process to share required information with AEIs within GDPR regulations
- ensure the quality of the PLE through the completion and monitoring/updating of the PLEEA
- monitor the quality of the practice learning experience in collaboration with the AEIs and through student evaluations.

Where there are no Practice Education Teams, e.g. Independent Sector, the link lecturer/practice tutor will provide this support.

8. Raising Concerns Regarding Student Progress

In the event of student concerns, issues or underachievement there is an expectation that communication will take place via face to face in a timely manner. If the practice supervisor or practice assessor requires support to engage in a courageous conversation they should inform the nominated person and seek guidance from the Practice Education Team (or equivalent) and /or the academic assessor. For further details refer to Escalating Concerns/Issues Regarding a Student in Practice Learning Environments (Appendix Two).

9. Glossary of Terms

Academic assessor: A registrant who collates and confirms the student's achievement of proficiencies and programme outcomes in the academic environment for each part of the programme.

Approved Education Institutions (AEI) : The status awarded to an institution that works in partnership with practice learning providers in delivering NMC approved programmes.

Duty of candour: The professional duty of candour - "Every healthcare professional must be open and honest when things go wrong".

<https://www.nmc.org.uk/standards/guidance/the-professional-duty-of-candour/>

GDPR: General Data Protection Regulation.

Hub and Spoke: A base practice learning experience, the hub, from which the student's learning is complemented by additional activities, the spoke.

Mentor: A registrant who facilitates learning, supervises and assesses students in a practice setting.

NIPAD: Northern Ireland Practice Assessment Document – a tool to guide learning and a record of a student's learning and achievement in practice.

NMC Education Standards: The standards that are required to be met by all nursing and midwifery students on NMC approved programmes prior to entry to the register.

NMC Professional Register : Shows who can practise as a nurse or midwife in the UK.

NMP: Non-Medical Prescribing/Nursing and Midwifery Prescribing also referred to as Prescribing Programmes.

<https://www.nmc.org.uk/standards/standards-for-post-registration/standards-for-prescribers/standards-of-proficiency-for-nurse-and-midwife-prescribers/>

MORA: Midwifery On-going Record of Achievement- a tool to guide learning and a record of a student midwife's learning and achievement in practice.

Nominated person: Usually the ward sister/charge nurse/team leader/manager or an identified suitable person who will actively supports student learning.

Non-Registered Health Care Support Staff – (In the context of supporting students) Students will work with and learn from a range of people who may not be registered healthcare professionals but who can positively contribute to their learning; this learning experience will be coordinated by practice supervisor/s. The supervisory role that non-registered professionals play will be dependent on their skills, knowledge and experience.

Other Registered Health and Social Care Professionals: Health and social care professionals registered with a regulated health and social care body i.e GMC, HCPC, GPhC NISCC. In the context of the SSSA they will be suitably prepared to undertake the role of practice supervisor.

Parts of a programme: One part will usually constitute one year of a programme (parts 1-3) however; this will vary depending on what programme the student is studying and at which AEI. This detail will be included in the programme specific preparation.

Practice assessor: Registrants who assess and confirm the student's achievement of practice learning for a practice learning experience or a series of practice learning experiences.

Practice assessor/academic assessor database: The collection of information specially organised to store limited specific information relating to practice assessors/academic assessors.

Practice Education Team: Indirectly support students through providing direct support to staff involved in supervision and assessment in practice activities to develop quality practice learning experiences for students.

Practice Learning Environment (PLE): A setting/ward/unit (etc.) which has been audited by practice and AEI/s and approved for students to undertake a practice learning experience as part of their programme. Learning environment includes any physical location where learning takes place as well as the system of shared values, beliefs and behaviours.

Practice Learning Environment Educational Audit (PLEEA): The NMC requires that approved education institutions (AEIs), together with practice learning partners, regularly review all learning environments and provide assurance that they are safe and effective through proper oversight and effective governance processes, with clear lines of responsibility and accountability especially in responding to standards that are not met.

Practice Learning Experience: Students are supported to gain experiences and skills whilst in a practice learning environment. Multiple practice learning experiences could be acquired whilst the student works under different practice supervisors in one practice learning environment, for example, using a hub and spoke model.

Practice Partners: Organisations that provide practice learning necessary for supporting pre-registration and post-registration students in meeting proficiencies and programme outcomes.

Practice supervisor : Any registered health and social care professional working in a practice environment. They will have been prepared and supported to take up their role and have up-to-date knowledge and experience relevant to the student they are supervising.

Scope of Practice: Exercise professional judgement and be accountable for all work.

SCPHN: Specialist Community Public Health Nurse.

Sign-off mentor: Registrants who meet specified criteria in order to be able to sign-off a student's practice proficiency at the end of an NMC approved programme.

Supernumerary: Supported to learn without being counted as part of the staffing required for safe and effective care in that setting.

SPQ: Specialist Practice Qualification.

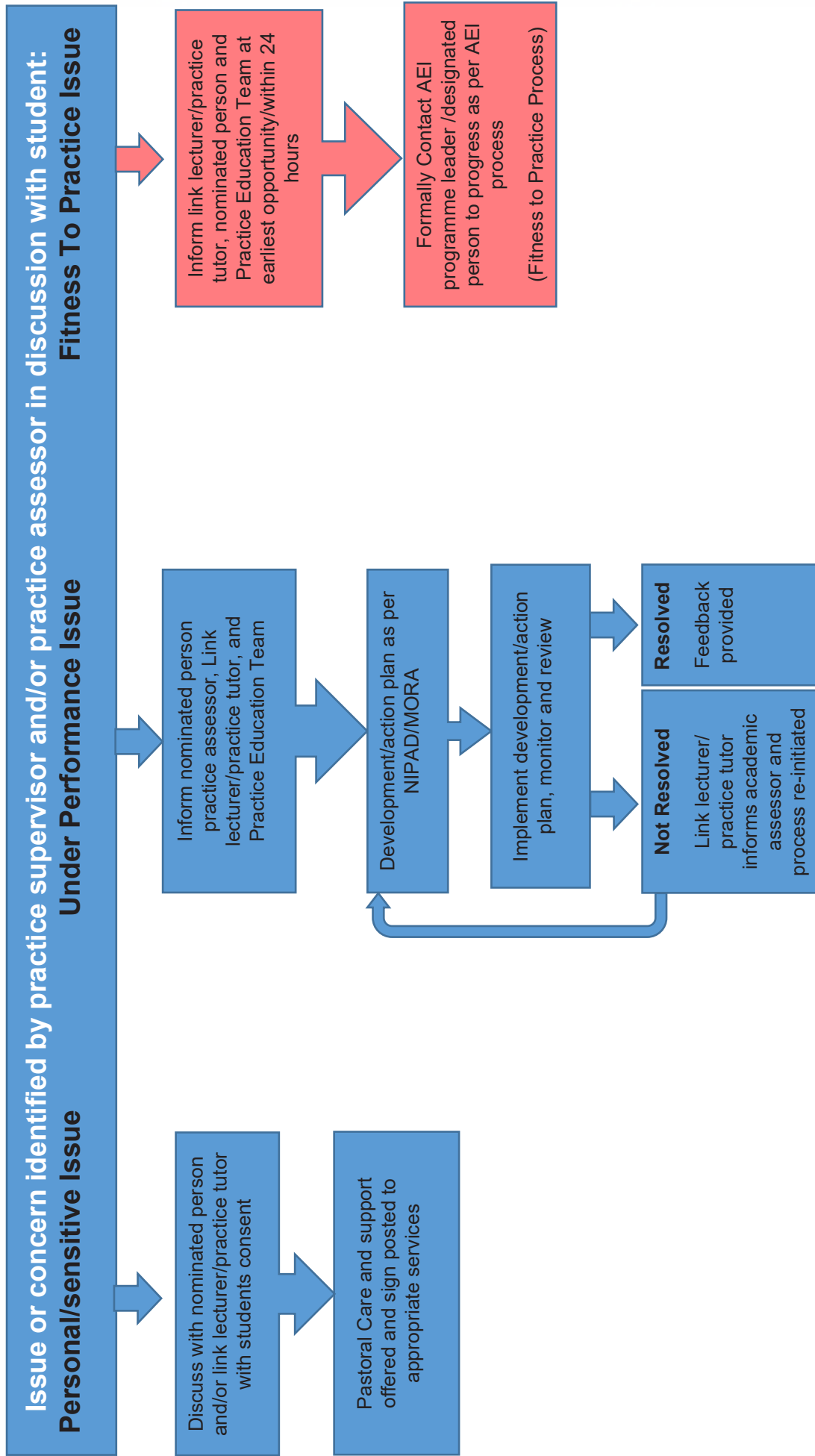
The Code (2018) – “Professional standards of practice and behaviour for nurses, midwives and nursing associates.” can be accessed here: <https://www.nmc.org.uk/standards/code/>

Appendix One – Training Requirements: Roles

		Roles			
Training Requirements	Practice Supervisor All NMC Registrants and/or other Registered Health and Social Care Professionals	Practice Assessor All NMC Registrants to include Current Mentors, Sign off Mentors, and Practice Teachers with appropriate equivalent experience for the student's field of practice Registered Health Care Professionals with suitable equivalent qualifications for the programme that the student is undertaking	Academic Assessor Current Link Lecturers/Practice Tutors	Non-Registered Health Care Support Staff	
<ul style="list-style-type: none"> SSSA Roles & Responsibilities 	✓	✓	✓	✓	NIPAD/ MORA Learning outcomes identified to specific area
<ul style="list-style-type: none"> Curriculum Update – aligned to standards of proficiency for NMC approved programme the student is undertaking (links below) 	✓	✓	✓	✓	
<ul style="list-style-type: none"> Overview Northern Ireland Practice Assessment Document (NIPAD) aligned to programme Midwifery On-Going Record of Achievement (MORA) Completion of self-declaration 	✓	✓	✓	✓	N/A
2020 Curriculum - all NMC Approved Programmes					
Links to NMC proficiencies are available on the NMC website					
Future nurse: Standards of proficiency for registered nurses	Standards for Prescribing Programmes	Standards for Prescribing Programmes	Post Graduate Specialist Community Public Health Nurse (SCPHN)	Post Graduate Specialist Practice Qualification (SPQ)	Return to Practice Standards

Registrants new to SSSA roles must also undertake an ELearning FNFM Supervision and Assessment Fundamentals module only available at www.hsclearning.com. Anyone undertaking SSSA practice supervision and assessment must complete the relevant FNFM preparation programme. The above table is a broad overview of the preparation content, for specific details about supporting students and which preparation programme you should complete, please visit <https://nipec.hscni.net/service/fnfm/> for more information.

Appendix Two - Escalating Concerns/Issues Regarding a Student in Practice Learning Environments



Appendix Three: Additional Guidance re Specialist Practice Qualification - Practice Assessors

All Practice Assessors involved in SPQ student support must attend/undertake an SPQ induction programme (which will include the programme specific curriculum and NIPAD update) provided by the AEI to ensure they have knowledge of the programme standards. When selecting an SPQ practice assessor, the practice assessor must be a registered nurse in the same field of practice⁴ as the student. In addition to this, the following criteria should be applied in order of preference:

1. Has the same SPQ pathway as the student; if not achievable then
2. Has an SPQ (different to student's pathway); if not achievable then
3. Is a registered nurse (without an SPQ) and has extensive experience in the specialist area.

In exceptional circumstances, as set out in the FNFM NI Model for SSSA (2019) the same person may fulfil the role of the practice supervisor and practice assessor for the Specialist Practice and SCPHN students undergoing training in a practice learning environment. The rationale being that there may only be one individual in this practice learning environment who can fulfil both roles. In such instances, the student, practice supervisor/assessor and the AEI will need to evidence why it is necessary for the practice supervisor and assessor role to be carried out by the same person. This will be monitored through the educational audit in collaboration with practice and AEI.

To Note: Practice supervisors involved in SPQ student support should, where possible, attend/undertake an SPQ induction programme.

⁴ The fields of practice are identified as: Adult nursing, Mental Health nursing, Children's nursing and Learning Disabilities nursing



NIPEC

Centre House, 79 Chichester Street, Belfast BT1 4JE

Tel: 0300 300 0066

E-mail: enquiries@nipec.hscni.net

This document can be downloaded from the NIPEC website
<https://nipec.hscni.net/>

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Future Nurse Future Midwife

Guidance: Practice Learning Environments Educational Audit



Guidance for Completion of Practice Learning Environment Educational Audit

1. Introduction

The NMC requires that approved education institutions (AEIs), together with practice learning partners, regularly review all learning environments and provide assurance that they are safe and effective through proper oversight and effective governance processes, with clear lines of responsibility and accountability especially in responding to standards that are not met.

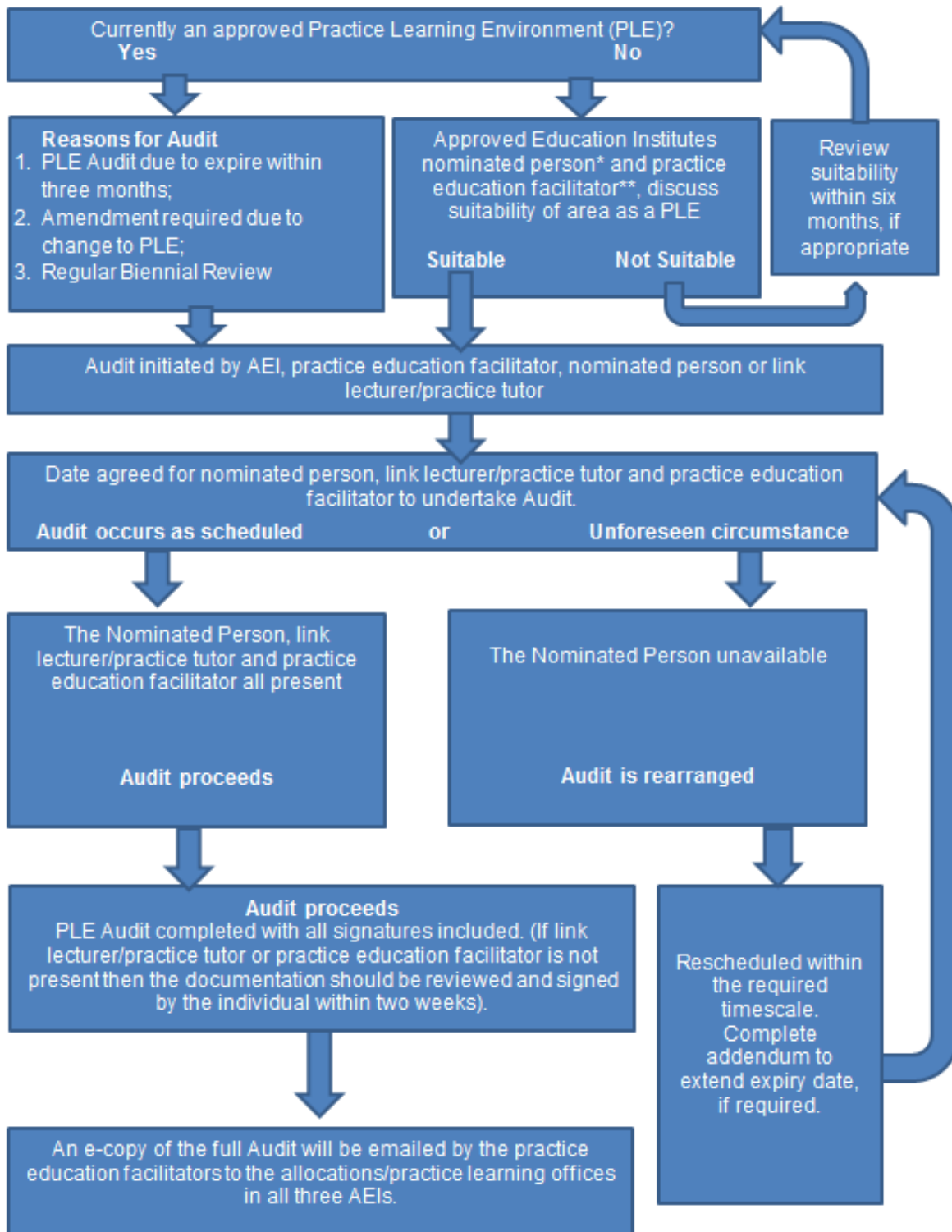
The completion of a Practice Learning Environment Educational Audit (PLEEA) between AEIs and practice learning partners will optimise safety and quality by ensuring all practice Learning Environments (PLEs) have the capacity, facilities and resources in place to deliver safe and effective learning opportunities and practical experiences for students as required by their programme learning outcomes (NMC 2018).

Central to this is a culture of collaboration with effective partnership between practice providers and AEIs to develop quality practice placements for students of nursing & midwifery.

2. Audit Process Overview

- Completion of the PLEEA is a collaborative process and should be reviewed every two years (Flow chart at item 3 outlines process)
- Any of the key stakeholders can initiate a PLEEA.
- Service user involvement is desirable; however, their presence is not essential to the completion of the PLEEA.
- PLEEA will be planned 4 – 6 weeks prior to review date thereby affording the opportunity for all the stakeholders to participate in the process.
- PLEEAs will be signed off by all of the key stakeholders within 2 weeks.
- All key stakeholders will retain a copy of the completed PLEEA tool (or have access to electronic copy).
- E-copies of PLEEAs will be shared by Practice Education Facilitator/s with all AEI Practice Learning Offices/Allocation Offices. For independent sector organisations, the link lecturer will forward a copy to the relevant AEI who will then share with other AEIs.

3. Undertaking a Practice Learning Environment Educational Audit



Nominated person is the ward sister, charge nurse, team leader, registered home manager, or designated person. Practice education facilitator involvement only where applicable/relevant.

4. Completing the Practice Learning Environment Educational Audit Tool

A sample of the PLEEA tool is provided below, and guidance and information on completing the PLEEA is provided in blue italics.

1. Introduction

The purpose of this tool is to provide evidence that Practice Learning Environments (PLEs) have the capacity, facilities and resources in place, to deliver safe and effective learning opportunities and practical experience for students, as required to meet the NMC proficiencies for their programme of study. This should be collaboratively reviewed every two years to ensure the environment remains a sound educational setting for such learning to take place.

2. Description and Contact Details

Name of Provider			
Site/Service	<i>List details as described</i>		
Ward/Unit/Team			
Date of Audit	<i>Date Completed</i>	Review Date	<i>Review every 2 years (minimum)</i>
Hours of Service	<i>The working arrangements, service delivery provision and shift patterns i.e. 24/7, mon-Fri 9-5pm should be considered and recorded with the information provided. This will allow stakeholders to agree number of students the PLE can facilitate.</i>	Client Capacity	
Practice Area Manager/Registered Home Manager		Nominated Person	
<i>Provide name and contact details requested</i>		<i>Provide name and contact details requested</i>	
<p><i>Practice Area Managers have overall responsibility for the PLE and can sometimes be the nominated person also. The Practice Area Manager will:</i></p> <ul style="list-style-type: none"> <i>• actively support the PLE to prepare Practice Supervisors and Practice Assessors</i> <i>• actively support students in the PLE</i> <i>• monitor the effectiveness of the PLE from evaluations from students, supervisors and assessors</i> <i>• implement actions identified in action plans from PLEEA process; and</i> <i>• identify and support the Nominated Person.</i> 		<p><i>The Nominated Person will:</i></p> <ul style="list-style-type: none"> <i>• collaboratively work with stakeholders to identify learning opportunities in the PLE and ensure that necessary measures are in place to make effective use of the learning potential aligned to PLE i.e. identifying relevant spoke experiences</i> <i>• ensure there is clear evidence of the potential learning experiences outlined in PLEEA descriptor</i> <i>• in collaboration with stakeholder, agree the optimum number of students the PLE can facilitate</i> <i>• identify the number of practice supervisors and practice assessors available</i> <i>• ensure practice assessors and practice supervisors have access to appropriate preparation and have ongoing access to appropriate support.</i> <i>• provide evidence of governance arrangements (PLEEA Section 4)</i> <i>• monitor feedback from students, supervisors and assessors and identify any challenges</i> <i>• collaboratively with AEI representative and PEF(if applicable) facilitate development and implementation of any action plans arising from PLE education audit, ensuring the PLE manager is informed.</i> 	

Practice Education Facilitator (where applicable)	Link Lecturer/Practice Tutor
<p><i>Provide name and contact details requested</i></p> <p><i>The Practice Education Facilitator will:</i></p> <ul style="list-style-type: none"> • <i>in collaboration with the practice area manager and nominated person, consider operational, workforce and staff development needs within the context of supporting supervision and assessment of students and ensure education governance requirements are met in completing PLEEA</i> • <i>collaboratively, with nominated person and AEI representative, clarify/identify the learning opportunities available to develop evidence for the Northern Ireland Practice Assessment Document (NIPAD) or Midwifery ongoing record of Achievement (MORA)</i> • <i>support the nominated person to identify necessary measures to enable effective use of the learning potential in the practice learning setting</i> • <i>identify relevant evidence to assure quality of PLE</i> 	<p><i>Provide name and contact details requested</i></p> <p><i>The link lecturer/practice tutor has responsibility to support students in PLE and assure that the practice area meets educational standards; they will:</i></p> <ul style="list-style-type: none"> • <i>collaboratively, with the nominated person and PEF (if applicable) clarify/identify the learning opportunities available to develop evidence for the Northern Ireland Practice Assessment Document (NIPAD) or Midwifery Ongoing Record of Achievement (MORA).</i> • <i>ensure that necessary measures are taken to make effective use of the learning potential in the practice learning settings</i> • <i>assure quality practice learning experiences by reviewing evidence provided (PLEEA Section 4)</i> • <i>highlight any issues which may impact on students' learning experiences or performance, including student feedback</i> • <i>collaboratively, with the nominated person and PEF (if applicable, develop an action plan arising from the PLEEA)</i>
<p>Allocation Reports should be emailed to:</p>	
<p><i>Identify the person and provide their email. The email address of the Practice Area Manager, the Nominated Person and Practice Education Facilitator (if applicable) is required.</i></p> <p><i>The purpose of this is to ensure that AEI allocation reports are forwarded to the person responsible for the coordination of students' learning experience ensuring the practice supervisor and/or practice assessor can be allocated and prepared in time for commencement of students in the PLE.</i></p>	
<p>a. Description of PLE</p> <p><i>Provide a brief introduction of the PLE, including an overview of the person/client/service user profile and the learning opportunities that facilitates students to meet the NMC Standards of Proficiency for Nursing & Midwifery. Also include identified spoke opportunities aligned to the PLE.</i></p> <p><i>PLE description outlines the practice learning opportunities that will facilitate students to develop and work towards achieving their learning outcomes to meet NMC programme standards for pre and post registration programmes.</i></p> <p><i>NOTE: The description of Midwifery PLEs should include information detailing if the practice learning experience facilitates midwifery students to experience continuity of midwifery care and continuity of care defined as follows:</i></p> <ul style="list-style-type: none"> ➤ Continuity of Midwifery Carer: <i>'facilitated in models of care that provide a woman with care from the same midwife or team of midwives during the pregnancy, birth and the early parenting period with referral to specialist obstetric care as needed. This involves care co-ordination, provision and a relationship over time'¹</i> ➤ Continuity of Care <i>(continuity in or within 1 or more phases of pregnancy but not across the</i> 	

¹ Reference [Sandall et al 2016 Cochrane Review](#) & [NMC \(2019\) Standards of Proficiency for Midwives](#)

entire continuum eg antenatal and postnatal or antenatal only):
 'models of care where responsibility and care is shared between different health professionals...' ²

When describing the PLE in relation to Midwifery the following question should be answered

- Does this practice learning experience facilitate midwifery students to experience **continuity of midwifery carer** as defined above?
- Does this practice learning experience facilitate midwifery students to experience **continuity of care** as defined above?
- If yes, please detail how the student will access ie name of team student assigned to or name of specialist midwife/service student aligned to.

Types of PLE include specialty, midwifery and field of nursing ward, specialist service and/or team. Description of PLEs should be focused on the services it provides and include:

- number of beds, population served, throughput, range of care experiences, model or level of care provided and learning opportunities available to students to facilitate learning outcomes to be achieved for each part of programme
- framework/model used for assessment, planning and evaluation of care
- inter-professional working experiences (social work, physiotherapy, occupational health, clinical pharmacy medical staff could add some examples from other fields) linked to the provision of care within the PLE and related to students' learning outcomes.

If a hub and spoke learning experience model is used within the PLE, each spoke is required to be identified (Hub is the base PLE and spoke is an experience outside the PLE in another location, from which the students' learning is complemented and linked to the PLE). There should be a description of identified spoke opportunities/experiences aligned to the PLE (i.e. theatres, radiology, research, specialist nursing/midwifery teams/services, perinatal mental health, voluntary/independent sector, patient flow coordination).

Additional experiences which are gained by working with voluntary sector agencies should be identified as a spoke experience in the description with the associated learning identified.

Note: Although the NMC standards state that all students should be supervised while learning in practice, this can mean that students learn within an environment that does not have any 'practice supervisors' or registered personnel, provided their practice supervisor(s), practice assessor, or any other suitable person has oversight of the learning within that PLE. Refer back to SSSA guidance and point as follows: These placements could be enrichment opportunities in environments where there are no registered health and social care professionals that provide an opportunity for students to learn other relevant skills. The person or people who are coordinating the students' learning may wish to draw up a plan for these placements, and coordinate with the student and those within the environment before, during and after the placement to discuss the learning outcomes that may be achieved. Those supporting students within such an environment must also have the knowledge and skills necessary to help students meet the learning outcomes specified and resources available to support learning in PLE e.g. Internet Access, Library Access, Journals, Study Area, and University Lecturer Visits.

b. This environment actively protects students as supernumerary.

Nursing and midwifery students in practice or work placed learning must be supported to learn without being counted as part of the staffing required for safe and effective care in that setting. PLEs should enable students to learn how to provide safe and effective care, not merely to observe; students can and should add real value to care. The contribution students make will increase over time as they gain proficiency and they will continue to benefit from ongoing guidance and feedback. Once a student has demonstrated that they are proficient, they should be able to fulfil tasks without direct oversight.

The level of supervision a student needs is based on the professional judgement of their supervisors, taking into account any associated risks and the students' knowledge, proficiency and confidence and based on the needs of the individual student.

² Reference [Sandall et al 2016 Cochrane Review](#) & [NMC \(2019\) Standards of Proficiency for Midwives](#)

<p>c. A current student orientation pack is available. <i>A student orientation pack/package should be available and reviewed at each PLEEA. There is a requirement to ensure that orientation packs remain up to date, covering the orientation requirements identified in the NIPAD or MORA (completed in each PLE).</i></p>
<p>d. Optimum number of pre-registration students this PLE can facilitate, including Return to Practice Students. <i>This number is collaboratively agreed by manager/nominated person, AEI representative and PEF (if applicable) considering information collated from working arrangements, shift patterns, client/patient throughput and environmental factors plus the number of practice supervisors and practice assessors available.</i></p>
<p>e. Please confirm if environment is Hub (i.e. where practice assessors are available for assessment) or Spoke (i.e. where there are only practice supervisors available) <i>Hub is a base practice learning experience from which the student learning is complemented by additional activities known as Spokes. Practice assessors are available in the Hub for assessment purposes or spoke where there are only practice supervisors available.</i></p>

3. Supervision and Assessment Capacity

AEIs, together with practice learning partners, must ensure that there are suitable individuals in place to ensure safe and effective coordination of learning within practice learning environments. In reviewing practice supervisor and practice assessor capacity, consider:

- the continuing professional development requirements of practice supervisors and assessors*
- commissioning decisions relating to advanced standing and post registration education*
- supervision of students to maximise the number of practice learning opportunities available, if there are no NMC registrants available explore options to facilitate experience and note appropriate actions required in PLEEA.*

Number of:	Part-Time	Full-Time	Total WTE
<p>a. Practice Supervisors</p>	<p><i>Identify number of all NMC registrants. In facilities where there are no NMC registered practice supervisors, number of identified registered health care professionals will be identified and suitably prepared to supervise students and contribute to assessment.</i></p>		
<p>b. Practice Assessors – Pre-registration programmes</p> <p>a. Adult <input type="checkbox"/></p> <p>b. Mental Health <input type="checkbox"/></p> <p>c. Learning Disability <input type="checkbox"/></p> <p>d. Children’s <input type="checkbox"/></p> <p>e. Midwifery <input type="checkbox"/></p>	<p><i>Number of staff who have transitioned from NMC (2008) SLAiP standards (mentors, sign off mentors and practice teachers) to practice assessor data base and staff who have progressed to practice assessor (NMC 2018) identifying pre-registration field of practice.</i></p>		
<p>c. Practice Assessors – SPQ</p> <p>a. Adult <input type="checkbox"/></p> <p>b. Mental Health <input type="checkbox"/></p> <p>c. Learning Disability <input type="checkbox"/></p> <p>d. Children’s <input type="checkbox"/></p>	<p><i>Identify number of staff who have transitioned from NMC (2008) SLAiP standards (mentors, sign off mentors and practice teachers) to practice assessor data base and staff who have progressed to practice assessor (NMC 2018) with SCPHN, SPQ (with field) and NMP qualifications Linked to section 5.</i></p>		
<p>d. Practice Assessors – SCPHN</p> <p>a. Health Visitor <input type="checkbox"/></p> <p>b. Occupational Health Nurse <input type="checkbox"/></p> <p>c. School Nurse <input type="checkbox"/></p>	<p><i>Identify practice assessors i.e. designated medical practitioner, pharmacist with relevant qualification for a specific programme. Identify preparation provided.</i></p>		

<p>e. Practice Assessor – Other (please specify):</p>	
<p>In exceptional circumstances the same person may fulfil the role of the Practice Supervisor and Practice Assessor for example, in NMP, SPQ or SCPHN. State rationale here if this applies: <i>Provide Rationale</i></p>	

4. Quality Assurance of PLE

In order to ensure that learning environments and experiences are safe and effective, all environments should be regularly reviewed, and all concerns and complaints about practice learning addressed effectively and in a timely way. AEs, and their practice learning partners, should have the processes in place to manage this effectively.

<p>a. Have students’ evaluation of PLE been reviewed, and action taken where required? <i>Provide comments</i></p>	<p><i>Student feedback from practice learning experience should be evaluated and a summary evidenced in PLEEA. Evidence can be sourced from formal feedback from the AEI, verbal feedback, via PEF, ward manager, thank you cards, etc. Identify any issues from feedback and detail action plan to address issue/s.</i></p>
<p>b. In relation to the above are there any issues that could impact on the students’ learning experience? If Yes, please elaborate and detail in action plan to address issues: <i>Provide comments</i></p>	

c. Are there any significant complaints or incidents that could impact on students' learning experience? If Yes, please elaborate and detail in action plan to address issues:

Provide comments

If a significant complaint or incident has been identified or previously addressed within the PLE this should be discussed at the PLEEA review and a brief summary included in this section of document. An action plan may be required.

d. Are all relevant risk assessments undertaken and current in the PLE and corroborated at time of audit?

Manager and nominated person confirm in this section that risk assessments are undertaken in the PLE as required and processes are in place to raise, escalate and manage concerns. Evidence provided e.g. mandatory training, key performance indicators, audit results, is reviewed and corroborated at time of audit by stakeholders. This evidence is made available if requested by Mott McDonald reviewer.

The manager and nominated person are required to identify any health and safety issues that could impact on the student learning experience and may pose a risk to students – as part of the PLEEA process explore actions to minimise or eliminate the risk identified. This information will help formulate an action plan with the key stakeholders. This can take place at time of PLEEA or between reviews dates.

Note: *Suspension of PLE may be required until risk is reduced or eliminated. AEI escalation protocol (Refer to NIPAD handbook or MORA Guidance Document)*

e. Are there any quality initiatives on-going in the PLE - verify and detail below:

Provide comments

In this section list initiatives, which relate to below. Evidence provided is reviewed and corroborated at time of audit by stakeholders This evidence is made available if requested by Mott McDonald reviewer.

The three landmark reports in 2013 in the NHS (Francis Report, Keogh Review and Berwick Report) all advocated the development of an organisational culture which prioritises patients and quality of care above all else, with clear values embedded through all aspects of organisational behaviour, and a pursuit of high quality care through continuous improvement.

'The Right Time, The Right Place (2015)' emphasises the importance of embedding quality improvement within the culture of the organisation. This is supported in the Health and Wellbeing 2026, Delivering Care Together Strategy, which states that in the design and delivery of health and social care, quality and safety will always be a fundamental priority.

In line with the Regional Quality 2020 Strategy an attributes framework has been developed to assist individuals in assessing:

- their current attributes (knowledge, skills and attitudes) in relation to leadership for quality improvement and safety*
- their learning and development needs for their current role or for future roles*
- the purpose of the framework is to help organisations to build the capability and capacity of the workforce to participate in and lead initiatives which develop quality care and services.*

The framework consists of 4 levels:

- Strengthening foundations for improvement (Level 1) – This applies to all staff who work or who are in training in health and social care. An E-Learning programme has been introduced and all staff are encouraged to complete this or a face to face session.*
- Delivering improvement (Level 2) - This applies to staff and those in training, who can lead small-step-change(s), with support, in their service.*
- Driving improvement (Level 3) - This applies to staff who lead team(s) or service(s) within their organisation.*
- Directing improvement (Level 4) - This applies to staff charged with leading quality improvement across their organisation and/across the Health and Social Care system. These individuals are also responsible for ensuring that quality improvement is imbedded in the day-to-day work of the organisation*

5. NMC Programme Standards

Identify the range of practice learning experiences available to students within each field of practice. **(used by each AEI for allocation purposes only)**

Please see below some guidance when completing this section:

- Field of practice relevant to practice learning experience to be ticked
- Available experience for the student to be ticked within each field
- Cross reference adult experience where applicable
- LD and MH ONLY to be ticked when full experience is available

Exemplar for completing PLEEA in Adult environment - THEATRES

<input type="checkbox"/> NMC Standards for Pre-Registration Nursing <i>AEI representative with practice placement partner completing this section should select practice learning experiences for each specific field/s of pre-registration programme : Adult, Mental Health, Children, Learning Disabilities that can be supported or within Midwifery.</i>				<input type="checkbox"/> NMC Standards for Pre-Registration Midwifery
<input type="checkbox"/> Adult	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Children's	<input type="checkbox"/> Learning Disabilities	
<input checked="" type="checkbox"/> Older Adults <input type="checkbox"/> Health Visiting /Public Health <input type="checkbox"/> District/ Community Nursing <input checked="" type="checkbox"/> Surgical Care of the acutely ill – hospital /community <input type="checkbox"/> LD Experience <input type="checkbox"/> MH Experience	<input type="checkbox"/> Older adults with mental ill-health <input type="checkbox"/> Children and Young People <input type="checkbox"/> Acute care mental health – hospital /community <input checked="" type="checkbox"/> Acute adult experience - Hospital/ Community <input type="checkbox"/> Specialist - hospital /community <input type="checkbox"/> LD Experience	<input type="checkbox"/> Acute (medical or/& surgical) <input type="checkbox"/> Community Children's with Hub & Spoke: mental health <input type="checkbox"/> Specialist area placement and/or Experience <input type="checkbox"/> Health visiting Experience <input type="checkbox"/> LD Experience	<input type="checkbox"/> Community Children and/or Adult <input type="checkbox"/> 24 hour supported care <input type="checkbox"/> Children's CYP Acute or Community <input checked="" type="checkbox"/> Acute adult experience - Hospital/Acute Care Home Experience <input type="checkbox"/> MH Experience	<input type="checkbox"/> Antenatal <input type="checkbox"/> Intra-natal <input type="checkbox"/> Postnatal <input type="checkbox"/> Community <input type="checkbox"/> Neonatal <input checked="" type="checkbox"/> Adult Medical/Surgical Experience 4 weeks direct entry students only
<input type="checkbox"/> NMC Standards for Post-Registration Nursing or Midwifery <i>Select NMC approved programmes that can be supported within PLE, ensuring appropriate supervision and assessment requirements are available. Programme can be determined by course/s commissioned based on training needs analysis process which manager is responsible for or if there is a requirement to facilitate a commissioned staff member from another PLE if a suitable practice assessor is available and service lead agrees.</i>				
<input type="checkbox"/> NMC Standards for Specialist Community Public Health Nurses <input type="checkbox"/> NMC Standards for Specialist Practice Qualification <input type="checkbox"/> NMC Standards for Nurse and Midwife Prescribers				

Exemplar for completing PLEEA in Mental Health Environment – ACUTE HOSPITAL

<input type="checkbox"/> NMC Standards for Pre-Registration Nursing <i>AEI representative with practice placement partner completing this section should select practice learning experiences for each specific field/s of pre-registration programme : Adult, Mental Health, Children, Learning Disabilities that can be supported or within Midwifery.</i>				<input type="checkbox"/> NMC Standards for Pre-Registration Midwifery
<input type="checkbox"/> Adult	<input checked="" type="checkbox"/> Mental Health	<input type="checkbox"/> Children's	<input type="checkbox"/> Learning Disabilities	
<input type="checkbox"/> Older Adults <input type="checkbox"/> Health Visiting /Public Health <input type="checkbox"/> District/ Community Nursing <input type="checkbox"/> Surgical <input type="checkbox"/> Care of the acutely ill – hospital /community <input type="checkbox"/> LD Experience <input checked="" type="checkbox"/> MH Experience	<input checked="" type="checkbox"/> Older adults with mental ill-health <input type="checkbox"/> Children and Young People <input checked="" type="checkbox"/> Acute care mental health – hospital /community <input type="checkbox"/> Acute adult experience - Hospital/ Community <input checked="" type="checkbox"/> Specialist - hospital /community <input type="checkbox"/> LD Experience	<input type="checkbox"/> Acute (medical or/& surgical) <input type="checkbox"/> Community Children's with Hub & Spoke: mental health <input type="checkbox"/> Specialist area placement and/or Experience <input type="checkbox"/> Health visiting Experience <input type="checkbox"/> LD Experience	<input type="checkbox"/> Community Children and/or Adult <input type="checkbox"/> 24 hour supported care <input type="checkbox"/> Children's CYP Acute or Community <input type="checkbox"/> Acute adult experience - Hospital/Acute Care Home Experience <input checked="" type="checkbox"/> MH Experience	<input type="checkbox"/> Antenatal <input type="checkbox"/> Intra-natal <input type="checkbox"/> Postnatal <input type="checkbox"/> Community <input type="checkbox"/> Neonatal <input type="checkbox"/> Adult Medical/Surgical Experience 4 weeks direct entry students only
<input type="checkbox"/> NMC Standards for Post-Registration Nursing or Midwifery <i>Select NMC approved programmes that can be supported within PLE, ensuring appropriate supervision and assessment requirements are available. Programme can be determined by course/s commissioned based on training needs analysis process which manager is responsible for or if there is a requirement to facilitate a commissioned staff member from another PLE if a suitable practice assessor is available and service lead agrees.</i>				
<input type="checkbox"/> NMC Standards for Specialist Community Public Health Nurses <input type="checkbox"/> NMC Standards for Specialist Practice Qualification <input type="checkbox"/> NMC Standards for Nurse and Midwife Prescribers				

6. Declaration of Approval

<p>Outcome of Audit: We declare that this PLE has <input type="checkbox"/> does not have <input type="checkbox"/> the capacity, facilities and resources in place to deliver safe and effective learning opportunities and practical experience for students. An action plan is not required <input type="checkbox"/> Required <input type="checkbox"/></p> <p><i>See process flow chart on completing a PLEEA Section 3. If PLE is not approved review in 6 months.</i></p> <p><i>The Nominated Person and AEI representative are key 'signatories' and Practice Education Facilitator, if applicable. If all signatories not available needs to be completed within two weeks. Patient advocate/service user may be present at review and will sign document.</i></p>	
Name of Approver	Practice Area Manager/Nominated Person
Name of Approver	AEI Representative/Link Lecturer/Practice Tutor
Name of Approver	Practice Education Facilitator (where applicable)

Action Plan (if required)		
<p>Agreed Action/s: <i>An Action plan may be required in response to an incident, complaint serious adverse incident or risk escalation. The action plan should identify actions required and agreed by Practice Placement partner, PLE Manager, Nominated person and PEF (if applicable) with a review date agreed.</i> <i>If Suspension of the PLE is required, the process is outlined in 'Procedure on the Identification, Management and monitoring of placements for students who are undertaking a NMC approved programme'.</i></p>	<p>Action due by: Enter date.</p>	<p>Review Due by: Enter date.</p>
To be completed on Action Plan Review Date		
<p>Reviewed by: Name and position of Reviewer Name and position of Reviewer Name and position of Reviewer</p>	<p>Reviewed on: Enter date.</p>	<p>Outcome: Select outcome.</p>

Amendments to Audited PLE

<p>Briefly note/date any amendments to the PLE since the last review, if applicable <i>Briefly note any adjustments to supervision and assessment capacity or change in service provision in this section in the PLE since the last review, if applicable.</i></p>		
<p>Reviewed by: Name and position of Reviewer</p>	<p>Amended on: Enter date.</p>	<p>Shared with: Name and role</p>

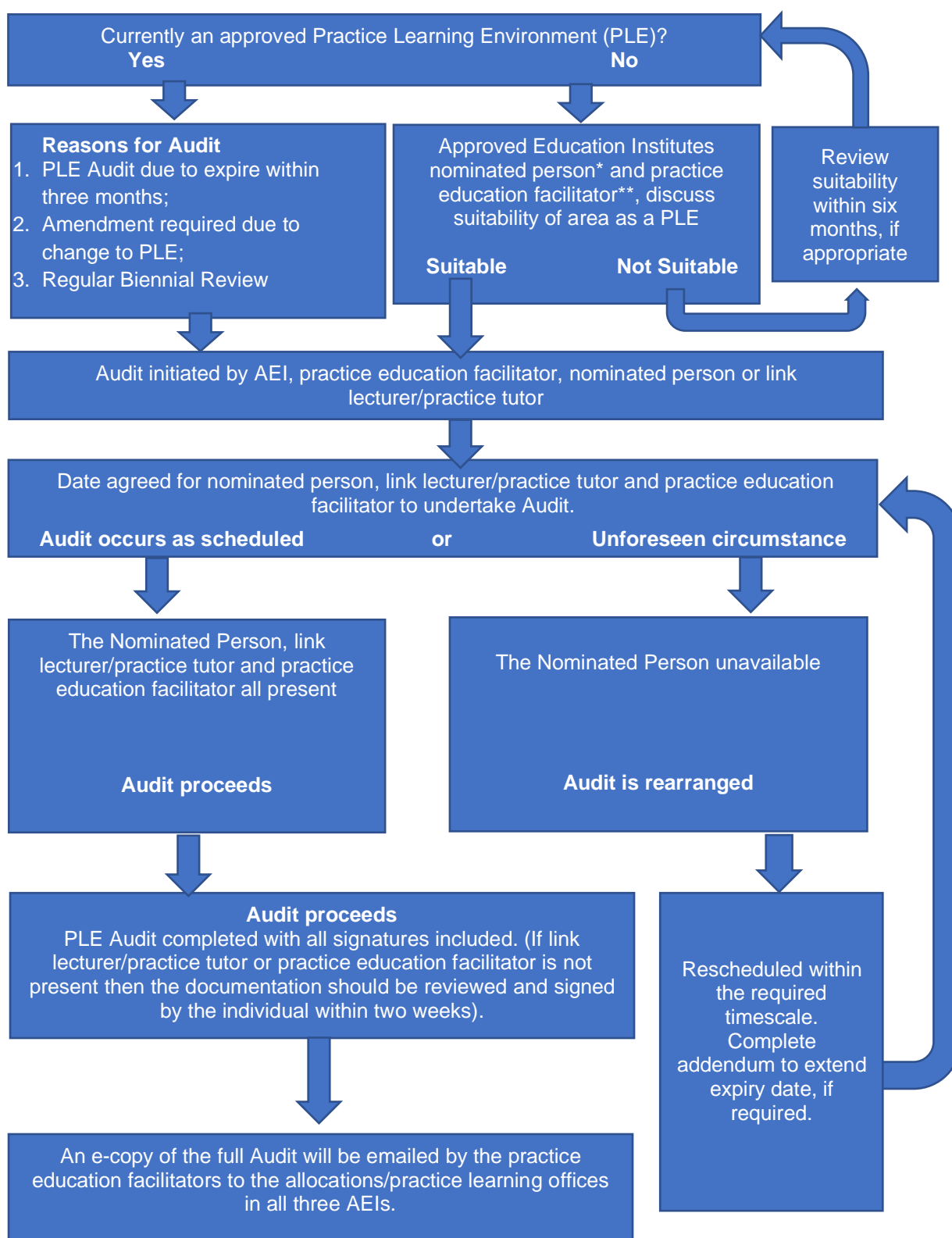


Future Nurse Future Midwife Practice Learning Environments

Practice Learning Environment Educational Audit Tool



Undertaking a Practice Learning Education Audit – Flow Chart



*Nominated person is the ward sister, charge nurse, team leader, registered home manager, or designated person.
Practice education facilitator involvement only where applicable/relevant.*



Future Nurse Future Midwife Practice Learning Environments

Practice Learning Environment Educational Audit Tool



Practice Learning Environment Educational Audit Tool

1. Introduction

The purpose of this tool is to provide evidence that Practice Learning Environments (PLEs) have the capacity, facilities and resources in place, to deliver safe and effective learning opportunities and practical experience for students, as required to meet the NMC proficiencies for their programme of study. This should be collaboratively reviewed every two years to ensure the environment remains a sound educational setting for such learning to take place. For additional guidance, please read the [Practice Learning Environment Education Audit Tool Guidance Document](#), available here.

2. Description and Contact Details

Name of Provider	Belfast Health and Social Care Trust		
Site/Service	Muckamore Abbey Hospital		
Ward/Unit/Team	Erne		
Date of Audit	22/06/2020	Review Date	30/06/2022
Hours of Service	24/7	Client Capacity	9
Practice Area Manager/Registered Home Manager		Nominated Person	
[REDACTED]		[REDACTED]	
[REDACTED]		[REDACTED]	
[REDACTED]		[REDACTED]	
Practice Education Facilitator (where applicable)		Link Lecturer/Practice Tutor	
[REDACTED]		[REDACTED]	
[REDACTED]		[REDACTED]	
[REDACTED]		[REDACTED]	
Allocation Reports should be emailed to:			
[REDACTED]			

a. Description of PLE

Erne is a 9 bedded ward, which provides a range of care requirements for male patients with Learning Disabilities, some of who also have co-existing mental health problems/diagnosis and behaviours that challenge. This area is going through reconfiguration and will reduce to 5 patients from July 2021 onwards. There is a plan for resettlement for these patients

Learning opportunities available for all students include, though not restricted to:

Personal Care — developing an awareness and appreciation for the client’s right to dignity, privacy and autonomy.

Gaining insight and awareness of a plethora of diagnosed conditions, such as Epilepsy, Bi-polar Disorder, Depression, Autism, Arthritis, Hypo/Hypertension, Hypothyroidism and Anaemia.

Working collaboratively with patient and families and wider multidisciplinary team. The opportunity to work with a broad multi-disciplinary team, developing an understanding of the interdisciplinary roles of such professionals: Psychologist, Psychiatrist, Medical Officer, Podiatrist, Dentist, Behavioural Nurse Therapist, Dietician, Social Worker, Speech Therapist, and Occupational Therapist , Art Therapists, Music Therapist, Aromatherapists, Therapeutic Day Services. There is an opportunity to work with a range of stakeholders.

The opportunity to develop and update nursing assessments, care planning, implementation, referral and evaluation skills.

Risk Assessment and Risk Management

Involvement in Purposeful Inpatient Assessment (PIPA), case conferences and resettlement meetings

Behaviours that challenge — types and management

Management of Actual and Potential Aggression; the opportunity to observe the use of MAPA techniques and restrictive practices, developing an awareness of local policy and use of legislation.

Working with clients to promote all aspects of physical and mental health — dietary advice, devising exercise plans and interacting with keyworkers.

Adult safeguarding procedure, referral and management of same. Also liaising with Designated Adult Protection Officer and PSNI when needed.

The opportunity to hone communication skills; verbal, written, electronic, with other professionals and also clients families, whilst also having exposure to and opportunity to develop a range of communication skills used with clients; verbal, non-verbal, body language, facial expressions, cues, gestures, Makaton, signs and symbols.

Record keeping, using NMC guidance

Manual Handling techniques

Involvement in a number of activities with patients, including (but not limited to): cookery, gardening, arts and crafts, music, communication skill development and graded community exposure. This is under constant review and evaluation. This is based on individual needs of the patient. Opportunity to attend Therapeutic Day Services with the patient and to role model full patient engagement

Resettlement processes and discharge process. Working with Care Management Teams Inreach teams and outreach teams

Working with families in the coordination and planning of care from pre admission to post discharge

Working within the Mental Capacity Act 2016 and the Mental Health NI Order 1986. Other regional and site specific policies are adhered to

Datix incident reporting

Awareness of resource management for example nursing models (staffing)

Managing patient finances

Environmental cleanliness/safety

Develop an understanding of the need for dignity, respect, privacy choice and confidentiality of patients and their families/carers.

Awareness of links to other agencies for example Advocacy, TILII (Tell it like it is), ARC NI, Patient Client Council

Nutritional needs of clients for example nutritional supplements and for weight management

Medication management and Trust Medicine Code — liaising with Trust Pharmacist and exposure to a broad range of prescription medications, including Intramuscular injections

Annual physical checks and six monthly anti-psychotic monitoring (ECG and bloods)

Venepuncture and clinical observations.

E-Rostering system

Annexe B that are LIMITED and dependent on patient need are:

2.5 blood glucose monitors

2.8 chest auscultation and interpret findings (Doctor can perform this)

2.17 providing appropriate safe holding and restraint – observation only

3.3 use appropriate positioning and pressure-relieving techniques

4.6 use aseptic techniques when undertaking wound care including dressings only

4.7 use aseptic techniques when managing wound only

- 6.2 catheterisation and self-catheterisation.
- 6.3 manage bladder drainage
- 6.5 administer enemas and suppositories.
- 8.2 manage the administration of oxygen using a range of routes and best practice approaches
- 8.3 take and interpret peak flow and oximetry measurements
- 8.4 use appropriate nasal and oral suctioning techniques
- 8.5 manage inhalation, humidifier and nebuliser devices
- 8.6 manage airway and respiratory processes and equipment
- 10.1 observe, and assess the need for intervention for people, families and carers, identify, assess and respond appropriately to uncontrolled symptoms and signs of distress including pain, nausea, thirst, constipation, restlessness, agitation, anxiety and depression
- 10.2 manage and monitor effectiveness of symptom relief medication, infusion pumps and other devices
- 10.3 assess and review preferences and care priorities of the dying person and their family and carers
- 10.4 understand and apply organ and tissue donation protocols, advanced planning decisions, living wills and health and lasting powers of attorney for health
- 10.5 understand and apply DNACPR (do not attempt cardiopulmonary resuscitation) decisions and verification of expected death
- 10.6 provide care for the deceased person and the bereaved respecting cultural requirements and protocols

Annexe B are NOT available are:

- 2.2 Cannulation
- 2.4 manage and monitor blood component transfusions
- 2.5 Cardiac Monitors and infusion pumps
- 3.2 use of appropriate bed making techniques including those required for people who are unconscious or have limited mobility
- 5.6 insert, manage and remove oral/nasal/gastric tubes
- 5.7 manage artificial nutrition and hydration using oral, enteral and parenteral routes
- 5.8 manage the administration of IV fluids
- 5.9 manage fluid and nutritional infusion pumps and devices
- 6.5 manual evacuation
- 6.6 undertake stoma care identifying and using appropriate products and approaches
- 9.9 safely assess and manage invasive medical devices and lines
- 11.7 administer injections using intradermal and intravenous routes
- 11.9 administer and monitor medications using vascular access devices and enteral equipment

b. This environment actively protects students as supernumerary.	Yes
c. A current student orientation pack is available.	Yes
d. Optimum number of pre-registration students this PLE can facilitate, including Return to Practice Students.	0
e. Please confirm if environment is Hub (i.e. where practice assessors are available)	Hub

3. Supervision and Assessment Capacity

Number of:	Part-Time	Full-Time	Total WTE
a. Practice Supervisors	1.95	Number	1.95
b. Practice Assessors – Pre-registration programmes			
a. Adult <input type="checkbox"/>	Number	Number	Number
b. Mental Health <input type="checkbox"/>	Number	Number	Number
c. Learning Disability <input checked="" type="checkbox"/>	0.79	1.0	1.79
d. Children's <input type="checkbox"/>	Number	Number	Number
c. Practice Assessors – SPQ			
a. Adult <input type="checkbox"/>	Number	Number	Number
b. Mental Health <input type="checkbox"/>	Number	Number	Number
c. Learning Disability <input type="checkbox"/>	Number	Number	Number
d. Children's <input type="checkbox"/>	Number	Number	Number
d. Practice Assessors – SCPHN			
a. Health Visitor <input type="checkbox"/>	Number	Number	Number
b. Occupational Health Nurse <input type="checkbox"/>	Number	Number	Number

c. School Nurse <input type="checkbox"/>	Number	Number	Number
e. Practice Assessor – Other (please specify): Click or tap here to enter text.	Number	Number	Number
In exceptional circumstances the same person may fulfil the role of the Practice Supervisor and Practice Assessor for example, in NMP, SPQ or SCPHN. State rationale here if this applies: Provide Rationale			

4. Quality Assurance of PLE

a. Have students’ evaluation of PLE been reviewed, and action taken where required? “Placement was excellent - availed of all learning opportunities (Sept 16 intake) 2019 comment”	Yes
b. In relation to the above are there any issues that could impact on the student learning experience? If Yes, please elaborate and detail in action plan to address issues: Provide comments	No
c. Are there any significant complaints or incidents that could impact on students’ learning experience? If Yes, please elaborate and detail in action plan to address issues: Provide comments	No
d. Are all relevant risk assessments undertaken and current in the PLE and corroborated at time of audit?	Yes
e. Are there any quality initiatives on-going in the PLE - verify and detail below: Medication and side effects. Development of tool to monitor and audit same. This is ongoing at present. Monthly Quality Improvement meetings Weekly live Governance Meetings	Yes

5. NMC programme Standards

Identify the range of experiences available to students within the PLE, selecting as many boxes as apply. This PLE can support students’ learning to meet:				
<input checked="" type="checkbox"/> NMC Standards for Pre-registration Nursing				<input type="checkbox"/> NMC Standards for Pre-registration Midwifery
<input type="checkbox"/> Adult	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Children’s	<input checked="" type="checkbox"/> Learning Disabilities	
<input type="checkbox"/> Older Adults <input type="checkbox"/> Health Visiting <input type="checkbox"/> District/Community Nursing <input type="checkbox"/> Surgical <input type="checkbox"/> Care of the acutely ill – hospital /community <input type="checkbox"/> LD Experience <input type="checkbox"/> MH Experience	<input type="checkbox"/> Older adults with mental ill-health <input type="checkbox"/> Children and Young People <input type="checkbox"/> Acute adult experience - Hospital/Acute Care Home <input type="checkbox"/> LD Experience	<input type="checkbox"/> Acute (medical or/& surgical) <input type="checkbox"/> Community Children’s with Hub & Spoke: mental health <input type="checkbox"/> Specialist area placement and/or Experience <input type="checkbox"/> Health visiting Experience <input type="checkbox"/> LD Experience	<input type="checkbox"/> Community Children and/or Adult <input type="checkbox"/> 24 hour supported care <input type="checkbox"/> Children’s CYP Acute or Community <input checked="" type="checkbox"/> Acute adult experience - Hospital/Acute Care Home Experience <input type="checkbox"/> MH Experience	<input type="checkbox"/> Antenatal <input type="checkbox"/> Intra-natal <input type="checkbox"/> Postnatal <input type="checkbox"/> Community <input type="checkbox"/> Neonatal <input type="checkbox"/> Adult Experience 4 weeks direct entry students only
<input type="checkbox"/> NMC Standards for Post-registration Nursing				
<input type="checkbox"/> NMC Standards for Specialist Community Public Health Nurses <input type="checkbox"/> NMC Standards for Specialist Practice Qualification <input type="checkbox"/> NMC Standards for Nurse and Midwife Prescribers				

6. Declaration of Approval

Outcome of Audit: We declare that this PLE has does not have the capacity, facilities and resources in place to deliver safe and effective learning opportunities and practical experience for students. An action plan is Not required

[Redacted]	[Redacted]
[Redacted]	[Redacted]
[Redacted]	[Redacted]

Action Plan (if required)

Agreed Action/s: Current mentors will attend training to become supervisors and assessors when training is available Registered nurses will attend practice supervisor/assessor training when available To review and update student orientation pack	Action due by: 30/09/2020	Review Due by: 30/09/2020
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To be completed on Action Plan Review Date

Reviewed by: [Redacted] [Redacted] [Redacted] [Redacted]	Reviewed on: 25/09/2020	Outcome: Ongoing Due to COVID new to role training still to be completed. Review 31/12/20 Review of student orientation pack still to be completed Review 31/12/20
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To be completed on Action Plan Review Date

Reviewed by: [Redacted] [Redacted] [Redacted] [Redacted]	Reviewed on: 05/01/2021	Outcome: Ongoing New to role training ongoing. Review at next audit Review of student orientation pack still to be completed Review 30/04/21
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To be completed on Action Plan Review Date

Reviewed by: [Redacted] [Redacted] [Redacted] [Redacted]	Reviewed on: 29/06/2021	Outcome: Ongoing New to role training ongoing. Review at next audit Review of student orientation pack still to be completed. Achieved
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Amendments to Audited PLE

Description of area amended to reflect change in number of patients from July 21 onwards. Area reduced to 1 student from the 12th July onwards.

Reviewed by: [Redacted] [Redacted]r	Amended on: 29/06/2021	Shared with: [Redacted] [Redacted] [Redacted] [Redacted]
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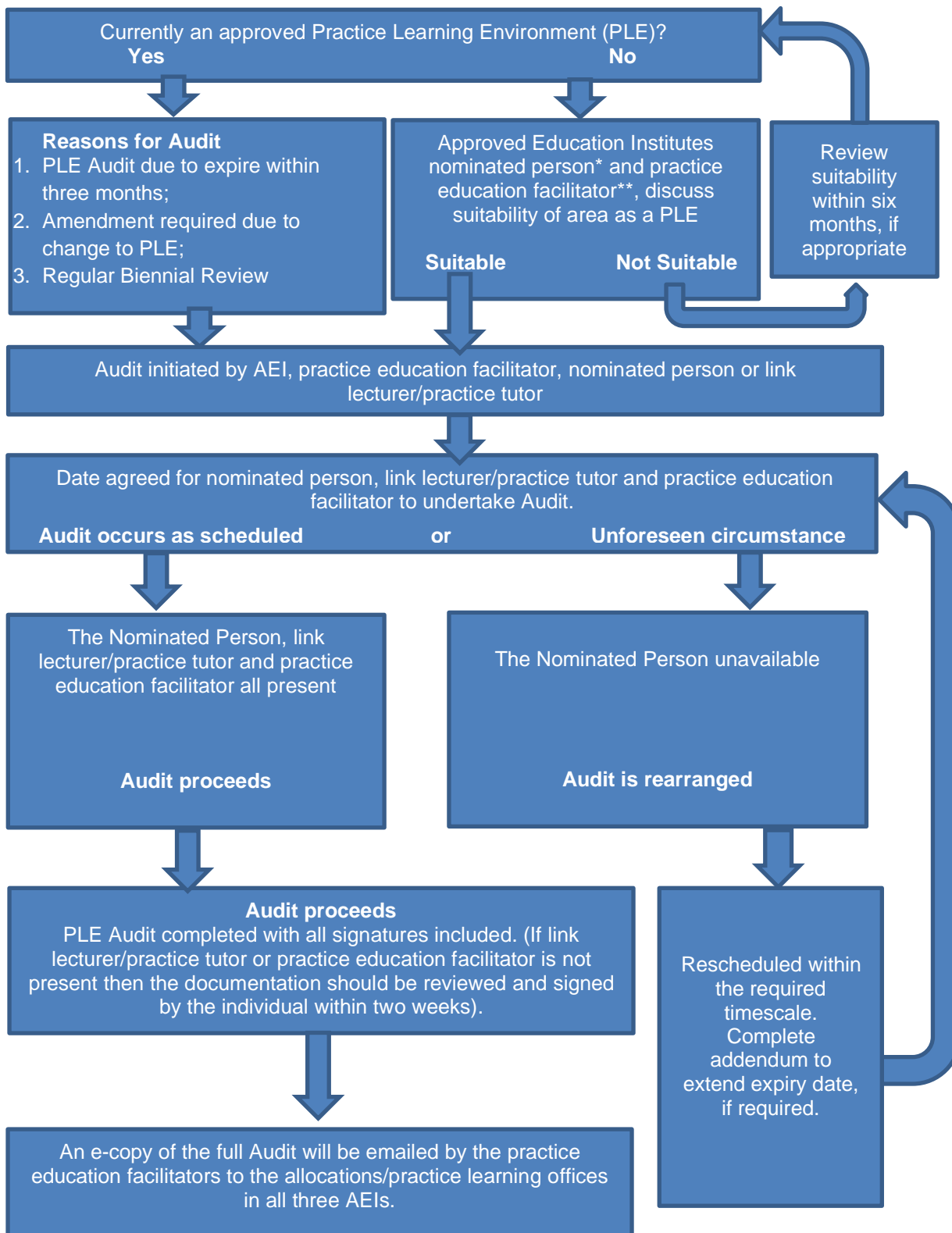
Amendments to Audited PLE

Plan in place for ward closure. Area closed now to students. [REDACTED] [REDACTED] in agreement		
Reviewed by: [REDACTED] [REDACTED]	Amended on: 03/08/2021	Shared with: [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]

Amendments to Audited PLE

Briefly note/date any amendments to the PLE since the last review, if applicable		
Reviewed by: Name and position of Reviewer	Amended on: Enter date.	Shared with: Name and role

Appendix One: Undertaking an Audit – Flow Chart



*Nominated person is the ward sister, charge nurse, team leader, registered home manager, or designated person.
Practice education facilitator involvement only where applicable/relevant.*



Future Nurse Future Midwife Practice Learning Environments

Practice Learning Environment Educational Audit Tool



Practice Learning Environment Educational Audit Tool

1. Introduction

The purpose of this tool is to provide evidence that Practice Learning Environments (PLEs) have the capacity, facilities and resources in place, to deliver safe and effective learning opportunities and practical experience for students, as required to meet the NMC proficiencies for their programme of study. This should be collaboratively reviewed every two years to ensure the environment remains a sound educational setting for such learning to take place. For additional guidance, please read the Practice Learning Environment Education Audit Tool Guidance Document which is available on the NIPEC [FNFM website](#).

2. Description and Contact Details

Name of Provider	Belfast Health and Social Care Trust		
Site/Service	Muckamore Abbey		
Ward/Unit/Team	Cranfield 1		
Site Address	1 Abbey Road Antrim	Postcode	BT41 4SH
Date of Audit	30/06/2022	Review Date	30/06/2024
Hours of Service	24/7	Client Capacity	8
Practice Area Manager/Registered Home Manager		Nominated Person	
[REDACTED]		[REDACTED]	
[REDACTED]		[REDACTED]	
[REDACTED]		[REDACTED]	
Practice Education Facilitator (where applicable)		Link Lecturer/Practice Tutor	
[REDACTED]		[REDACTED]	
[REDACTED]		[REDACTED]	
[REDACTED]		[REDACTED]	
Allocation Reports should be emailed to:			
[REDACTED]			
[REDACTED]			
[REDACTED]			
a. Description of PLE			
Cranfield Men Ward 1, is an admission, assessment and treatment unit for adult males with learning disabilities. The ward has a capacity of 8 inpatient beds.			
This is a spoke placement from Cranfield 2. The practice assessor will be from Cranfield 2.			
Students will rotate onto night duty and will spend time with the Out of Hours Coordinators			
Learning opportunities available for all students include, though not restricted to:			
Personal Care – developing an awareness and appreciation for the service user’s right to dignity, privacy and autonomy.			
Develop an understanding of the need for dignity, respect, privacy and confidentiality of patients and their families/carers			
Gaining insight and awareness of a plethora of diagnosed conditions, such as Epilepsy, Bi-polar Disorder, Depression, Autism, Arthritis, Hypo/Hypertension, Hypothyroidism and Anaemia.			
The opportunity to work with a broad multi-disciplinary team, developing an understanding of the Interdisciplinary roles of such professionals: Psychologist, Psychiatrist, Medical Officer, Podiatrist,			

Dentist, Behavioural Nurse Therapist, Dietician, Social Worker, Speech Therapist, and Occupational Therapist.

The opportunity to develop assessment, care planning/implementation, referral and evaluation skills. Risk Assessment and Risk Management

Involvement in Purposeful Inpatient admission (PIPA) meetings, case conferences, annual reviews and resettlement meetings, weekly adult safe guarding meetings, clinical improvement, live risk and governance meetings

Supporting patients with behaviours that challenge. Attending psychological formulation meeting to gain an understanding about what drives behaviours

The opportunity to observe the use of Personal Safety Intervention techniques, verbal de-escalation skills through to physical holding skills and developing an awareness of local policy and use of legislation. Engage in debrief and reflective practice following.

Opportunity to observe the implementation of restrictive practices which are required to maintain patient safety and the regular review of these.

Opportunity to complete dynamic risk assessments to assist with patient activities

Opportunity to be involved in significant event audit meetings

Working with patients to promote all aspects of physical and mental health – dietary advice, devising exercise plans and interacting with keyworkers.

Awareness of adult safeguarding and processes around this e.g. liaising with social services and designated safeguarding officers.

The opportunity to hone communication skills; verbal, written, electronic, with other staff and AHP and also patients families, whilst also having exposure to and opportunity to develop a range of communication skills used with clients; verbal, non-verbal, body language, facial expressions, cues, gestures, Makaton, signs and symbols.

Developing skills and knowledge in various aspects of record keeping (electronic and paper), using NMC guidance

Application of safe moving and handling techniques

Involvement in a number of activities for patients, including (but not limited to): cookery, arts and crafts, music, communication skill development and graded community exposure.

Discharging planning and assisting patients with transition to the community

Liaising with advocacy services, outreach and inreach teams

Completing Datix incident reporting under supervision of a Registrant

Appropriate delegation of resources to ensure safety

Awareness of safe staffing models

Awareness of Deprivation of Liberty framework and the Mental Capacity Act 2016 to protect those deemed not to have capacity

Exposure to Mental Health NI order 1986 and the detention process

Awareness of policies and application of infection control and COSHH (Control of Substances

Hazardous to Health)

Medication management and Trust Medicine Code – liaising with hospital Pharmacist and exposure to a broad range of prescription medications.

Ordering Pharmacy stock/non-stock items.

Carrying out Venepuncture – admission bloods and anti-psychotic monitoring bloods

Carrying out ECGs

Carrying out physical health monitoring

Annexe B nursing procedures that are LIMITED to service user need are:

2.5 blood glucose monitors

2.7 undertake a whole body systems assessment including respiratory, circulatory, neurological, musculoskeletal, cardiovascular and skin status

2.8 undertake chest auscultation and interpret findings (Doctors carry this out)

2.17 providing appropriate safe holding and restraint – observation only

3.2 use appropriate bed-making techniques including those required for people who are unconscious or who have limited mobility

3.3 use appropriate positioning and pressure-relieving techniques

4.6 use aseptic techniques when undertaking wound care including dressings, pressure bandaging, suture removal, and vacuum closures

4.7 use aseptic techniques when managing wound and drainage processes

6.3 manage bladder drainage

6.5 administer enemas and suppositories

8.4 use appropriate nasal and oral suctioning techniques

8.5 manage inhalation, humidifier and nebuliser devices

8.6 manage airway and respiratory processes and equipment

10.2 manage and monitor effectiveness of symptom relief medication,

11.8 administer medications using a range of routes (only oral and intramuscular)

Annexe B nursing procedures that are NOT AVAILABLE are:

2.2 undertake cannulation and venous blood gases

2.4 manage and monitor blood component transfusions

2.5 manage and interpret cardiac monitors, infusion pumps and other monitoring device

2.17 providing appropriate safe holding and restraint -observation of holding and restraint only

5.6 insert, manage and remove oral/nasal/gastric tubes

5.7 manage artificial nutrition and hydration using oral, enteral and parenteral routes

5.8 manage the administration of IV fluids

5.9 manage fluid and nutritional infusion pumps and devices

6.2 insert, manage and remove catheters for all genders; and assist with self-catheterisation when required

6.5 undertake rectal examination and manual evacuation

6.6 Undertake stoma care identifying and using appropriate products and approaches

9.9 safely assess and manage invasive medical devices and lines

10.2 manage and monitor effectiveness infusion pumps and other device

10.3 assess and review preferences and care priorities of the dying person and their family and carers

10.4 understand and apply organ and tissue donation protocols, advanced planning decisions, living wills and health and lasting powers of attorney for health

10.5 understand and apply DNACPR (do not attempt cardiopulmonary resuscitation) decisions and verification of expected death

10.6 provide care for the deceased person and the bereaved respecting cultural requirements and protocols

11.1 carry out initial and continued assessments of people receiving care and their ability to self-administer their own medications 11.3 use the principles of safe remote prescribing and directions to administer medicines 11.7 administer injections using intramuscular, subcutaneous, intradermal and intravenous routes and manage injection equipment 11.9 administer and monitor medications using vascular access devices and enteral equipment	
b. This environment actively protects students as supernumerary.	Yes
c. A current student orientation pack is available.	Yes
d. Optimum number of pre-registration students this PLE can facilitate, including Return to Practice Students.	1
e. Please confirm if environment is Hub (i.e. where practice assessors are available for assessment) or Spoke (i.e. where there are only practice supervisors available)	Hub

3. Supervision and Assessment Capacity

Number of:	Part-Time	Full-Time	Total WTE
a. Practice Supervisors	Number	4.0*	4.0* agency NMC registrants
b. Practice Assessors – Pre-registration programmes			
a. Adult <input type="checkbox"/>	Number	Number	Number
b. Mental Health <input type="checkbox"/>	Number	Number	Number
c. Learning Disability <input type="checkbox"/>	Number	1.0	1.0
d. Children’s <input type="checkbox"/>	Number	Number	Number
e. Midwifery <input type="checkbox"/>	Number	Number	Number
c. Practice Assessors – SPQ			
a. Adult <input type="checkbox"/>	Number	Number	Number
b. Mental Health <input type="checkbox"/>	Number	Number	Number
c. Learning Disability <input type="checkbox"/>	Number	Number	Number
d. Children’s <input type="checkbox"/>	Number	Number	Number
d. Practice Assessors – SCPHN			
a. Health Visitor <input type="checkbox"/>	Number	Number	Number
b. Occupational Health Nurse <input type="checkbox"/>	Number	Number	Number
c. School Nurse <input type="checkbox"/>	Number	Number	Number
e. Practice Assessor – Other (please specify): Click or tap here to enter text.	Number	Number	Number
In exceptional circumstances the same person may fulfil the role of the Practice Supervisor and Practice Assessor for example, in NMP, SPQ or SCPHN. State rationale here if this applies: Provide Rationale			

4. Quality Assurance of PLE

a. Have students’ evaluation of PLE been reviewed, and action taken where required? Sept 19 PL6 12/7/21-5/9/21 Very good learning opportunities, staff were very welcoming.	Yes
b. In relation to the above are there any issues that could impact on the student learning experience? If Yes, please elaborate and detail in action plan to address issues: Provide comments	No

c.	Are there any significant complaints or incidents that could impact on students' learning experience? If Yes, please elaborate and detail in action plan to address issues: Provide comments	No
d.	Are all relevant risk assessments undertaken and current in the PLE and corroborated at time of audit?	Yes
e.	Are there any quality initiatives on-going in the PLE - verify and detail below: Care plan and documentation audits finance audits mattress audits clinical room audits patient forums medicine kardex audits environmental audits	Yes

5. NMC programme Standards

Identify the range of experiences available to students within the PLE, selecting as many boxes as apply. **This PLE can support students' learning to meet:**

<input checked="" type="checkbox"/> NMC Standards for Pre-registration Nursing				<input type="checkbox"/> NMC Standards for Pre-registration Midwifery
<input type="checkbox"/> Adult	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Children's	<input checked="" type="checkbox"/> Learning Disabilities	
<input type="checkbox"/> Older Adults <input type="checkbox"/> Health Visiting <input type="checkbox"/> District/Community Nursing <input type="checkbox"/> Surgical <input type="checkbox"/> Care of the acutely ill – hospital/community <input type="checkbox"/> LD Experience <input type="checkbox"/> MH Experience	<input type="checkbox"/> Older adults with mental ill-health <input type="checkbox"/> Children and Young People <input type="checkbox"/> Acute adult experience - Hospital/Acute Care Home <input type="checkbox"/> LD Experience	<input type="checkbox"/> Acute (medical or/& surgical) <input type="checkbox"/> Community Children's with Hub & Spoke: mental health <input type="checkbox"/> Specialist area placement and/or Experience <input type="checkbox"/> Health visiting Experience <input type="checkbox"/> LD Experience	<input type="checkbox"/> Community Children and/or Adult <input type="checkbox"/> 24 hour supported care <input type="checkbox"/> Children's CYP Acute or Community <input checked="" type="checkbox"/> Acute adult experience - Hospital/Acute Care Home Experience <input type="checkbox"/> MH Experience	<input type="checkbox"/> Antenatal <input type="checkbox"/> Intra-natal <input type="checkbox"/> Postnatal <input type="checkbox"/> Community Neonatal <input type="checkbox"/> Adult Medical/Surgical Experience 4 weeks direct entry students only
<input type="checkbox"/> NMC Standards for Post-registration Nursing or Midwifery				
<input type="checkbox"/> NMC Standards for Specialist Community Public Health Nurses <input type="checkbox"/> NMC Standards for Specialist Practice Qualification* <input type="checkbox"/> NMC Standards for Prescribing Programmes, please tick <input type="checkbox"/> V100/150* <input type="checkbox"/> V300* *please ensure one of these boxes is ticked if including SPQ District Nursing				

6. Declaration of Approval

Outcome of Audit: We declare that this PLE **has** **does not have** the capacity, facilities and resources in place to deliver safe and effective learning opportunities and practical experience for students. An action plan is Select action plan requirement

██████████	Practice Area Manager/Nominated Person
██████████	AEI Representative/Link Lecturer/Practice Tutor
██████████	Practice Education Facilitator (where applicable)

Action Plan (if required)

Agreed Action/s:	Action due by: Enter date.	Review Due by: Enter date.
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To be completed on Action Plan Review Date

Reviewed by: Name and position of Reviewer Name and position of Reviewer	Reviewed on: Enter date.	Outcome: Select outcome.
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Name and position of Reviewer		
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Amendments to Audited PLE

Area changed from spoke placement to hub. Supervision and capacity figures amended. Amy Tabori details added for allocation reports		
Reviewed by: [REDACTED]	Amended on: 02/11/2022	Shared with: AEI clinical allocations

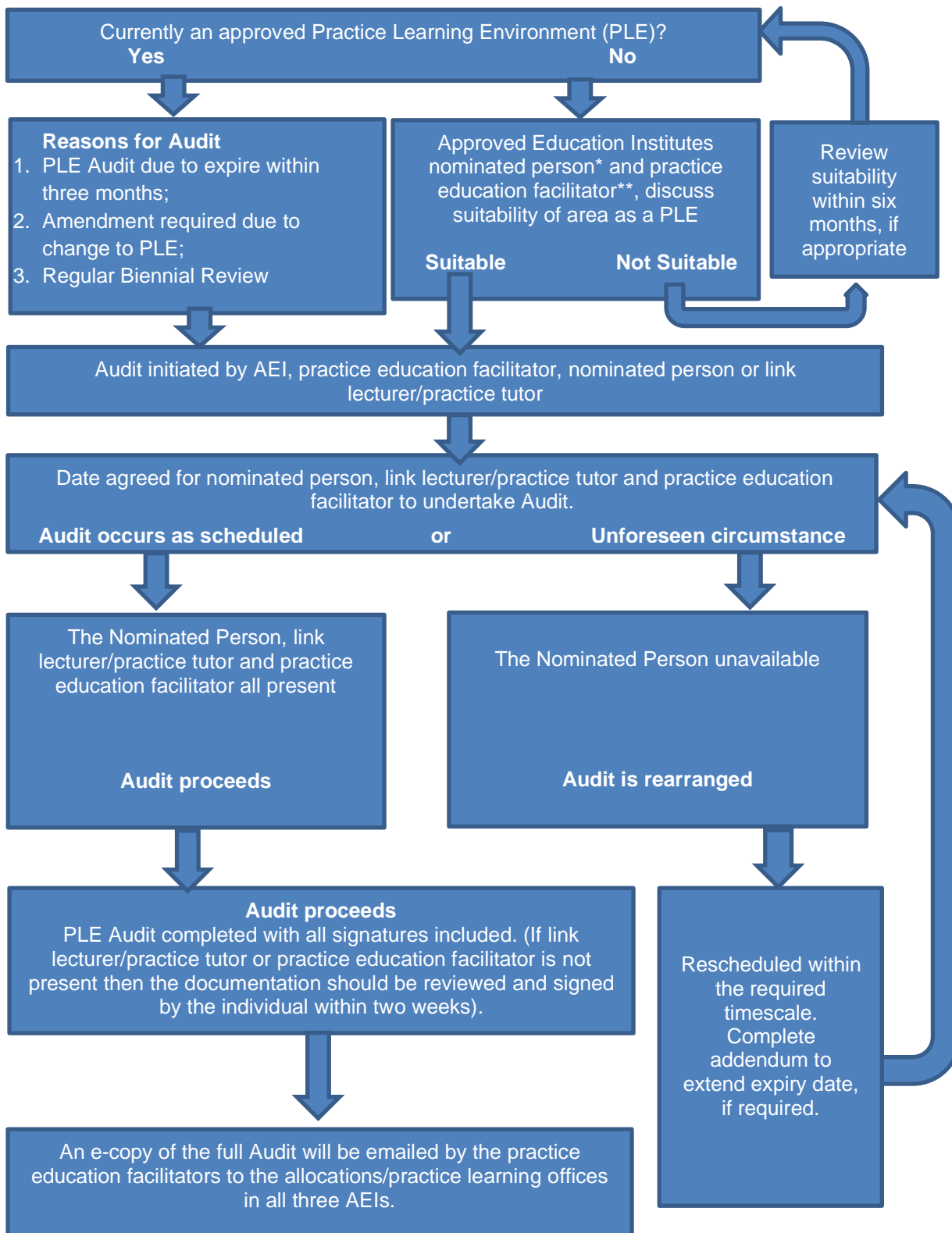
Amendments to Audited PLE

Briefly note/date any amendments to the PLE since the last review, if applicable		
Reviewed by: Name and position of Reviewer	Amended on: Enter date.	Shared with: Name and role

Amendments to Audited PLE

Briefly note/date any amendments to the PLE since the last review, if applicable		
Reviewed by: Name and position of Reviewer	Amended on: Enter date.	Shared with: Name and role

Appendix One: Undertaking an Audit – Flow Chart



*Nominated person is the ward sister, charge nurse, team leader, registered home manager, or designated person.
Practice education facilitator involvement only where applicable/relevant.*



Future Nurse Future Midwife Practice Learning Environments

Practice Learning Environment Educational Audit Tool



Practice Learning Environment Educational Audit Tool

1. Introduction

The purpose of this tool is to provide evidence that Practice Learning Environments (PLEs) have the capacity, facilities and resources in place, to deliver safe and effective learning opportunities and practical experience for students, as required to meet the NMC proficiencies for their programme of study. This should be collaboratively reviewed every two years to ensure the environment remains a sound educational setting for such learning to take place. For additional guidance, please read the Practice Learning Environment Education Audit Tool Guidance Document which is available on the NIPEC [FNFM website](#).

2. Description and Contact Details

Name of Provider	Belfast Health and Social Care Trust		
Site/Service	Muckamore Abbey		
Ward/Unit/Team	Cranfield 2		
Site Address	1 Abbey Road Antrim	Postcode	BT41 4SH
Date of Audit	15/06/2022	Review Date	30/06/2024
Hours of Service	24/7	Client Capacity	8
Practice Area Manager/Registered Home Manager		Nominated Person	
[REDACTED]		[REDACTED]	
[REDACTED]		[REDACTED]	
[REDACTED]		[REDACTED]	
Practice Education Facilitator (where applicable)		Link Lecturer/Practice Tutor	
[REDACTED]		[REDACTED]	
[REDACTED]		[REDACTED]	
[REDACTED]		[REDACTED]	
Allocation Reports should be emailed to:			
[REDACTED]			
[REDACTED]			
[REDACTED]			
[REDACTED]			
<p>a. Description of PLE Cranfield 2 is a treatment and assessment Learning Disability Unit for patients presenting with mental health and behaviour that challenge. It is a male ward with 8 patients at present.</p> <p>Students will rotate onto night shift and will also have the opportunity to work with the Out of Hours Coordinators</p> <p>Learning opportunities available for all students include, though not restricted to:</p> <p>Building therapeutic relationships with patients and their families for example plan of care, discharge planning and resettlement</p> <p>Personal Care – developing an awareness and appreciation for the patients’ right to dignity, privacy and autonomy.</p> <p>Gaining insight and awareness of a plethora of diagnosed conditions, such as Epilepsy, Bi-polar Disorder, Depression, Autism, Arthritis, Hypo/Hypertension, Hypothyroidism and Anaemia.</p> <p>The opportunity to work with a broad multi-disciplinary team, developing an understanding of the Interdisciplinary roles of such professionals: Psychologist, Psychiatrist, Medical Officer, Podiatrist,</p>			

Dentist, Behavioural Nurse Therapist, Dietician, Social Worker, Speech Therapist, and Occupational Therapist.

The opportunity to develop assessment, care planning/implementation, referral and evaluation skills.
Risk Assessment and Risk Management

Involvement in Purposeful Inpatient admission (PIPA) meetings, case conferences, annual reviews and resettlement meetings, weekly adult safe guarding meetings, live risk and governance meetings

Supporting patients with behaviours that challenge. Attending psychological formulation meeting to gain an understanding about what drives behaviours

Opportunity to implement and review positive behaviour support plans

the opportunity to observe the use of Personal Safety Intervention techniques, verbal de-escalation skills through to physical holding skills and developing an awareness of local policy and use of legislation.

Opportunity to observe the implementation of restrictive practices which are required to maintain patient safety and the regular review of these.

Opportunity to complete dynamic risk assessments to assist with patient activities

Opportunity to be involved in significant event audit meetings

Working with patients to promote all aspects of physical and mental health – dietary advice, devising exercise plans and interacting with keyworkers.

Awareness of adult safeguarding and processes around this e.g. liaising with social services and designated safeguarding officers.

The opportunity to hone communication skills with patients to overcome communication barriers. Opportunity to work alongside Speech and Language Therapist

Opportunity to develop a range of communication skills used with patients; verbal, non-verbal, body language, facial expressions, cues, gestures, Makaton, signs and symbols. Liaising with Speech and Language therapy.

Exposure to verbal, written and electronic communication with other professionals

Developing skills and knowledge in various aspects of record keeping (electronic and paper), using NMC guidance

Application of safe moving and handling techniques

Involvement in activities for patients, including (but not limited to): cookery, arts and crafts, music and communication skill development

Discharging planning and assisting patients with transition to the community

Liaising with advocacy services, outreach and inreach teams

Completing Datix incident reporting under supervision of a Registrant

Appropriate delegation of resources to ensure safety

Awareness of safe staffing models

Awareness of policies and application of infection control and COSHH (Control of Substances

Hazardous to Health)

Maintaining dignity, respect, privacy and confidentiality of patients and their families/carers

Nutritional needs of patients eg weight management/health promotion

Medication management and Trust Medicine Code – liaising with Trust Pharmacist and exposure to a broad range of prescription medications. Antipsychotic medication monitoring

Performing clinical skills as appropriately delegated for example, venepuncture and clinical observations. Regular Intramuscular injections. Lithium care pathways

Opportunity to learn about seclusion policy and accurate record keeping surrounding this

Awareness of Deprivation of Liberty framework and the Mental Capacity Act 2016 to protect those deemed not to have capacity

Exposure to Mental Health NI order 1986 and the detention process

Liaising with private providers throughout the discharge process

Management of anaphylaxis and the deteriorating patient

Annexe B procedures that are LIMITED are:

2.8 undertake chest auscultation and interpret findings - only with Doctor and physio

2.17 safe holding and restraining is only available through observation

6.2 insert, manage and remove catheters for all genders; and assist with self-catheterisation when required

6.3 manage bladder drainage

Annexe B procedures that are NOT available are:

2.2 cannulation and venous blood gases

2.4 manage and monitor blood component transfusions

2.5 manage and interpret infusion pumps

3.2 use appropriate bed-making techniques including those required for people who are unconscious or who have limited mobility

3.3 use appropriate positioning and pressure-relieving techniques

4.6 use aseptic techniques when undertaking suture removal, and vacuum closures

5.6 insert, manage and remove oral/nasal/gastric tubes

5.7 manage artificial nutrition and hydration using enteral and parenteral routes

5.8 manage the administration of IV fluids

5.9 manage fluid and nutritional infusion pumps and devices

6.5 manual evacuation

6.6 undertake stoma care identifying and using appropriate products and approaches

9.9 safely assess and manage invasive medical devices and lines

10.2 manage and monitor effectiveness of infusion pumps and other devices

11.1 carry out initial and continued assessments of people receiving care and their ability to self-administer their own medications

11.8 administer medications using a range of routes – IV not available

11.9 administer and monitor medications using vascular access devices and enteral equipment

b. This environment actively protects students as supernumerary.	Yes
c. A current student orientation pack is available.	Yes
d. Optimum number of pre-registration students this PLE can facilitate, including Return to Practice Students.	2

e. Please confirm if environment is Hub (i.e. where practice assessors are available for assessment) or Spoke (i.e. where there are only practice supervisors available)	Hub
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3. Supervision and Assessment Capacity

Number of:	Part-Time	Full-Time	Total WTE
a. Practice Supervisors	Number	Number	Number
b. Practice Assessors – Pre-registration programmes			
a. Adult <input type="checkbox"/>	Number	Number	Number
b. Mental Health <input type="checkbox"/>	Number	Number	Number
c. Learning Disability <input checked="" type="checkbox"/>	Number	2.0	2.0
d. Children’s <input type="checkbox"/>	Number	Number	Number
e. Midwifery <input type="checkbox"/>	Number	Number	Number
c. Practice Assessors – SPQ			
a. Adult <input type="checkbox"/>	Number	Number	Number
b. Mental Health <input type="checkbox"/>	Number	Number	Number
c. Learning Disability <input type="checkbox"/>	Number	Number	Number
d. Children’s <input type="checkbox"/>	Number	Number	Number
d. Practice Assessors – SCPHN			
a. Health Visitor <input type="checkbox"/>	Number	Number	Number
b. Occupational Health Nurse <input type="checkbox"/>	Number	Number	Number
c. School Nurse <input type="checkbox"/>	Number	Number	Number
e. Practice Assessor – Other (please specify): Click or tap here to enter text.	Number	Number	Number
In exceptional circumstances the same person may fulfil the role of the Practice Supervisor and Practice Assessor for example, in NMP, SPQ or SCPHN. State rationale here if this applies: Provide Rationale			

4. Quality Assurance of PLE

a. Have students’ evaluation of PLE been reviewed, and action taken where required? Sept 20 PL5 student 14/3/22 – 24/4/22 “I just wanted to send an email to let you know I really enjoyed my placement at Cranfield 2, all of the staff on the ward have been so kind and thoughtful towards my learning and myself. I would just like to give a special recognition to my PA, PS, and nursing assistants H390 , H393 H395 and H396 - They were all so kind and went above the norm to ensure I met my learning goals and felt integrated into their team”	Yes
b. In relation to the above are there any issues that could impact on the student learning experience? If Yes, please elaborate and detail in action plan to address issues: Provide comments	No
c. Are there any significant complaints or incidents that could impact on students’ learning experience? If Yes, please elaborate and detail in action plan to address issues: Provide comments	No
d. Are all relevant risk assessments undertaken and current in the PLE and corroborated at time of audit?	Yes
e. Are there any quality initiatives on-going in the PLE - verify and detail below: Medication ordering and delivery system update Mattress audits Infection Control Audits Clinical Room Audits Controlled Drug Audits Care Plan and Documentation Audits Finance Audits	Yes

5. NMC programme Standards MAHI - STM - 092 - 523

Identify the range of experiences available to students within the PLE, selecting as many boxes as apply. **This PLE can support students' learning to meet:**

<input checked="" type="checkbox"/> NMC Standards for Pre-registration Nursing				<input type="checkbox"/> NMC Standards for Pre-registration Midwifery
<input type="checkbox"/> Adult	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Children's	<input checked="" type="checkbox"/> Learning Disabilities	
<input type="checkbox"/> Older Adults <input type="checkbox"/> Health Visiting <input type="checkbox"/> District/Community Nursing <input type="checkbox"/> Surgical <input type="checkbox"/> Care of the acutely ill – hospital /community <input type="checkbox"/> LD Experience <input type="checkbox"/> MH Experience	<input type="checkbox"/> Older adults with mental ill-health <input type="checkbox"/> Children and Young People <input type="checkbox"/> Acute adult experience - Hospital/Acute Care Home <input type="checkbox"/> LD Experience	<input type="checkbox"/> Acute (medical or/& surgical) <input type="checkbox"/> Community Children's with Hub & Spoke: mental health <input type="checkbox"/> Specialist area placement and/or Experience <input type="checkbox"/> Health visiting Experience <input type="checkbox"/> LD Experience	<input type="checkbox"/> Community Children and/or Adult <input type="checkbox"/> 24 hour supported care <input type="checkbox"/> Children's CYP Acute or Community <input checked="" type="checkbox"/> Acute adult experience - Hospital/Acute Care Home Experience <input type="checkbox"/> MH Experience	<input type="checkbox"/> Antenatal <input type="checkbox"/> Intra-natal <input type="checkbox"/> Postnatal <input type="checkbox"/> Community <input type="checkbox"/> Neonatal <input type="checkbox"/> Adult Medical/Surgical Experience 4 weeks direct entry students only
<input type="checkbox"/> NMC Standards for Post-registration Nursing or Midwifery				
<input type="checkbox"/> NMC Standards for Specialist Community Public Health Nurses <input type="checkbox"/> NMC Standards for Specialist Practice Qualification* <input type="checkbox"/> NMC Standards for Prescribing Programmes, please tick <input type="checkbox"/> V100/150* <input type="checkbox"/> V300* <small>*please ensure one of these boxes is ticked if including SPQ District Nursing</small>				

6. Declaration of Approval

Outcome of Audit: We declare that this PLE **has** **does not have** the capacity, facilities and resources in place to deliver safe and effective learning opportunities and practical experience for students. An action plan is Select action plan requirement

Practice Area Manager/Nominated Person
AEI Representative/Link Lecturer/Practice Tutor
Practice Education Facilitator (where applicable)

Action Plan (if required)

Agreed Action/s:	Action due by: Enter date.	Review Due by: Enter date.
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To be completed on Action Plan Review Date

Reviewed by: Name and position of Reviewer Name and position of Reviewer Name and position of Reviewer	Reviewed on: Enter date.	Outcome: Select outcome.
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Amendments to Audited PLE

Briefly note/date any amendments to the PLE since the last review, if applicable

Reviewed by: Name and position of Reviewer	Amended on: Enter date.	Shared with: Name and role
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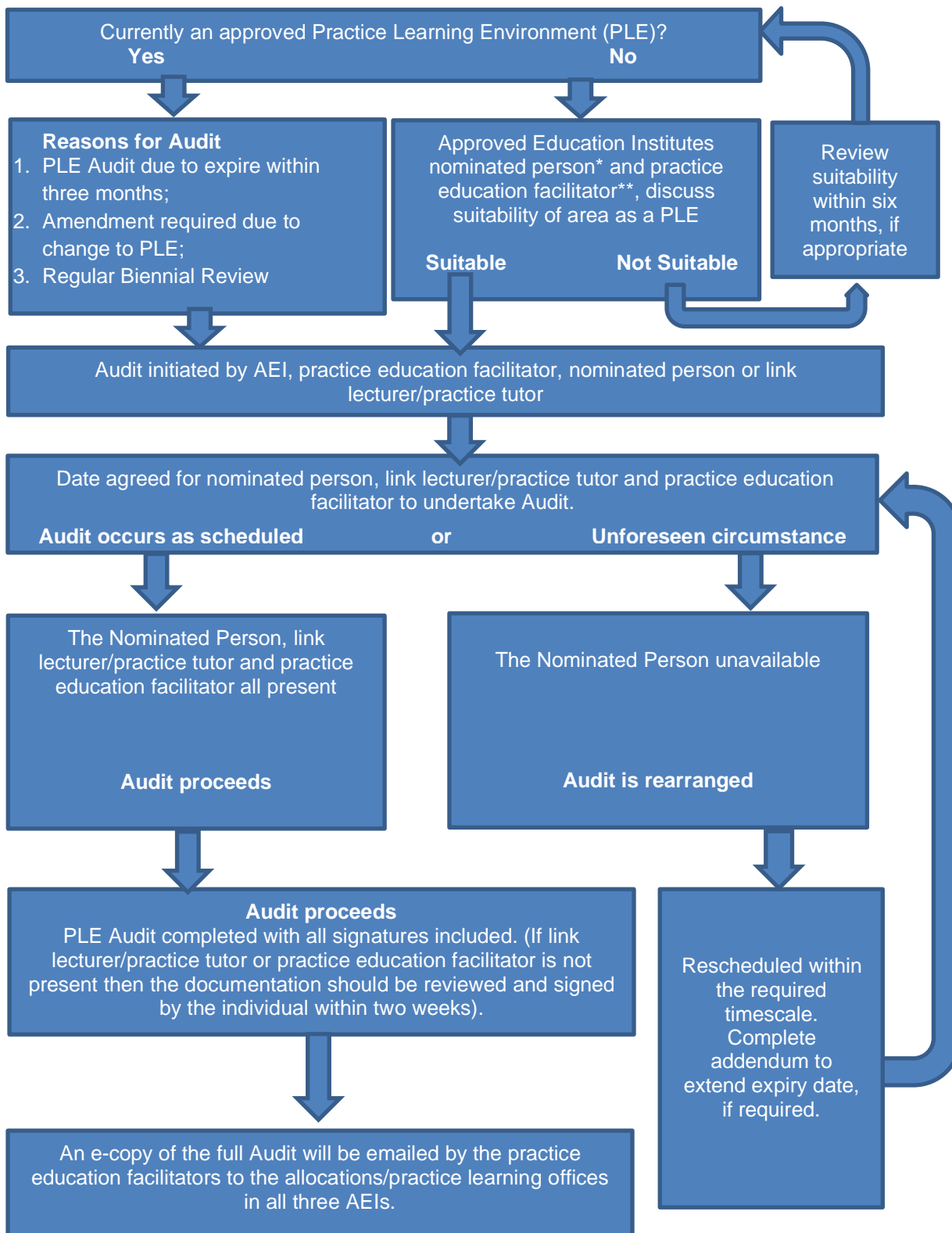
Amendments to Audited PLE

Briefly note/date any amendments to the PLE since the last review, if applicable		
Reviewed by: Name and position of Reviewer	Amended on: Enter date.	Shared with: Name and role

Amendments to Audited PLE

Briefly note/date any amendments to the PLE since the last review, if applicable		
Reviewed by: Name and position of Reviewer	Amended on: Enter date.	Shared with: Name and role

Appendix One: Undertaking an Audit – Flow Chart



Nominated person is the ward sister, charge nurse, team leader, registered home manager, or designated person. Practice education facilitator involvement only where applicable/relevant.



Future Nurse Future Midwife Practice Learning Environments

Practice Learning Environment Educational Audit Tool



Practice Learning Environment Educational Audit Tool

1. Introduction

The purpose of this tool is to provide evidence that Practice Learning Environments (PLEs) have the capacity, facilities and resources in place, to deliver safe and effective learning opportunities and practical experience for students, as required to meet the NMC proficiencies for their programme of study. This should be collaboratively reviewed every two years to ensure the environment remains a sound educational setting for such learning to take place. For additional guidance, please read the Practice Learning Environment Education Audit Tool Guidance Document which is available on the NIPEC [FNFM website](#).

2. Description and Contact Details

Name of Provider	Belfast Health and Social Care Trust		
Site/Service	Muckamore		
Ward/Unit/Team	Donegore		
Site Address	Muckamore Abbey Hospital 1 Abbey Road Antrim	Postcode	BT41 4SH
Date of Audit	14/09/2021	Review Date	30/09/2023
Hours of Service	24/7	Client Capacity	7
Practice Area Manager/Registered Home Manager		Nominated Person	
[REDACTED]		[REDACTED]	
[REDACTED]		[REDACTED]	
[REDACTED]		[REDACTED]	
Practice Education Facilitator (where applicable)		Link Lecturer/Practice Tutor	
[REDACTED]		[REDACTED]	
[REDACTED]		[REDACTED]	
[REDACTED]		[REDACTED]	
Allocation Reports should be emailed to:			
[REDACTED]			
[REDACTED]			
[REDACTED]			
a. Description of PLE			
<p>Donegore is a 7 bedded Learning Disability female admission and treatment unit. Presently there are 5 service users. Students will work the span of the off duty including and experience on night duty.</p> <p>Year 1 and Year 2 students will be involved in the admission, assessment, planning implementation of care and discharge processes.</p> <p>Year 3 students will take increasing responsibility for the management of an individual/group programmes of care and managing of the ward environment with guidance from a Registered Nurse.</p> <p>Learning opportunities available for all students include, though not restricted to:</p> <p>Develop an understanding of the need for dignity, respect, privacy and confidentiality of service users and their families/carers</p> <p>Personal Care – developing an awareness and appreciation for the service user’s right to dignity, privacy and autonomy.</p>			

Gain insight and awareness of a plethora of diagnosed conditions, such as Epilepsy, Bi-polar Disorder, Depression, Autism, Arthritis, Hypo/Hypertension, Hypothyroidism, Diabetes and Anaemia.

Gain an awareness/understanding of syndromes, conditions and dual diagnosis associated with people with a Learning Disability.

Students will be responsible to gain opportunities to attend the Dialectical Behavioural Therapy (DBT) group and utilise skills learnt from exposure to the group, with the service users on the ward. The opportunity to work with a broad multi-disciplinary team, developing an understanding of the Interdisciplinary roles of such professionals: Psychologist, Psychiatrist, Medical Officer, Dentist, Behavioural Nurse Therapist, Dietician, Social Worker, Speech Therapist, and Occupational Therapist.

Take the opportunity to develop assessment, care planning/implementation, referral and evaluation skills.

Work collaboratively with patients and families for example in care planning and resettlement processes

Involvement in Risk Assessment and Risk Management in keeping with promoting quality care (PQC) guidelines.

Involvement in Purposeful Inpatient Admissions (PIPA), case conferences, annual reviews, resettlement meetings and formulation meetings.

Work with patients that present with behaviours that challenge – types and management, self-injurious behaviour and involvement with the process of KUF (Knowledge and Understanding Framework)

Awareness of and implementation of the Positive Behaviour Support plans.

Develop an awareness of local policy and use of legislation for example Management of Actual and Potential Aggression, Adult Safeguarding Policy, referral and management of same

Work with patients to promote all aspects of physical and positive mental health for example dietary advice and supporting the patient to implement exercise plans

Awareness of and experience working with the Mental Capacity Act (2016) Mental Health Order NI (1986)

Awareness of restrictive practices in keeping with legislation and guidelines for example 'Deprivation of Liberty' with a goal to reviewing and reducing use of these.

The opportunity to hone communication skills; verbal, written, electronic, with other professionals and also clients families, whilst also having exposure to and opportunity to develop a range of communication skills used with clients; verbal, non-verbal, body language, facial expressions, cues, gestures, Makaton, signs and symbols.

Gain knowledge and skills in record keeping – written and electronic (PARIS, Datix incident reporting and Safeguarding), using NMC guidance

Application of safe moving and handling techniques

Involvement in a number of activities for patients, including (but not limited to): cookery, arts and crafts, music, social farming, communication skills development and graded community exposure.

Awareness of the allocation of resources including safe staffing models

Awareness of and application of infection control policies and environmental cleanliness/safety

Awareness of links to other agencies for example Advocacy agencies

Understanding nutritional needs of service users eg weight management /health promotion

Awareness of the risk of the patient choking and the management of the same. Awareness of safety pause guidance.

Awareness and application of medication management and Trust Medicine Code – liaising with hospital Pharmacist/pharmacy department and exposure to a broad range of prescription medications. Ordering of stock/non stock medications used on the ward. Working within the scope of practice as a student nurse

Awareness of WRAP (Wellness Recovery Action Plan)

Annexe B NOT available:

- 2.2 undertake cannulation and interpreting normal and common abnormal blood profiles
- 2.4 manage and monitor blood component transfusions
- 2.5 manage and interpret cardiac monitors, infusion pumps and other monitoring devices
- 4.7 use aseptic techniques when managing drainage processes
- 5.7 manage artificial nutrition and hydration using oral, enteral and parenteral routes
- 5.8 manage the administration of IV fluids
- 5.9 manage fluid and nutritional infusion pumps and devices
- 6.2 male catheterisation
- 6.5 manual evacuation
- 9.9 safely assess and manage invasive medical devices and lines
- 10.2 manage and monitor effectiveness of symptom relief infusion pumps and other devices
- 10.4 understand and apply organ and tissue donation protocols, advanced planning decisions, living wills and health and lasting powers of attorney for health
- 11.7 administer injections using intradermal and intravenous routes
- 11.9 administer and monitor medications using vascular access devices and enteral equipment

Annexe B that are LIMITED according to patient need:

- 2.8 undertake chest auscultation and interpret findings. Doctors and physiotherapists carry this out
- 2.17 providing appropriate safe holding and restraint – observation only
- 11.1 carry out initial and continued assessments of people receiving care and their ability to self-administer their own medications

b. This environment actively protects students as supernumerary.	Yes
c. A current student orientation pack is available.	Yes
d. Optimum number of pre-registration students this PLE can facilitate, including Return to Practice Students. Female students only because of family preferences. Able to facilitate first years but preference from placement 3 onwards because of the potential levels of aggression that may be displayed.	0
e. Only one first year student at one time.	
f. Please confirm if environment is Hub (i.e. where practice assessors are available for assessment) or Spoke (i.e. where there are only practice supervisors available)	Hub

3. Supervision and Assessment Capacity

Number of:	Part-Time	Full-Time	Total WTE
a. Practice Supervisors	Number	Number	Number
b. Practice Assessors – Pre-registration programmes			
a. Adult <input type="checkbox"/>	Number	Number	Number
b. Mental Health <input type="checkbox"/>	Number	Number	Number
c. Learning Disability <input checked="" type="checkbox"/>	Number	2.0	2.0
d. Children’s <input type="checkbox"/>	Number	Number	Number
e. Midwifery <input type="checkbox"/>	Number	Number	Number
c. Practice Assessors – SPQ			
a. Adult <input type="checkbox"/>	Number	Number	Number
b. Mental Health <input type="checkbox"/>	Number	Number	Number
c. Learning Disability <input type="checkbox"/>	Number	Number	Number
d. Children’s <input type="checkbox"/>	Number	Number	Number
d. Practice Assessors – SCPHN			
a. Health Visitor <input type="checkbox"/>	Number	Number	Number
b. Occupational Health Nurse <input type="checkbox"/>	Number	Number	Number

c. School Nurse <input type="checkbox"/>	Number	Number	Number
e. Practice Assessor – Other (please specify): Click or tap here to enter text.	Number	Number	Number
In exceptional circumstances the same person may fulfil the role of the Practice Supervisor and Practice Assessor for example, in NMP, SPQ or SCPHN. State rationale here if this applies: Provide Rationale			

4. Quality Assurance of PLE

a. Have students' evaluation of PLE been reviewed, and action taken where required? "I have found this placement to be extremely good for my learning, especially in terms of assessment, care planning and reviewing patient care and for gaining knowledge and understanding of patients with mental ill health and/or personality disorders" Sept 18 PL8 Student March 2021	Yes
b. In relation to the above are there any issues that could impact on the student learning experience? If Yes, please elaborate and detail in action plan to address issues: Provide comments	No
c. Are there any significant complaints or incidents that could impact on students' learning experience? If Yes, please elaborate and detail in action plan to address issues: Provide comments	No
d. Are all relevant risk assessments undertaken and current in the PLE and corroborated at time of audit?	Yes
e. Are there any quality initiatives on-going in the PLE - verify and detail below: Hand hygiene audits, financial audits, environmental audits, clinical room audits and care plan audits	Yes

5. NMC programme Standards

Identify the range of experiences available to students within the PLE, selecting as many boxes as apply. **This PLE can support students' learning to meet:**

<input checked="" type="checkbox"/> NMC Standards for Pre-registration Nursing				<input type="checkbox"/> NMC Standards for Pre-registration Midwifery
<input type="checkbox"/> Adult	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Children's	<input checked="" type="checkbox"/> Learning Disabilities	
<input type="checkbox"/> Older Adults <input type="checkbox"/> Health Visiting <input type="checkbox"/> District/Community Nursing <input type="checkbox"/> Surgical <input type="checkbox"/> Care of the acutely ill – hospital /community <input type="checkbox"/> LD Experience <input type="checkbox"/> MH Experience	<input type="checkbox"/> Older adults with mental ill-health <input type="checkbox"/> Children and Young People <input type="checkbox"/> Acute adult experience - Hospital/Acute Care Home <input type="checkbox"/> LD Experience	<input type="checkbox"/> Acute (medical or/& surgical) <input type="checkbox"/> Community Children's with Hub & Spoke: mental health <input type="checkbox"/> Specialist area placement and/or Experience <input type="checkbox"/> Health visiting Experience <input type="checkbox"/> LD Experience	<input type="checkbox"/> Community Children and/or Adult <input type="checkbox"/> 24 hour supported care <input type="checkbox"/> Children's CYP Acute or Community <input checked="" type="checkbox"/> Acute adult experience - Hospital/Acute Care Home Experience <input type="checkbox"/> MH Experience	<input type="checkbox"/> Antenatal <input type="checkbox"/> Intra-natal <input type="checkbox"/> Postnatal <input type="checkbox"/> Community <input type="checkbox"/> Neonatal <input type="checkbox"/> Adult Medical/Surgical Experience 4 weeks direct entry students only
<input type="checkbox"/> NMC Standards for Post-registration Nursing or Midwifery				
<input type="checkbox"/> NMC Standards for Specialist Community Public Health Nurses <input type="checkbox"/> NMC Standards for Specialist Practice Qualification* <input type="checkbox"/> NMC Standards for Prescribing Programmes, please tick <input type="checkbox"/> V100/150* <input type="checkbox"/> V300* *please ensure one of these boxes is ticked if including SPQ District Nursing				

6. Declaration of Approval

Outcome of Audit: We declare that this PLE has <input checked="" type="checkbox"/> does not have <input type="checkbox"/> the capacity, facilities and resources in place to deliver safe and effective learning opportunities and practical experience for students. An action plan is <u>Select action plan requirement</u>		
██████████	Practice Area Manager/Nominated Person	
██████████	AEI Representative/Link Lecturer/Practice Tutor	
██████████	Practice Education Facilitator (where applicable)	
Action Plan (if required)		
Agreed Action/s:	Action due by: Enter date.	Review Due by: Enter date.
To be completed on Action Plan Review Date		
Reviewed by: Name and position of Reviewer Name and position of Reviewer Name and position of Reviewer	Reviewed on: Enter date.	Outcome: Select outcome.

Amendments to Audited PLE

Unsuitable for pregnant students section removed as a risk assessment will be carried out.		
Reviewed by: ██████████ ██████████	Amended on: 12/10/2021	Shared with: ██████████ ██████████ ██████████ ██████████

Amendments to Audited PLE

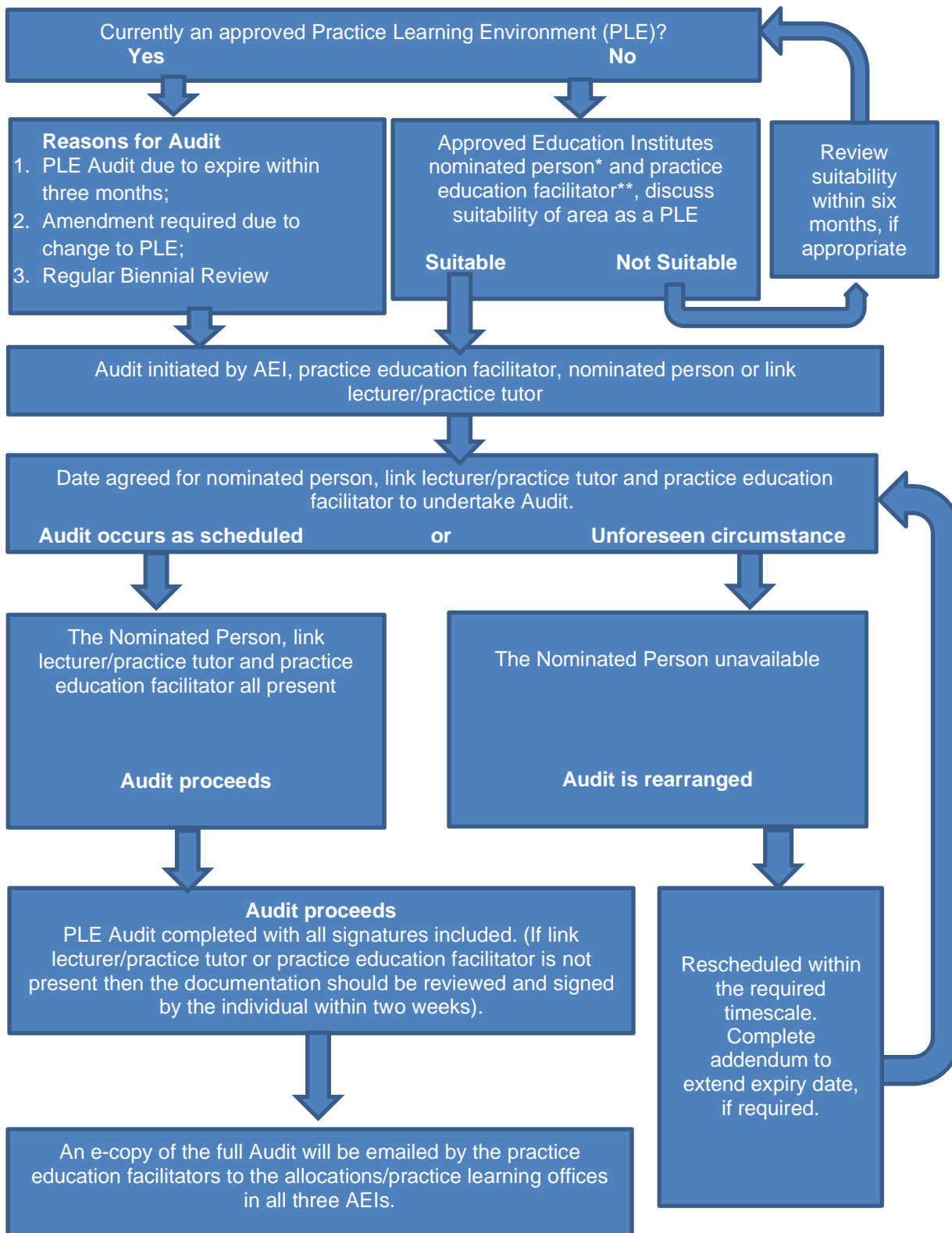
Dongore will close to students from the 12th September due to a change in management structure.		
Reviewed by: ██████████ ██████████	Amended on: 09/08/2022	Shared with: ██████████ ██████████ ██████████ ██████████

Amendments to Audited PLE

Reason for closure of Dongore on the 12th September due to the Manager who is the Nominated Person and the Practice Assessor for the area is leaving Trust		
Reviewed by: ██████████	Amended on: 15/08/2022	Shared with: Allocations AEIS
Action Plan (if required)		
Agreed Action/s: To review opening the area up to students again when a new manager is in post	Action due by: 31/12/2022	Review Due by: 31/12/2022
To be completed on Action Plan Review Date		

Reviewed by: Name and position of Reviewer Name and position of Reviewer Name and position of Reviewer	Reviewed on: Enter date.	Outcome: Select outcome.
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Appendix One: Undertaking an Audit – Flow Chart



Nominated person is the ward sister, charge nurse, team leader, registered home manager, or designated person. Practice education facilitator involvement only where applicable/relevant.



Future Nurse Future Midwife Practice Learning Environments

Practice Learning Environment Educational Audit Tool



Practice Learning Environment Educational Audit Tool

1. Introduction

The purpose of this tool is to provide evidence that Practice Learning Environments (PLEs) have the capacity, facilities and resources in place, to deliver safe and effective learning opportunities and practical experience for students, as required to meet the NMC proficiencies for their programme of study. This should be collaboratively reviewed every two years to ensure the environment remains a sound educational setting for such learning to take place. For additional guidance, please read the Practice Learning Environment Education Audit Tool Guidance Document which is available on the NIPEC [FNFM website](#).

2. Description and Contact Details

Name of Provider	Belfast Health and Social Care Trust		
Site/Service	Muckamore Abbey Hospital		
Ward/Unit/Team	Killead		
Site Address	1 Abbey Road, Muckamore , Antrim	Postcode	BT41 4SH
Date of Audit	06/08/2021	Review Date	31/08/2023
Hours of Service	24 hour/ 7 day	Client Capacity	10
Practice Area Manager/Registered Home Manager		Nominated Person	
[REDACTED]		[REDACTED]	
[REDACTED]		[REDACTED]	
[REDACTED]		[REDACTED]	
Practice Education Facilitator (where applicable)		Link Lecturer/Practice Tutor	
[REDACTED]		[REDACTED]	
[REDACTED]		[REDACTED]	
[REDACTED]		[REDACTED]	
Allocation Reports should be emailed to:			
[REDACTED]			
[REDACTED]			
<p>a. Description of PLE Killead is an inpatient facility that cares for male service users with a learning disability who are a delayed discharge. The ward has a capacity of 10 inpatient beds. Currently the ward has 9 service users. Students will work the span of the off duty including an experience on night duty.</p> <p>Learning opportunities available for all students include, though not restricted to:</p> <p>Personal Care – developing an awareness and appreciation for the service user’s right to dignity, privacy and autonomy.</p> <p>Gaining insight and awareness of a plethora of diagnosed conditions, such as Epilepsy, Bi-polar Disorder, Depression, Autism, Arthritis, Hypo/Hypertension, Hypothyroidism and Anaemia.</p> <p>An awareness of syndromes</p> <p>The opportunity to work with a broad multi-disciplinary team, developing an understanding of the Interdisciplinary roles of such professionals: Psychologist, Psychiatrist, Medical Officer, Dentist, Behavioural Nurse Therapist, Dietician, Social Worker, Speech Therapist, Physiotherapist and Occupational Therapist.</p> <p>The opportunity to develop assessment, care planning/implementation, referral and evaluation skills.</p> <p>Involvement in Risk Assessment and Risk Management</p> <p>Involvement in daily Purposeful Inpatient Admissions model (PIPA), case conferences, annual reviews and</p>			

resettlement meetings

Work with Service Users that present with behaviours that challenge – types and management

Developing an awareness of local policy and use of legislation for example Management of Actual and Potential Aggression , Vulnerable Adults policy, referral and management of same.

Working with service users to promote all aspects of physical and mental health – dietary advice and supporting the patient to implement exercise plans

The opportunity to hone communication skills; verbal, written, electronic, with other professionals and also service users families, whilst also having exposure to and opportunity to develop a range of communication skills used with service users; verbal, non-verbal, body language, facial expressions, cues, gestures, Makaton, signs and symbols.

Knowledge and skills in record keeping – written and electronic (PARIS Datix incident reporting), using NMC guidance

Application of safe moving and handling techniques

Opportunity to work with patients and families, multidisciplinary team and external agencies in relation to discharging planning and resettlement Processes

Involvement in a number of activities for service users, including (but not limited to): cookery, arts and crafts, music, communication skill development and graded community exposure.

Awareness of allocation of resources including safe staffing models

Working collaboratively with Families

Awareness of and experience with the Mental Health Order NI (1986), Mental Capacity Act (2016)

Awareness and application of infection control policies and environmental cleanliness/safety

Develop an understanding of the need for dignity, respect, privacy and confidentiality of service users and their families/carers

Awareness of links to other voluntary agencies for example advocacy agency

Understanding Nutritional needs of service users eg weight management/health promotion

Awareness and application of medication management and Trust Medicine Code – liaising with hospital Pharmacist and exposure to a broad range of prescription medications, ordering Pharmacy stock/non-stock items. Working within the scope of practice as a student nurse

Performing clinical skills as appropriately delegated for example, venepuncture and clinical observations. Regular Intramuscular injections and Clozapine monitoring. Lithium monitoring, Anti-psychotic monitoring bloods and ECG

Annexe B nursing procedures that are LIMITED to service user need are:

2.7 undertake a whole body systems assessment including respiratory, circulatory, neurological, musculoskeletal, cardiovascular and skin status

2.8 undertake chest auscultation and interpret findings (Doctors carry this out)

2.17 providing appropriate safe holding and restraint – observation only

3.3 use appropriate positioning and pressure-relieving techniques

4.6 use aseptic techniques when undertaking wound care including dressings, pressure bandaging, suture removal, and vacuum closures

4.7 use aseptic techniques when managing wound and drainage processes

6.5 administer enemas and suppositories

8.2 manage the administration of oxygen using a range of routes and best practice approaches

8.3 take and interpret peakflow

8.4 use appropriate nasal and oral suctioning techniques

- 8.6 manage airway and respiratory processes and equipment
- 11.3 use the principles of safe remote prescribing and directions to administer medicines
- 11.7 administer injections using intramuscular, subcutaneous, intradermal and intravenous routes and manage injection equipment
- 11.8 administer medications using a range of routes (only oral and intramuscular)

Annexe B nursing procedures that are NOT AVAILABLE are:

- 2.2 undertake cannulation and venous blood gases
- 2.4 manage and monitor blood component transfusions
- 2.5 manage and interpret cardiac monitors, infusion pumps and other monitoring device
- 2.17 providing appropriate safe holding and restraint -observation of holding and restraint only
- 3.2 use appropriate bed-making techniques including those required for people who are unconscious or who have limited mobility
- 5.6 insert, manage and remove oral/nasal/gastric tubes
- 5.7 manage artificial nutrition and hydration using oral, enteral and parenteral routes
- 5.8 manage the administration of IV fluids
- 5.9 manage fluid and nutritional infusion pumps and devices
- 6.2 insert, manage and remove catheters for all genders; and assist with self-catheterisation when required
- 6.3 manage bladder drainage
- 6.5 undertake rectal examination and manual evacuation
- 6.6 Undertake stoma care identifying and using appropriate products and approaches
- 8.5 manage inhalation, humidifier and nebuliser devices
- 9.9 safely assess and manage invasive medical devices and lines
- 10.2 manage and monitor effectiveness infusion pumps and other device
- 10.3 assess and review preferences and care priorities of the dying person and their family and carers
- 10.4 understand and apply organ and tissue donation protocols, advanced planning decisions, living wills and health and lasting powers of attorney for health
- 10.5 understand and apply DNACPR (do not attempt cardiopulmonary resuscitation) decisions and verification of expected death
- 10.6 provide care for the deceased person and the bereaved respecting cultural requirements and protocols
- 11.1 carry out initial and continued assessments of people receiving care and their ability to self-administer their own medications
- 11.9 administer and monitor medications using vascular access devices and enteral equipment

b. This environment actively protects students as supernumerary.	Yes
c. A current student orientation pack is available.	No
d. Optimum number of pre-registration students this PLE can facilitate, including Return to Practice Students.	1
e. Please confirm if environment is Hub (i.e. where practice assessors are available for assessment) or Spoke (i.e. where there are only practice supervisors available)	Hub

3. Supervision and Assessment Capacity

Number of:	Part-Time	Full-Time	Total WTE
a. Practice Supervisors	0.43	Number	0.43
b. Practice Assessors – Pre-registration programmes			
a. Adult <input type="checkbox"/>	Number	Number	Number
b. Mental Health <input type="checkbox"/>	Number	Number	Number
c. Learning Disability <input checked="" type="checkbox"/>	1.58	Number	1.48
d. Children's <input type="checkbox"/>	Number	Number	Number
e. Midwifery <input type="checkbox"/>	Number	Number	Number
c. Practice Assessors – SPQ			
a. Adult <input type="checkbox"/>	Number	Number	Number
b. Mental Health <input type="checkbox"/>	Number	Number	Number

c. Learning Disability <input type="checkbox"/>	Number	Number	Number
d. Children's <input type="checkbox"/>	Number	Number	Number
d. Practice Assessors – SCPHN			
a. Health Visitor <input type="checkbox"/>	Number	Number	Number
b. Occupational Health Nurse <input type="checkbox"/>	Number	Number	Number
c. School Nurse <input type="checkbox"/>	Number	Number	Number
e. Practice Assessor – Other (please specify): Non medical Prescribing	Number	Number	Number
In exceptional circumstances the same person may fulfil the role of the Practice Supervisor and Practice Assessor for example, in NMP, SPQ or SCPHN. State rationale here if this applies: Provide Rationale			

4. Quality Assurance of PLE

a. Have students' evaluation of PLE been reviewed, and action taken where required? This is a new Practice Learning Environment	No
b. In relation to the above are there any issues that could impact on the student learning experience? If Yes, please elaborate and detail in action plan to address issues: Provide comments	No
c. Are there any significant complaints or incidents that could impact on students' learning experience? If Yes, please elaborate and detail in action plan to address issues: Provide comments	No
d. Are all relevant risk assessments undertaken and current in the PLE and corroborated at time of audit?	Yes
e. Are there any quality initiatives on-going in the PLE - verify and detail below: Hand hygiene audit Care plan audits environmental cleanliness audits	Yes

5. NMC programme Standards

Identify the range of experiences available to students within the PLE, selecting as many boxes as apply. **This PLE can support students' learning to meet:**

<input type="checkbox"/> NMC Standards for Pre-registration Nursing				<input type="checkbox"/> NMC Standards for Pre-registration Midwifery
<input type="checkbox"/> Adult	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Children's	<input checked="" type="checkbox"/> Learning Disabilities	
<input type="checkbox"/> Older Adults <input type="checkbox"/> Health Visiting <input type="checkbox"/> District/Community Nursing <input type="checkbox"/> Surgical <input type="checkbox"/> Care of the acutely ill – hospital /community <input type="checkbox"/> LD Experience <input type="checkbox"/> MH Experience	<input type="checkbox"/> Older adults with mental ill-health <input type="checkbox"/> Children and Young People <input type="checkbox"/> Acute adult experience - Hospital/Acute Care Home <input type="checkbox"/> LD Experience	<input type="checkbox"/> Acute (medical or/& surgical) <input type="checkbox"/> Community Children's with Hub & Spoke: mental health <input type="checkbox"/> Specialist area placement and/or Experience <input type="checkbox"/> Health visiting Experience <input type="checkbox"/> LD Experience	<input type="checkbox"/> Community Children and/or Adult <input type="checkbox"/> 24 hour supported care <input type="checkbox"/> Children's CYP Acute or Community <input checked="" type="checkbox"/> Acute adult experience - Hospital/Acute Care Home Experience <input type="checkbox"/> MH Experience	<input type="checkbox"/> Antenatal <input type="checkbox"/> Intra-natal <input type="checkbox"/> Postnatal <input type="checkbox"/> Community <input type="checkbox"/> Neonatal <input type="checkbox"/> Adult Medical/Surgical Experience 4 weeks direct entry students only
<input type="checkbox"/> NMC Standards for Post-registration Nursing or Midwifery				
<input type="checkbox"/> NMC Standards for Specialist Community Public Health Nurses <input type="checkbox"/> NMC Standards for Specialist Practice Qualification* <input checked="" type="checkbox"/> NMC Standards for Prescribing Programmes, please tick <input type="checkbox"/> V100/150* <input checked="" type="checkbox"/> V300* *please ensure one of these boxes is ticked if including SPQ District Nursing				

6. Declaration of Approval

Outcome of Audit: We declare that this PLE has <input checked="" type="checkbox"/> does not have <input type="checkbox"/> the capacity, facilities and resources in place to deliver safe and effective learning opportunities and practical experience for students. An action plan is <u>Select action plan requirement</u>		
██████████	Practice Area Manager/Nominated Person	
██████████	AEI Representative/Link Lecturer/Practice Tutor	
██████████	Practice Education Facilitator (where applicable)	
Action Plan (if required)		
Agreed Action/s: Completion of Orientation Pack	Action due by: 30/11/2021	Review Due by: 30/11/2021
To be completed on Action Plan Review Date		
Reviewed by: ██████████ ██████████ ██████████ Name and position of Reviewer	Reviewed on: 03/02/2022	Outcome: Ongoing Review 31/8/22 Ongoing (see action plan below)

Amendments to Audited PLE

Area audited for 2 registrants to undertake V300. H223 will act as PA. H397 and H242 will act as PS		
Reviewed by: ██████████ ██████████	Amended on: 31/08/2021	Shared with: ██████████ ██████████ ██████████

Amendments to Audited PLE

Area will increase temporarily to 3 students from the 13th September until the 24th October.		
Reviewed by: ██████████ ██████████r	Amended on: 14/09/2021	Shared with: ██████████ ██████████ ██████████

Amendments to Audited PLE

Area will decrease to 1 student from the 30th April. This will be kept under review		
Reviewed by: ██████████ ██████████r	Amended on: 02/02/2022	Shared with: ██████████ ██████████ ██████████ ██████████ ██████████
Action Plan (if required)		
Agreed Action/s: To review audited numbers	Action due by: 31/08/2022	Review Due by: 31/08/2022

To be completed on Action Plan Review Date		
Reviewed by: [Redacted] Name and position of Reviewer Name and position of Reviewer	Reviewed on: 05/07/2022	Outcome: Area closed to students from the 18 th July

Amendments to Audited PLE

Area closed to students from the 18th July 2022		
Reviewed by: [Redacted]	Amended on: 05/07/2022	Shared with: AEI clinical allocations

Amendments to Audited PLE

Reason for closure on the 18th July 2022 due to Manager and Nominated Person leaving Trust		
Reviewed by: [Redacted]	Amended on: 15/08/2022	Shared with: AEI clinical allocations

Action Plan (if required)		
Agreed Action/s: To review opening area to students	Action due by: 30/09/2022	Review Due by: 30/09/2022

To be completed on Action Plan Review Date		
Reviewed by [Redacted]	Reviewed on:	Outcome: Achieved

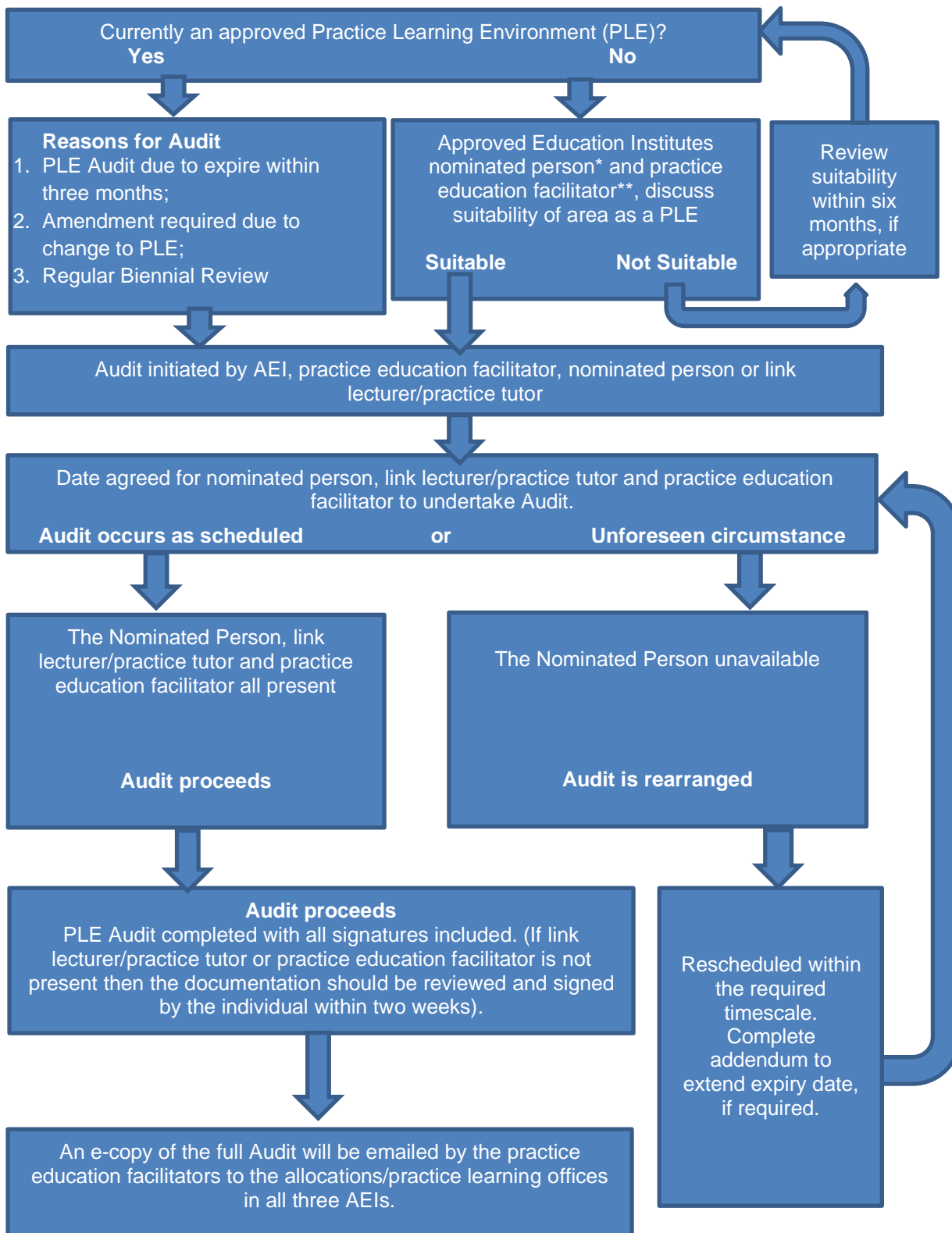
Amendments to Audited PLE

Practice Area Manager and Nominated person changed to [Redacted]. Supervisor and Assessor capacity updated. Area able to facilitate 1 student at present.		
Reviewed by: [Redacted]	Amended on: 15/08/2022	Shared with: AEI clinical allocations

Action Plan (if required)		
Agreed Action/s: Completion of Orientation Pack	Action due by: 02/01/2023	Review Due by: 02/01/2023

To be completed on Action Plan Review Date		
Reviewed by: Name and position of Reviewer	Reviewed on:	Outcome:

Appendix One: Undertaking an Audit – Flow Chart



Nominated person is the ward sister, charge nurse, team leader, registered home manager, or designated person. Practice education facilitator involvement only where applicable/relevant.



Future Nurse Future Midwife Practice Learning Environments

Practice Learning Environment Educational Audit Tool



Practice Learning Environment Educational Audit Tool

1. Introduction

The purpose of this tool is to provide evidence that Practice Learning Environments (PLEs) have the capacity, facilities and resources in place, to deliver safe and effective learning opportunities and practical experience for students, as required to meet the NMC proficiencies for their programme of study. This should be collaboratively reviewed every two years to ensure the environment remains a sound educational setting for such learning to take place. For additional guidance, please read the Practice Learning Environment Education Audit Tool Guidance Document which is available on the NIPEC [FNFM website](#).

2. Description and Contact Details

Name of Provider	Belfast Health and Social Care Trust		
Site/Service	Muckamore Abbey		
Ward/Unit/Team	Moyola Day Care		
Site Address	1 Abbey Road Antrim	Postcode	BT41 4SH
Date of Audit	16/08/2022	Review Date	31/08/2023
Hours of Service	7 day service 9am – 8pm	Client Capacity	45
Practice Area Manager/Registered Home Manager		Nominated Person	
[REDACTED]		[REDACTED]	
[REDACTED]		[REDACTED]	
[REDACTED]		[REDACTED]	
Practice Education Facilitator (where applicable)		Link Lecturer/Practice Tutor	
[REDACTED]		[REDACTED]	
[REDACTED]		[REDACTED]	
[REDACTED]		[REDACTED]	
Allocation Reports should be emailed to:			
[REDACTED]			
[REDACTED]			
<p>a. Description of PLE Moyola offers patients a variety of meaningful activities, as part of their assessment and treatment in hospital. Moyola staff work closely with a range of other partners: Music Therapist, Artist in Residence, Speech and Language Therapist, to meet the patients individual day care needs.</p> <p>Year 1 Nursing Students will gain valuable experience, working closely with patients in a variety of day care activities. Year 2 Students will be involved in the assessment, planning and implementation of the day care programme.</p> <p>Learning opportunities available for all students include, though not restricted to:</p> <p>Personal Care – developing an awareness and appreciation for the patient’s right to dignity, privacy and autonomy.</p> <p>Gaining insight and awareness of a plethora of diagnosed conditions, such as Epilepsy, Bi-polar Disorder, Depression, Autism, Arthritis, Hypo/Hypertension, Hypo-Thyroidism and Anaemia.</p> <p>The opportunity to work with a broad multi-disciplinary team, developing an understanding of the Interdisciplinary roles of such professionals: Psychologist, Psychiatrist, Medical Officer, Podiatrist, Dentist, Behavioural Nurse Therapist, Physiotherapist, Dietician, Social Worker, Speech Therapist, Occupational Therapist and Complementary Therapist</p> <p>The opportunity to develop assessment, care planning/implementation, referral and evaluation</p>			

skills.

Opportunities to be involved in risk assessment and risk management

Involvement in Purposeful Inpatient Admissions (PIPA), case conferences, annual reviews and discharge and resettlement meetings

Supporting patients presenting with behaviours that challenge. Attending psychological formulation meeting to gain an understanding about what drives behaviours

The opportunity to observe the use of Personal Safety Intervention techniques, verbal de-escalation skills through to physical holding skills and developing an awareness of local policy and use of legislation.

Developing an awareness of local policy and use of legislation for example NI Mental Health Order 1986 Mental Capacity Act 2016

Working with patients to promote all aspects of physical and mental health – dietary and nutritional advice, devising exercise plans and interacting with keyworkers.

Awareness of the Regional Adult Safeguarding policy, referral and management of same and Designated Adult Protection Officer.

The opportunity to hone communication skills; verbal, written, electronic, with other professionals and also patients families, whilst also having exposure to and opportunity to develop a range of communication skills used with patients; verbal, non-verbal, body language, facial expressions, cues, gestures, Makaton, signs and symbols.

Knowledge and application of documentation (for example written verbal and electronic) and datix incident recording and record keeping, using NMC guidance

Knowledge and application of moving and handling techniques

Involvement in a number of day care activities with patients, including (but not limited to): cookery, arts and crafts, music, communication skill development and graded community exposure.

Knowledge and application of infection control measures, Environmental cleanliness/safety

Develop an understanding of the need for dignity, respect, privacy consent and confidentiality of patients and their families/carers

Awareness of links to other agencies for example, Patient Council. Tell it like it is (TILI) Arc NI Social Farming Street Soccer and Therapy Dog

Working with families in relation to activity planning and discharge planning

Students will be expected to work one weekend during their placement. This will be negotiated between the student, their practice assessor and practice supervisor.

Annexe B procedures that are LIMITED are:

2.17 providing appropriate safe holding and restraint - observation of restraint only

3.1 observe and assess comfort and pain levels only

3.3 use appropriate positioning and pressure-relieving techniques

7.2 use a range of contemporary moving and handling techniques and mobility aids

8.2 emergency only

8.4 use appropriate nasal and oral suctioning techniques -Emergency only

8.6 manage airway and respiratory processes and equipment – Emergency only

9.3 use effective aseptic, non-touch techniques- simulation

10.5 understand and apply DNACPR (do not attempt cardiopulmonary resuscitation) decisions and verification of expected death

Annexe B procedures that are NOT available are:

2.2 undertake venepuncture and cannulation and blood sampling, interpreting normal and common abnormal blood profiles and venous blood gases

2.3 set up and manage routine electrocardiogram (ECG) investigations and interpret normal and commonly encountered abnormal traces

2.4 manage and monitor blood component transfusions

2.5 manage and interpret cardiac monitors, infusion pumps, blood glucose monitors and other monitoring devices

2.6 accurately measure weight and height, calculate body mass index and recognise healthy ranges and clinically significant low/high readings

2.7 undertake a whole body systems assessment including respiratory, circulatory, neurological, musculoskeletal, cardiovascular and skin status

2.8 undertake chest auscultation and interpret findings

2.9 collect and observe sputum, urine, stool and vomit specimens, undertaking routine analysis and interpreting findings

2.10 measure and interpret blood glucose levels

2.12 undertake, respond to and interpret neurological observations and assessments

3.1 observe and assess comfort and pain levels and rest and sleep patterns

3.2 use appropriate bed-making techniques including those required for people who are unconscious or who have limited mobility

3.6 take appropriate action to reduce fatigue, minimise insomnia and support improved rest and sleep hygiene.

4.5 assess needs for and provide appropriate oral, dental, eye and nail care and decide when an onward referral is needed

4.6 use aseptic techniques when undertaking wound care including dressings, pressure bandaging, suture removal, and vacuum closures

4.7 use aseptic techniques when managing wound and drainage processes

5.2 use contemporary nutritional assessment tools

5.6 insert, manage and remove oral/nasal/gastric tubes

5.7 manage artificial nutrition and hydration using oral, enteral and parenteral routes

5.8 manage the administration of IV fluids

5.9 manage fluid and nutritional infusion pumps and devices

6.2 insert, manage and remove catheters for all genders; and assist with self-catheterisation when required

6.3 manage bladder drainage

6.5 administer enemas and suppositories and undertake rectal examination and manual evacuation when appropriate

6.6 Undertake stoma care identifying and using appropriate products and approaches

8.3 take and interpret peak flow and oximetry measurements

8.5 manage inhalation, humidifier and nebuliser devices

9.5 implement isolation procedures

9.9 safely assess and manage invasive medical devices and lines

10.2 manage and monitor effectiveness of infusion pumps and other devices

10.3 assess and review preferences and care priorities of the dying person and their family and carers

10.4 understand and apply organ and tissue donation protocols, advanced planning decisions, living wills and health and lasting powers of attorney for health

10.6 provide care for the deceased person and the bereaved respecting cultural requirements and protocols

11.1 carry out initial and continued assessments of people receiving care and their ability to self-administer their own medications

11.2 recognise the various procedural routes under which medicines can be prescribed, supplied, dispensed and administered; and the laws, policies, regulations and guidance that underpin them	
11.3 use the principles of safe remote prescribing and directions to administer medicines	
11.4 undertake accurate drug calculations for a range of medications	
11.5 undertake accurate checks, including transcription and titration, of any direction to supply or administer a medicinal product	
11.7 administer injections using intramuscular, subcutaneous, intradermal and intravenous routes and manage injection equipment	
11.8 administer medications using a range of routes and manage injection equipment	
11.9 administer and monitor medications using vascular access devices and enteral equipment	
11.10 recognise and respond to adverse or abnormal reactions to medications	
b. This environment actively protects students as supernumerary.	Yes
c. A current student orientation pack is available.	Yes
d. Optimum number of pre-registration students this PLE can facilitate, including Return to Practice Students. Area only suitable for part 1 and part 2 students who are not on a summative placement due to the availability of nursing procedures under Annexe B.	1
e. Please confirm if environment is Hub (i.e. where practice assessors are available for assessment) or Spoke (i.e. where there are only practice supervisors available)	Hub

3. Supervision and Assessment Capacity

Number of:	Part-Time	Full-Time	Total WTE
a. Practice Supervisors	Number	1.0	1.0
b. Practice Assessors – Pre-registration programmes			
a. Adult <input type="checkbox"/>	Number	Number	Number
b. Mental Health <input type="checkbox"/>	Number	Number	Number
c. Learning Disability <input checked="" type="checkbox"/>	Number	0.6	0.6
d. Children's <input type="checkbox"/>	Number	Number	Number
e. Midwifery <input type="checkbox"/>	Number	Number	Number
c. Practice Assessors – SPQ			
a. Adult <input type="checkbox"/>	Number	Number	Number
b. Mental Health <input type="checkbox"/>	Number	Number	Number
c. Learning Disability <input type="checkbox"/>	Number	Number	Number
d. Children's <input type="checkbox"/>	Number	Number	Number
d. Practice Assessors – SCPHN			
a. Health Visitor <input type="checkbox"/>	Number	Number	Number
b. Occupational Health Nurse <input type="checkbox"/>	Number	Number	Number
c. School Nurse <input type="checkbox"/>	Number	Number	Number
e. Practice Assessor – Other (please specify): Click or tap here to enter text.	Number	Number	Number
In exceptional circumstances the same person may fulfil the role of the Practice Supervisor and Practice Assessor for example, in NMP, SPQ or SCPHN. State rationale here if this applies: Provide Rationale			

4. Quality Assurance of PLE

a. Have students' evaluation of PLE been reviewed, and action taken where required? Sept 19 PL6 28/06/2021-29/08/2021 The staff were excellent at involving me in any training or elearning, they also arranged for me to meet the MDT, be involved in MDT meetings, connect with the staff on various wards, join resettlement meetings	Yes
b. In relation to the above are there any issues that could impact on the student learning experience? If Yes, please elaborate and detail in action plan to address issues: Provide comments	No

c.	Are there any significant complaints or incidents that could impact on students' learning experience? If Yes, please elaborate and detail in action plan to address issues: Provide comments	No
d.	Are all relevant risk assessments undertaken and current in the PLE and corroborated at time of audit?	Yes
e.	Are there any quality initiatives on-going in the PLE - verify and detail below: Hand hygiene audits Introduction of musician Family and carer involvement Implementation of the immersive room	Yes

5. NMC programme Standards

Identify the range of experiences available to students within the PLE, selecting as many boxes as apply. **This PLE can support students' learning to meet:**

<input type="checkbox"/> NMC Standards for Pre-registration Nursing				<input type="checkbox"/> NMC Standards for Pre-registration Midwifery
<input type="checkbox"/> Adult	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Children's	<input checked="" type="checkbox"/> Learning Disabilities	
<input type="checkbox"/> Older Adults <input type="checkbox"/> Health Visiting <input type="checkbox"/> District/Community Nursing <input type="checkbox"/> Surgical <input type="checkbox"/> Care of the acutely ill – hospital/community <input checked="" type="checkbox"/> LD Experience <input type="checkbox"/> MH Experience	<input type="checkbox"/> Older adults with mental ill-health <input type="checkbox"/> Children and Young People <input type="checkbox"/> Acute adult experience - Hospital/Acute Care Home <input checked="" type="checkbox"/> LD Experience	<input type="checkbox"/> Acute (medical or/& surgical) <input type="checkbox"/> Community Children's with Hub & Spoke: mental health <input type="checkbox"/> Specialist area placement and/or Experience <input type="checkbox"/> Health visiting Experience <input checked="" type="checkbox"/> LD Experience	<input checked="" type="checkbox"/> Community Children and/or Adult <input type="checkbox"/> 24 hour supported care <input type="checkbox"/> Children's CYP Acute or Community <input type="checkbox"/> Acute adult experience - Hospital/Acute Care Home Experience <input type="checkbox"/> MH Experience	<input type="checkbox"/> Antenatal <input type="checkbox"/> Intra-natal <input type="checkbox"/> Postnatal <input type="checkbox"/> Community <input type="checkbox"/> Neonatal <input type="checkbox"/> Adult Medical/Surgical Experience 4 weeks direct entry students only
<input type="checkbox"/> NMC Standards for Post-registration Nursing or Midwifery				
<input type="checkbox"/> NMC Standards for Specialist Community Public Health Nurses <input type="checkbox"/> NMC Standards for Specialist Practice Qualification* <input type="checkbox"/> NMC Standards for Prescribing Programmes, please tick <input type="checkbox"/> V100/150* <input type="checkbox"/> V300* *please ensure one of these boxes is ticked if including SPQ District Nursing				

6. Declaration of Approval

Outcome of Audit: We declare that this PLE **has** **does not have** the capacity, facilities and resources in place to deliver safe and effective learning opportunities and practical experience for students. An action plan is **Select action plan requirement**

██████████	Practice Area Manager/Nominated Person
██████████	AEI Representative/Link Lecturer/Practice Tutor
██████████	Practice Education Facilitator (where applicable)

Action Plan (if required)

Agreed Action/s:	Action due by: Enter date.	Review Due by: Enter date.
------------------	----------------------------	----------------------------

To be completed on Action Plan Review Date

Reviewed by: Name and position of Reviewer Name and position of Reviewer	Reviewed on: Enter date.	Outcome: Select outcome.
--	--------------------------	-----------------------------

Name and position of Reviewer		
-------------------------------	--	--

Amendments to Audited PLE

Briefly note/date any amendments to the PLE since the last review, if applicable		
Reviewed by:Name and position of Reviewer	Amended on: Enter date.	Shared with: Name and role

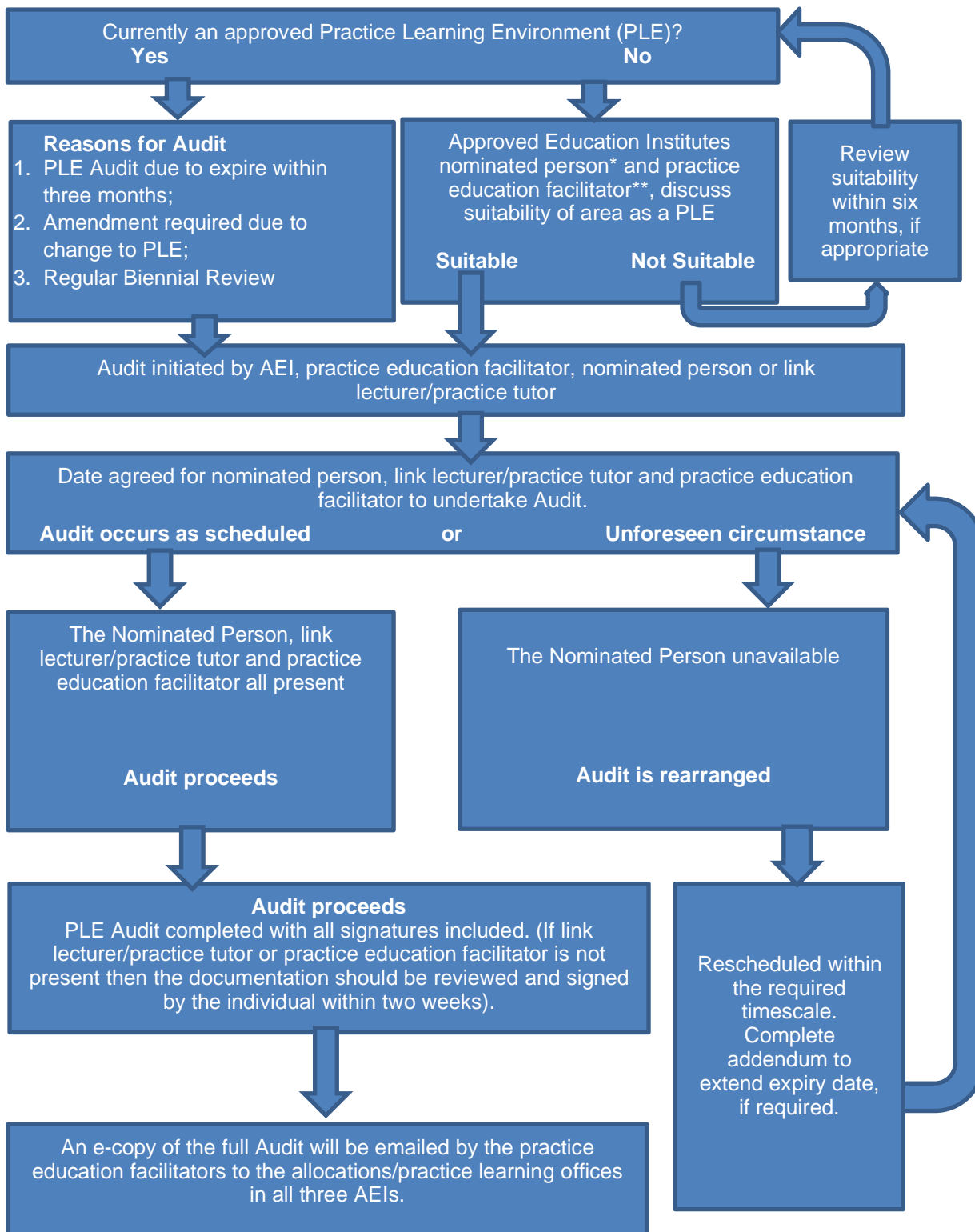
Amendments to Audited PLE

Briefly note/date any amendments to the PLE since the last review, if applicable		
Reviewed by:Name and position of Reviewer	Amended on: Enter date.	Shared with: Name and role

Amendments to Audited PLE

Briefly note/date any amendments to the PLE since the last review, if applicable		
Reviewed by:Name and position of Reviewer	Amended on: Enter date.	Shared with: Name and role

Appendix One: Undertaking an Audit – Flow Chart



Nominated person is the ward sister, charge nurse, team leader, registered home manager, or designated person. Practice education facilitator involvement only where applicable/relevant.



Future Nurse Future Midwife Practice Learning Environments

Practice Learning Environment Educational Audit Tool



Practice Learning Environment Educational Audit Tool

1. Introduction

The purpose of this tool is to provide evidence that Practice Learning Environments (PLEs) have the capacity, facilities and resources in place, to deliver safe and effective learning opportunities and practical experience for students, as required to meet the NMC proficiencies for their programme of study. This should be collaboratively reviewed every two years to ensure the environment remains a sound educational setting for such learning to take place. For additional guidance, please read the Practice Learning Environment Education Audit Tool Guidance Document which is available on the NIPEC [FNFM website](#).

2. Description and Contact Details

Name of Provider	Belfast Health and Social Care Trust		
Site/Service	Muckamore Abbey Hospital		
Ward/Unit/Team	Sixmile		
Site Address	1 Abbey Road	Postcode	BT41 4SH
Date of Audit	13/06/2022	Review Date	30/06/2024
Hours of Service	24 hour 7 days a week	Client Capacity	13
Practice Area Manager/Registered Home Manager		Nominated Person	
[REDACTED]		[REDACTED]	
[REDACTED]		[REDACTED]	
[REDACTED]		[REDACTED]	
Practice Education Facilitator (where applicable)		Link Lecturer/Practice Tutor	
[REDACTED]		[REDACTED]	
[REDACTED]		[REDACTED]	
[REDACTED]		[REDACTED]	
Allocation Reports should be emailed to:			
[REDACTED]			
[REDACTED]			
[REDACTED]			
[REDACTED]			
<p>a. Description of PLE This is a low secure forensic regional learning disability unit with 8 beds in the Treatment unit and 5 in the Assessment unit (can increase to 19 beds dependent on service need). Provides a service for adult male patients, all of whom have a learning disability and most of whom have a forensic history. Some patients may also have co-existing mental health disorders. On admission patients usually present with complex psychiatric illness and/or persistently behaviours that challenge which have posed a clinical risk of harm to themselves or others. The unit offers a robust environment where potential violence and behaviours that challenge are safely managed with the patients. Patients within the unit are admitted for a period of assessment and treatment under the provisions of the Mental Health (NI) Order 1986 and would also fall under the remit of the Criminal Justice System or Department of Justice e.g. hospital orders, Sexual Offender Prevention Orders (SOPOS).</p> <p>Due to nature of the needs of patients in the assessment side the students will only work on the treatment side of the unit. This area provides care to 6 patients.</p> <p>All students will wear an oversized HSC polo shirt whilst on placement. 2 oversized polo shirts will be provided by Sixmile on the students first day and must be returned to Sixmile when the student finishes placement</p>			

Students will rotate onto night shift and will also have the opportunity to work with the Out of Hours Coordinators

Learning opportunities available for all students include, though not restricted to:

Personal Care – encouraging patients to attend to their own personal care needs, whilst developing an awareness and appreciation for the patient's right to choice, dignity, privacy and autonomy.

Gaining insight and awareness of a plethora of diagnosed physical and mental health conditions and syndromes, such as Epilepsy, Bi-polar Disorder, Depression, Autism, Arthritis, Hypo/Hypertension, Hypothyroidism and Anaemia etc.

The opportunity to work with a broad multi-disciplinary and wider Interdisciplinary roles/teams: Psychologist, Psychiatrist, Medical Officer, Podiatrist, Dentist, Behavioural Nurse Therapist, Dietician, Social Worker, Speech Therapist, DOJ and Occupational Therapist.

The opportunity to develop assessment, care planning/implementation, referral and evaluation skills including risk Assessment and risk Management

Involvement in Purposeful Inpatient Admissions (PIPA), case conferences, resettlement meetings, formulation meetings and therapeutic meetings

Supporting patients who present with behaviours that challenge through the use of positive behaviour support

Developing an awareness of local and regional policies and adhering to relevant legislation for example Personal Safety Interventions, Vulnerable Adults policy, referral and management of same.

Working with patients and families to promote all aspects of physical and mental health – dietary advice, devising exercise plans and interacting with keyworkers.

The opportunity to hone communication skills; verbal, written, electronic, with other professionals and also patient's families, whilst also having exposure to and opportunity to develop a range of communication skills used with patients; verbal, non-verbal, body language, facial expressions, cues, gestures, Makaton, signs and symbols.

Knowledge and skills in record keeping – written and electronic (PARIS Datix incident reporting), using NMC guidance

Application of safe moving and handling techniques

Involvement in activities with patients, including (but not limited to): cookery, arts and crafts, music, communication skill development and graded community exposure.

Opportunity to work with patients and families, multidisciplinary team and external agencies in relation to discharging planning and resettlement processes

Awareness of allocation of resources including safe staffing models

Awareness and application of infection control policies and environmental cleanliness/safety

Develop an understanding of the need for consent, choice, dignity, respect, privacy and

confidentiality of patients and their families/carers

Awareness of links to other agencies for example Department of Justice

Supporting patients with their Nutritional and dietary needs

Awareness and application of medication management and Trust Medicine Code – liaising with hospital Pharmacist and exposure to a broad range of prescription medications, ordering Pharmacy stock/non-stock items. Working within the scope of practice as a student nurse

Awareness of and experience with the Mental Health Order NI (1986), Mental Capacity Act (2016)

Awareness and application of Low Secure Unit Security policy, to include knowledge of Search, restricted items, deprivation of liberty.

Annexe B procedures that are NOT available:

- 2.2 undertake cannulation and venous blood gases
- 2.4 manage and monitor blood component transfusions
- 2.5 manage and interpret cardiac monitors, infusion pumps and other monitoring devices
- 3.2 use appropriate bed-making techniques including those required for people who are unconscious or who have limited mobility
- 4.7 use aseptic techniques when managing wound and drainage processes
- 5.6 insert, manage and remove oral/nasal/gastric tubes
- 5.7 manage artificial nutrition and hydration using enteral and parenteral routes
- 5.8 manage the administration of IV fluids
- 5.9 manage fluid and nutritional infusion pumps and devices
- 6.2 insert, manage and remove catheters for all genders; and assist with self-catheterisation when required
- 6.3 manage bladder drainage
- 6.5 administer enemas and suppositories and undertake rectal examination and manual evacuation when appropriate
- 6.6 Undertake stoma care identifying and using appropriate products and approaches
- 9.9 safely assess and manage invasive medical devices and lines
- 10.4 understand and apply organ and tissue donation protocols
- 11.1 carry out initial and continued assessments of people receiving care and their ability to self-administer their own medications
- 11.7 administer injections intravenous routes
- 11.8 administer medications using a range of routes – no intravenous route
- 11.9 administer and monitor medications using vascular access devices and enteral equipment

Annexe B procedures that are LIMITED:

- 2.8 undertake chest auscultation and interpret findings - only with Dr and physio
- 2.17 providing appropriate safe holding and restraint - Observation of holding and restraint only
- 4.6 use aseptic techniques when undertaking wound care including dressings, pressure bandaging, suture removal, and vacuum closures
- 8.5 manage inhalation, humidifier and nebuliser devices

b. This environment actively protects students as supernumerary.	Yes
c. A current student orientation pack is available.	Yes

d. Optimum number of pre-registration students this PLE can facilitate, including Return to Practice Students. Due to the nature of the patients presenting with extreme sexual and violent behaviours the preference would be for 2nd year students onwards	2
e. Please confirm if environment is Hub (i.e. where practice assessors are available for assessment) or Spoke (i.e. where there are only practice supervisors available)	Hub

3. Supervision and Assessment Capacity

Number of:	Part-Time	Full-Time	Total WTE
a. Practice Supervisors	Number	Number	Number
b. Practice Assessors – Pre-registration programmes a. Adult <input type="checkbox"/> b. Mental Health <input type="checkbox"/> c. Learning Disability <input checked="" type="checkbox"/> d. Children’s <input type="checkbox"/> e. Midwifery <input type="checkbox"/>	Number Number Number Number Number	Number Number 3.0 Number Number	Number Number 3.0 Number Number
c. Practice Assessors – SPQ a. Adult <input type="checkbox"/> b. Mental Health <input type="checkbox"/> c. Learning Disability <input type="checkbox"/> d. Children’s <input type="checkbox"/>	Number Number Number Number	Number Number Number Number	Number Number Number Number
d. Practice Assessors – SCPHN a. Health Visitor <input type="checkbox"/> b. Occupational Health Nurse <input type="checkbox"/> c. School Nurse <input type="checkbox"/>	Number Number Number	Number Number Number	Number Number Number
e. Practice Assessor – Other (please specify): Click or tap here to enter text.	Number	Number	Number
In exceptional circumstances the same person may fulfil the role of the Practice Supervisor and Practice Assessor for example, in NMP, SPQ or SCPHN. State rationale here if this applies: Provide Rationale			

4. Quality Assurance of PLE

a. Have students’ evaluation of PLE been reviewed, and action taken where required? Sept 19 PL7 13/9/21 – 24/10/21 I found this placement very difficult due to the nature of the environment and the staff made the experience do-able with their approaches skills and knowledge. They made me feel welcome from the first day and supported my learning in everyway	Yes
b. In relation to the above are there any issues that could impact on the student learning experience? If Yes, please elaborate and detail in action plan to address issues: Provide comments	No
c. Are there any significant complaints or incidents that could impact on students’ learning experience? If Yes, please elaborate and detail in action plan to address issues: Provide comments	No
d. Are all relevant risk assessments undertaken and current in the PLE and corroborated at time of audit?	Yes
e. Are there any quality initiatives on-going in the PLE - verify and detail below: Medication ordering and delivery system update Patient Experience Audits Hand Hygiene Audits	Yes

Mattress Audits Documentation Audits	
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5. NMC programme Standards

Identify the range of experiences available to students within the PLE, selecting as many boxes as apply. **This PLE can support students' learning to meet:**

<input checked="" type="checkbox"/> NMC Standards for Pre-registration Nursing				<input type="checkbox"/> NMC Standards for Pre-registration Midwifery
<input type="checkbox"/> Adult	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Children's	<input checked="" type="checkbox"/> Learning Disabilities	
<input type="checkbox"/> Older Adults <input type="checkbox"/> Health Visiting <input type="checkbox"/> District/Community Nursing <input type="checkbox"/> Surgical <input type="checkbox"/> Care of the acutely ill – hospital/community <input type="checkbox"/> LD Experience <input type="checkbox"/> MH Experience	<input type="checkbox"/> Older adults with mental ill-health <input type="checkbox"/> Children and Young People <input type="checkbox"/> Acute adult experience - Hospital/Acute Care Home <input type="checkbox"/> LD Experience	<input type="checkbox"/> Acute (medical or/& surgical) <input type="checkbox"/> Community Children's with Hub & Spoke: mental health <input type="checkbox"/> Specialist area placement and/or Experience <input type="checkbox"/> Health visiting Experience <input type="checkbox"/> LD Experience	<input type="checkbox"/> Community Children and/or Adult <input type="checkbox"/> 24 hour supported care <input type="checkbox"/> Children's CYP Acute or Community <input checked="" type="checkbox"/> Acute adult experience - Hospital/Acute Care Home Experience <input type="checkbox"/> MH Experience	<input type="checkbox"/> Antenatal <input type="checkbox"/> Intra-natal <input type="checkbox"/> Postnatal <input type="checkbox"/> Community <input type="checkbox"/> Neonatal <input type="checkbox"/> Adult Medical/Surgical Experience 4 weeks direct entry students only
<input type="checkbox"/> NMC Standards for Post-registration Nursing or Midwifery				
<input type="checkbox"/> NMC Standards for Specialist Community Public Health Nurses <input type="checkbox"/> NMC Standards for Specialist Practice Qualification* <input type="checkbox"/> NMC Standards for Prescribing Programmes, please tick <input type="checkbox"/> V100/150* <input type="checkbox"/> V300* *please ensure one of these boxes is ticked if including SPQ District Nursing				

6. Declaration of Approval

Outcome of Audit: We declare that this PLE **has** **does not have** the capacity, facilities and resources in place to deliver safe and effective learning opportunities and practical experience for students. An action plan is Select action plan requirement

████████████████████	Practice Area Manager/Nominated Person
██████████	AEI Representative/Link Lecturer/Practice Tutor
██████████	Practice Education Facilitator (where applicable)

Action Plan (if required)

Agreed Action/s: ASM to complete PA/PS Training	Action due by: 30/09/2022	Review Due by: 30/09/2022
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To be completed on Action Plan Review Date

Reviewed by: Name and position of Reviewer Name and position of Reviewer Name and position of Reviewer	Reviewed on: Enter date.	Outcome: Select outcome.
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Amendments to Audited PLE

Statement that "Due to the nature of the behaviours sometimes presented by patients in the Assessment unit, students may not be allocated to work in this area. This is dependent on the risk presented at that time and it is continually reviewed" removed and changed to "Due to nature of the needs of patients in the assessment side the students will only work on the

treatment side of the unit. This area provides care to 6 patients'.

Amendment to description to include " All students will wear an oversized HSC polo shirt whilst on placement. 2 oversized polo shirts will be provided by Sixmile on the students first day and must be returned to Sixmile when the student finishes placement"

Reviewed by: [REDACTED] [REDACTED]	Amended on: 23/08/2022	Shared with: [REDACTED] [REDACTED] [REDACTED] [REDACTED]
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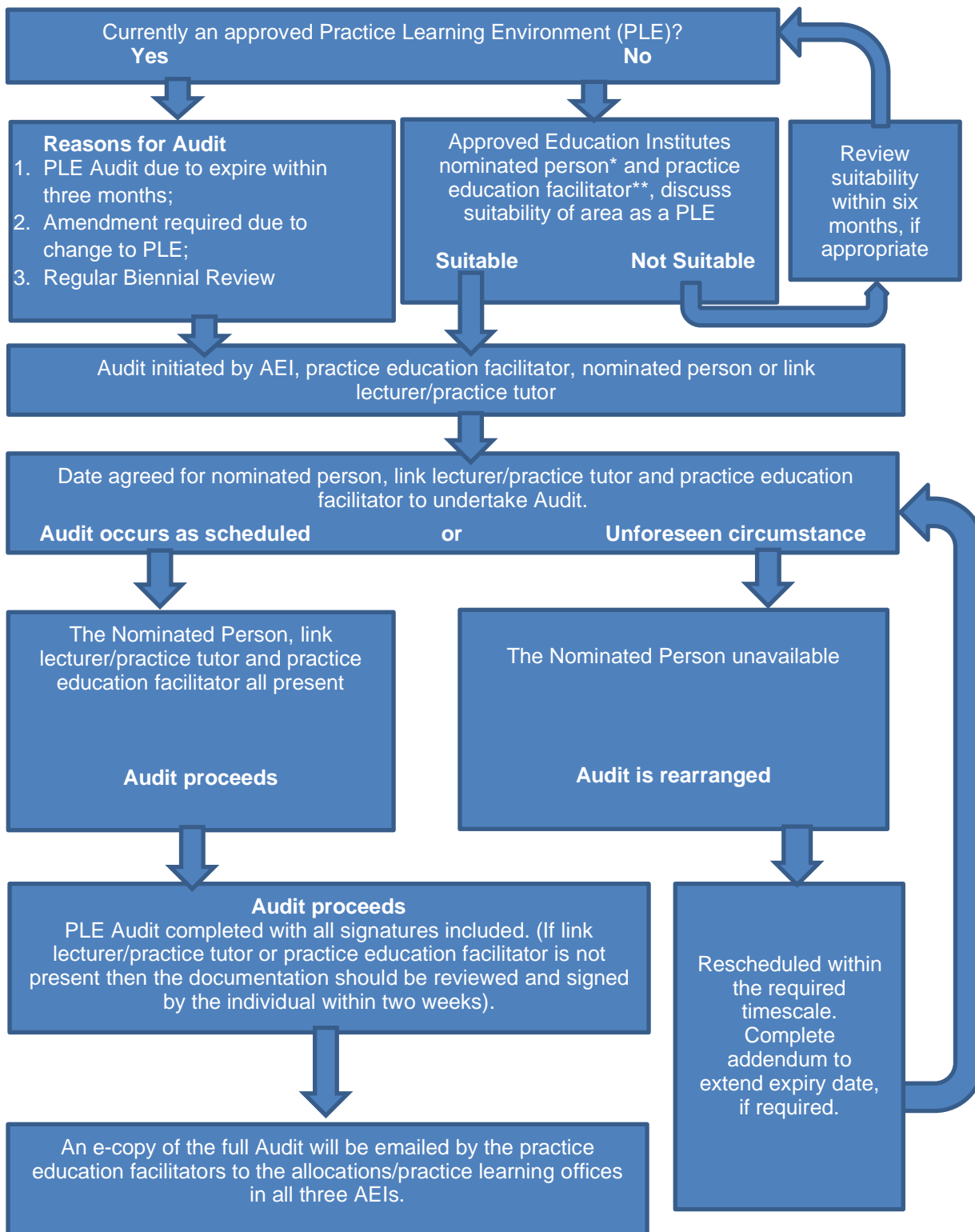
Amendments to Audited PLE

Briefly note/date any amendments to the PLE since the last review, if applicable		
Reviewed by: Name and position of Reviewer	Amended on: Enter date.	Shared with: Name and role

Amendments to Audited PLE

Briefly note/date any amendments to the PLE since the last review, if applicable		
Reviewed by: Name and position of Reviewer	Amended on: Enter date.	Shared with: Name and role

Appendix One: Undertaking an Audit – Flow Chart



*Nominated person is the ward sister, charge nurse, team leader, registered home manager, or designated person.
Practice education facilitator involvement only where applicable/relevant.*



FUTURE NURSE CURRICULUM PRACTICE PATHWAYS – PRINCIPLES AND GUIDANCE

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Overarching requirements

Students¹ must have practice learning opportunities that allow them to meet the *Standards of proficiency for registered nurses* to deliver safe and effective care to a diverse range of people, across the four fields of nursing practice (NMC 2018 3.1).

Students must also have opportunities to meet the communication and relationship management skills and nursing procedures set out in these *Standards of proficiency* (NMC 2018 3.3).

Students must experience a variety of practice expected of registered nurses to meet the holistic needs of people of all ages (NMC 2018 3.2).

Students must be supernumerary whilst gaining these practice learning experiences (NMC 2018 3.7).

Students must experience working across the 7-day week and 24-hour day (NMC 2018 3.6).

Students studying the adult field of practice must have the experiences set out in the European Union Directive 2005/36/EC (NMC 2018 4.11).

¹ The term 'Student' includes nursing apprentices.

References to the NMC 2018 are to [Standards for pre-registration nursing programmes](#)

Principles underpinning practice-based learning

1. Practice placements

- 1.1 Practice placement patterns are adhered to across the programme other than in exceptional circumstances.
- 1.2 All students complete three placements per Part of the programme.
- 1.3 Practice placement 3 in each Part will normally be in the student's designated core practice base ².

2. Practice hours

- 2.1 Practice weeks may start on Saturday, Sunday or Monday according to local arrangements.
- 2.2 Students should normally work the shift patterns of each placement area in order to gain the full range of experiences across the working day. Any locally agreed arrangements must be communicated to students and practice tutors. Consideration of reasonable adjustments must be supported.
- 2.3 770 hours of practice must be completed per Part of the programme.
- 2.4 Students must complete three-night shifts per Part of the programme to gain insight into 24/7 provision; and where the area/team provides weekend services complete a shift on either a Saturday or Sunday during each placement.

3. Practice experience

- 3.1 Practice learning should articulate with the requirements of the student's Practice Assessment Document, the module materials, and practice module assignment cut-off dates.
- 3.2 Practice experiences should be planned so that across the duration of the programme students have had learning opportunities with: children, adults, and older people; in-patient and community services; the four fields of nursing practice. In addition, adult nursing students must experience the requirements set out in the Directive 2005/36/EC (see page 6).

² Typically, the student's core practice base is located on the ward or unit or with the team with whom they usually work as a health care support worker. However, consideration should be given to the following factors in terms of identifying whether this will provide a suitable learning environment:

- Will the practice learning available provide sufficient breadth, depth and stretch across the duration of the programme? If not, consider whether a different core practice base may be required at the end of either Stage 1 or Stage 2 and plan for this from the programme's outset.
- Are the practice supervisors and assessors available within the team able to be sufficiently objective in their decision-making? In small teams where there may only be one or two practice supervisors or assessors, and these registered health or social care professionals have a well-established long-term relationship with the student as a healthcare support worker, this can be problematic. Locating the student with a different team from the programme's outset should be considered.
- Does the student's normal place of work provide long-term care for patients/service users who may find it confusing to be cared for by the same individual in different roles at different times (i.e., sometimes health care support worker and sometimes nursing student)? If so, consider whether a different core practice base is required.

Adult Nursing

Part 1

Placement 1	<p>Focus on an introduction to health and care settings, being a learner in clinical practice and the principles of nursing care.</p> <p>Placements could include Nursing Homes, General Inpatient Settings.</p> <p>Spoke placements will be student-led and relate to clinical areas listed above to ensure an understanding of the general principles of nursing care, e.g., infection control team, tissue viability team, work of allied health professions, and discharge team.</p>
Placement 2	<p>Focus on promoting health and well-being and developing practice-based skills.</p> <p>Placements could include Nursing Homes or General Inpatient Settings.</p> <p>Spoke placements will be student-led and relate to clinical areas listed above to ensure an understanding of the general principles of nursing care, e.g., infection control team, tissue viability team, work of allied health professions, and discharge team.</p>
Placement 3	<p>Developing and enhancing practice skills and preparation for level 2.</p> <p>Placements will be diverse and be the student's core practice-based environment.</p> <p>Spoke placements will be student-led and relate to clinical areas listed above to ensure an understanding of the general principles of nursing care, e.g., infection control team, tissue viability team, work of allied health professions, and discharge team.</p>

Part 2

Placement 1	<p>Focus on introduction to level 2 practice-based working and assessing care in long-term conditions.</p> <p>Placements may include Surgical Wards, Medical Wards, and Community Settings.</p> <p>Spoke placements will be student-led and relate to the development of understanding of different support services and specialist services for those</p>
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	with long-term conditions, e.g., diabetes team, COPD team, stoma care, heart disease service
Placement 2	<p>Focus on assessing and planning care across the lifespan.</p> <p>Placements could include Surgical Wards, Medical Wards, and Community Settings.</p> <p>Spoke placements will be student-led and relate to specialist services supporting long-term conditions, multi-disciplinary team services, maternity, mental health and learning disability.</p>
Placement 3	<p>Focus on assessing and planning care for long-term conditions and multi-disciplinary team working</p> <p>Placements will be diverse and be the student's core practice-based environment.</p> <p>Spoke placements will be student-led and relate to specialist services supporting long-term conditions, multi-disciplinary team services, maternity, mental health and learning disability.</p>

Part 3

Placement 1	<p>Focus on an introduction to level 3 practice-based working and managing complex care.</p> <p>Placements could include Urgent care services, Emergency care services, High Dependency Units, Coronary Care Units, Acute Admissions, and Acute Medical or Surgical Wards.</p> <p>Spoke placements will be student-led and should relate to services that support the care and management of patients with complex care needs, e.g., critical care or high dependency outreach teams, acute stroke team.</p>
Placement 2	<p>Focus on managing complex care situations in inpatient settings</p> <p>Placements could include Urgent care services, Emergency care services, High Dependency Units, Coronary Care Units, Acute Admissions, and Acute Medical or Surgical Wards.</p> <p>Spoke placements will be student-led and should relate to services that support the care and management of patients with complex care needs, e.g., critical care or high dependency outreach teams, acute stroke team.</p>

Placement 3	<p>Focus on managing complex care in the clinical area and associated with the wider interdisciplinary disciplinary team</p> <p>Placements will be diverse and be the student's core practice-based environment.</p> <p>Spoke placements will be student-led and should relate to services that support the care and management of patients with complex care needs.</p>
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European Union Directive 2005/36/EC: experiences required

- general and specialist medicine
- general and specialist surgery
- childcare and paediatrics
- maternity care
- mental health and psychiatry
- care of the old and geriatrics
- home nursing

Children and Young People’s Nursing

Part 1

<p>Placement 1</p>	<p>Focus on understanding the well child/young person and their development, building therapeutic relationships with children/young people and their families and developing confidence in communicating with children of all ages in the context of normal childhood activities. Gain an understanding of family-centred care and multi-agency/inter-professional working.</p> <p>Placements could include Nursery and Early Years settings; Special schools and other educational settings; Children’s Centres; placements with health visitors and school nurses, young people’s sexual health clinics, childminders and professional nannies (if Ofsted approved).</p> <p>Additional suggestions.</p> <ul style="list-style-type: none"> • CYP outpatient departments • Community midwives – with spokes to breastfeeding advisors or specialist perinatal midwives if available. • Third sector organisations – such as Barnardo’s, Child protection teams as spoke placements • Community mental health services – that see CYP or families with substance misuse • Play specialist – perhaps as a spoke placement • Out-of-hours care – particularly where they see CYP • Family Nurse Partnerships – Scotland • Family centres • Child development centres • Schools with additional support for learning units- i.e., ‘Autism resource’ Scotland <p>Spoke placements will be student-led and relate to the clinical areas listed above to ensure an understanding of the communication needs and developmental stages of children of all ages.</p>
<p>Placement 2</p>	<p>Focus on understanding the well child/young person and their development, building therapeutic relationships with children/young people and their families and developing confidence in communicating with children of all ages in the context of accessing hospital-based health care services.</p> <p>Gain an appreciation of the impact on CYP who require hospital-based care—preparing CYP for hospital-based care. Gain an understanding of how to assess and manage CYP in hospital-based care.</p> <p>Placements could include: All general children’s wards; outpatient clinics; day surgery units, ambulatory care units, clinical assessment units, and clinical investigation units.</p>

	<p>Spoke placements will be student-led and relate to clinical areas listed above to understand the impact on the well child of all ages of accessing hospital-based health care services.</p>
<p>Placement 3</p>	<p>Focus on consolidating their understanding of the well child/young person and their development, building therapeutic relationships with children/young people and their families, and developing confidence in communicating with children of all ages in their designated core practice base.</p> <p>Spoke placements will be student-led and could be undertaken within the hospital or the community settings to ensure an in-depth understanding of the well child/young person and the impact on them of accessing health services.</p>

Part 2

<p>Placement 1</p>	<p>Focus on the care of children and young people who are acutely unwell in the hospital and the community.</p> <p>Gain an understanding the principles of assessing and managing sick CYP and common reasons for acute illness and supporting families who have sick children in hospital. Multi-professional working. Achieving professional values</p> <p>Placements could include Children’s Medical Wards; Children’s Surgical Wards; Theatres; General Children’s Wards; Adolescent Units; Urgent care services, Emergency care services; Paediatric Decision Units; Clinical Nurse Specialists; Community Children’s Nursing Services.</p> <p>Spoke placements will be student-led and relate to clinical areas listed above to ensure learning reflects the whole of the patient journey- i.e., play specialists, anaesthetic rooms, X-ray, theatres, recovery areas, outpatients, specialist nurses, dietitians, physiotherapists, occupational therapists, social workers, teachers (particularly if hospital-based school facilities).</p>
<p>Placement 2</p>	<p>Focus on the care of children and young people with long-term conditions in the hospital and the community.</p> <p>Placements could include General Children’s Wards, Children’s Respite Centres, Specialist Children’s Wards, Adolescent Units, Clinical Nurse Specialists, Community Children’s Nursing Services, Children/young people receiving long-term ventilation at home, and Children’s Hospices.</p> <p>Spoke placements will be student-led and relate to the clinical areas listed above to ensure learning reflects the whole patient journey.</p>

Placement 3	<p>Focus on the care of children and young people who are acutely unwell or have a long-term condition in the student core practice base.</p> <p>Spoke placements will be student-led and relate to the clinical areas listed above to ensure learning reflects the whole patient journey.</p>
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Part 3

Placement 1	<p>Focus on the care of children/young people with complex needs requiring high dependency or specialist care in-hospital or in the community. To consider supporting families with complex care needs and assessing and managing the deteriorating CYP and their families and supporting CYP with complex care needs who require palliative or bereavement care and support.</p> <p>Placements could include Neonatal Intensive Care Units (NICUs); Paediatric Intensive Care Units (PICUs); High Dependency Units (HDUs); Urgent care services, Emergency care services; Children/young people on long-term ventilation at home; Children’s Hospices and Children’s Bereavement Services; Specialist Community Children’s Nursing Teams.</p> <p>It could also include Urgent care services, Emergency care services, theatres, CAMHS, specialist Nurse services, specialist units – thermal injuries, spinal units if available, residential areas for children with complex care needs, CCNs/ Specialist nurses who support complex care at home, Charities- CHAS (Scotland), Marie Curie, Mac Millan Nurses, Hospice Nurses.</p> <p>Spoke placements will be student-led and relate to clinical areas listed above, as well as other relevant services and health care professionals, to ensure learning reflects the whole of the patient journey.</p>
Placement 2	<p>Focus on the care of children/young people with complex needs requiring high dependency or specialist care in-hospital or in the community.</p> <p>Placements could include Neonatal Intensive Care Units (NICUs); Paediatric Intensive Care Units (PICUs); High Dependency Units (HDUs); Urgent care services, Emergency care services; Children/young people on long-term ventilation at home; Children’s Hospices and Children’s Bereavement Services; Specialist Community Children’s Nursing Teams.</p> <p>It could also include Urgent care services, Emergency care services, theatres, CAMHS, specialist Nurse services, specialist units – thermal injuries, spinal units if available, residential areas for children with complex care needs, CCNs/ Specialist nurses who support complex care at home, Charities- CHAS (Scotland), Marie Curie, Macmillan Nurses, Hospice Nurses.</p>

	<p>Spoke placements will be student-led and relate to clinical areas listed above as well as other relevant services and health care professionals to ensure learning reflects the whole patient journey.</p>
<p>Placement 3</p>	<p>Focus on consolidating their understanding of the care of children/young people with high dependency or complex needs requiring specialist care in-hospital or in the community according to the student core practice base.</p> <p>Spoke placements will be student-led and relate to clinical areas listed above as well as other relevant services and health care professionals to ensure learning reflects the whole patient journey.</p>

Learning Disability Nursing

Part 1

Placement 1	<p>Focus on understanding the well person and their development, building a therapeutic relationship with people with a learning disability and their carers and developing confidence in practising various communication approaches.</p> <p>Placements could include: Nursery and Early Years settings that have children with SEND; Special schools and other special educational settings such as specialist residential schools; Children's Centres; placements with school nurses, specialist health visitors and community children's nurses; Short break services; Learning Disability Community Teams; Day Services, Respite Services and other private and voluntary organisations where the focus is on supporting people who have a learning disability; specialist autism services.</p> <p>Spoke placements will be student-led and relate to clinical areas listed above and other relevant services and health care professionals to ensure learning reflects the whole patient journey.</p>
Placement 2	<p>Focus on getting to know the person who has a learning disability in an 'ordinary living' environment. The emphasis is on observing 'daily life', building a therapeutic relationship and developing confidence in practising a range of communication approaches.</p> <p>Placements could include Special schools, including specialist residential schools; higher education colleges with provisions for young people with a learning disability; community-based residential or care services supporting people with a learning disability, for example, organisations that provide supported living; Community Learning Disability Teams.</p> <p>Spoke placements will be student-led and relate to clinical areas listed above and other relevant services and health care professionals to ensure learning reflects the whole patient journey.</p>
Placement 3	<p>Focus on the well person. The emphasis is on observing 'daily life', building a therapeutic relationship and developing confidence in practising a range of communications approaches and nursing procedures.</p> <p>Placements will be diverse and in the student's core practice base.</p> <p>Spoke placements will be student-led and relate to clinical areas listed above as well as other relevant services and health care professionals to ensure learning reflects the whole patient journey.</p>

Part 2

<p>Placement 1</p>	<p>Focus on the health and well-being of people with a learning disability who may have acute illnesses or long-term conditions in the hospital and the community.</p> <p>Placements could include specialist community learning disability teams; local authority learning disability nursing services; primary care/ health centres; community learning disability nurses/health visitors; primary health liaison nurses; hospital liaison nurses, nurses supporting people with ASD and LD; strategic health facilitators; clinical nurse specialists; CAMHS Learning Disability Services; Children’s Community Teams; Transition Services.</p> <p>Spoke placements will be student-led and relate to clinical areas listed above as well as other relevant services and health care professionals to ensure learning reflects the whole patient journey.</p>
<p>Placement 2</p>	<p>Focus on the health and well-being of people with a learning disability who may have acute illnesses or long-term conditions in the hospital and the community.</p> <p>Placements could include nursing homes and care of the older person where the focus is on supporting people with impaired cognition, for example, dementia care; general community-based nursing; neurology, specialist epilepsy nurses; acute wards (medicine, surgery); Urgent care services, Emergency care services; and theatres; child or adult palliative care, for example, hospice services.</p> <p>Spoke placements will be student-led and relate to clinical areas listed above as well as other relevant services and health care professionals to ensure learning reflects the whole patient journey.</p>
<p>Placement 3</p>	<p>Focus on the health and well-being of people with a learning disability who may have acute illnesses or long-term conditions in the hospital and the community.</p> <p>Placements will be diverse and in the student’s core practice base.</p> <p>Spoke placements will be student-led and relate to clinical areas listed above as well as other relevant services and health care professionals to ensure learning reflects the whole patient journey.</p>

Part 3

Placement 1	<p>Focus on the care of people with a learning disability who have complex needs requiring specialist care in-hospital or in the community.</p> <p>Placements could include teams supporting people with behaviours that challenge others, teams supporting people with learning disabilities and autism, liaison and diversion services, youth offending teams, forensic nursing care, assertive outreach services, specialist community learning disability teams, adolescent mental health services, and child and adolescent mental health services.</p> <p>Spoke placements could include high dependency care, specialist epilepsy nurses, other specialist areas such as neurology or hospices, medical wards and other hospital-based services supporting people with a learning disability requiring specialist care.</p>
Placement 2	<p>Focus on care of people with a learning disability who have complex needs requiring specialist care in-hospital and/or in the community.</p> <p>Placements could include teams supporting people with behaviours that challenge others; teams supporting people with learning disabilities and autism; liaison and diversion services; youth offending teams, forensic nursing care, assertive outreach services, specialist community learning disability teams; child and adolescent mental health services.</p> <p>Spoke placements could include high dependency care, specialist epilepsy nurses, other specialist areas such as neurology or hospices, medical wards, and other hospital-based services supporting people with a learning disability requiring specialist care.</p>
Placement 3	<p>Focus on the care of people with a learning disability who have complex needs requiring specialist care in-hospital or in the community.</p> <p>Placements will be diverse and in the student's core practice base.</p> <p>Spoke placements could include high dependency care, specialist epilepsy nurses, other specialist areas such as neurology or hospices, medical wards, and other hospital-based services supporting people with a learning disability requiring specialist care.</p>

Mental Health Nursing

Part 1

<p>Placement 1</p>	<p>Focus on guided participation in care. To build an understanding of the appropriate knowledge base and skills required to deliver safe, person-centred care. To positively engage with own learning.</p> <p>Placements could include Community Mental Health Recovery Services (child/adult/older adult); Hospital Based Recovery Services (child/adult/older adult).</p> <p>Spoke placements will be student-led and could include a range of services such as inpatient services (acute care) or community specialist services (older adults; eating disorder services; low secure settings; day centres)</p>
<p>Placement 2</p>	<p>Focus on guided participation in care. To build an understanding of the appropriate knowledge base and skills required to deliver safe, person-centred care. To positively engage with own learning.</p> <p>Placements could include Community Mental Health Recovery Services (child/adult/older adult); Hospital Based Recovery Services (child/adult/older adult).</p> <p>Spoke placements will be student-led and could include a range of services such as inpatient services (acute care) or community specialist services (older adults; eating disorder services; low secure settings; day centres)</p>
<p>Placement 3</p>	<p>Focus on guided participation in care. To build an understanding of the appropriate knowledge base and skills required to deliver safe, person-centred care. To positively engage with own learning.</p> <p>Placements will be diverse and in the student's core practice base.</p> <p>Spoke placements will be student-led and could include a range of services such as inpatient services (acute care) or community specialist services (older adults; eating disorder services; low secure settings; day centres)</p>

Part 2

<p>Placement 1</p>	<p>Focus on active participation in care. Building sound knowledge and a range of skills to deliver safe, person-centred, evidence-based care across various contexts. Maximising opportunities to extend knowledge.</p> <p>Placements could include Community Mental Health Recovery Services (child/adult/older adult); Hospital Based Recovery Services (child/adult/older adult/secure).</p> <p>Spoke placements will be student-led and could include inpatient services (acute care) or community specialist services (CAMHS; older adults; eating disorder services; outreach; substance misuse; low secure settings; day centres)</p>
<p>Placement 2</p>	<p>Focus on active participation in care. Building sound knowledge and a range of skills to deliver safe, person-centred, evidence-based care across various contexts. Maximising opportunities to extend knowledge.</p> <p>Placements could include Community Mental Health Services (child/adult/older adult) acute or recovery; Hospital Based Mental Health Services (child/adult/older adult/secure) acute or recovery.</p> <p>Spoke placements will be student-led and could include specialist inpatient services (secure; eating disorder services; older adults; CAMHS); specialist community services (CAMHS; outreach services; early intervention services; substance misuse services; secure services; day centres).</p>
<p>Placement 3</p>	<p>Focus on active participation in care. Building sound knowledge and skills to deliver safe, person-centred, evidence-based care across a range of contexts with increased confidence and competence.</p> <p>Placements will be diverse and be the student's core practice base.</p> <p>Spoke placements will be student-led and could include specialist inpatient services (secure; eating disorder services; older adults; CAMHS); specialist community services (CAMHS; outreach services; early intervention services; substance misuse services; secure services; day centres).</p>

Part 3

Placement 1	<p>Focus on practising independently with minimal supervision, leading and coordinating care, and building comprehensive knowledge and skills to support safe and effective practice for person-centred care in flexible and dynamic situations.</p> <p>Placements could include Community Mental Health Recovery Services (child/adult/older adult/secure); Hospital Based Recovery Services (child/adult/older adults/secure).</p> <p>Spoke placements will be student-led and could include inpatient (acute care/secure care) or community specialist services (CAMHS; older adults; outreach services; eating disorder services; day centres).</p>
Placement 2	<p>Focus on practising independently with minimal supervision, leading and coordinating care, and building comprehensive knowledge and skills to support safe and effective practice for person-centred care in flexible and dynamic situations.</p> <p>Placements could include Community Mental Health Services (child/adult/older adult) acute or recovery; Hospital Based Mental Health Services (child/adult/older adult/secure) acute or recovery.</p> <p>Spoke placements will be student-led and could include specialist inpatient services (secure services, eating disorder services, older adults, CAMHS) or specialist community services (CAMHS, outreach services, early intervention services, substances misuse services, secure services, day centres).</p>
Placement 3	<p>Focus on managing complex care in the clinical area and associated with the wider interdisciplinary disciplinary team</p> <p>Placements will be diverse and be the student's core practice base.</p> <p>Spoke placements will be student-led and could include specialist inpatient services (secure services, eating disorder services, older adults, CAMHS) or specialist community services (CAMHS, outreach services, early intervention services, substances misuse services, secure services, day centres).</p>

The Open University PRACTICE LEARNING HANDBOOK

FOR NURSING STUDENTS AND THOSE SUPPORTING AND ASSESSING
THEM IN PRACTICE



Students, please bring this handbook with you to practice learning in order to make it available to practice supervisors, practice assessors and/or academic assessor. This must be provided to a Practice Supervisor at the beginning of every practice learning experience.

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IMPORTANT CONTACT DETAILS

Keeping in touch with us is important to ensure that your query is directed to the appropriate person have the following details at hand in any correspondence with the Open University

PI number:

Cohort:

Trust:

The Nursing team strive to ensure that we respond to your queries in a timely way. Ensure that you identify yourself in the email subject line when contacting the OU Belfast Nursing Team. Failure to identify yourself will cause delay in getting back to you.

When we email you with paperwork to be completed with respect to taking a break in your studies, your employer will be copied into the email and there will be a date with which we expect the information back to the Office

- If you have a query about your placements contact: Ireland-HSC-placements@open.ac.uk.
- If you need to update us on sickness during practice learning contact your practice tutor, the practice area manager and your base ward manager.
- Completed practice placement evaluation forms are to be submitted are to be emailed to your practice tutor.
- All other issues contact SST Belfast who will direct your query to the appropriate person within the Belfast Office Nursing Team on [REDACTED]

INTRODUCTION

Welcome to the practice learning component of the pre-registration nursing education provision in Northern Ireland. This handbook is intended to provide students, practice supervisors, practice assessors and link lecturers/practice tutors/academic assessors with the core information around the practice learning component of the programme. In addition, it focuses on setting the context for practice learning and how the Practice Assessment Document (PAD) is used to facilitate learning and development. In line with the 2018 Nursing and Midwifery Council (NMC) Standards of Proficiency for Registered Nurses, this learning occurs with the context of person-centred nursing.

Throughout this handbook, reference is made to the Practice Assessment Document (PAD). For clarity, the Northern Ireland PAD (NIPAD) is the Ongoing Record of Achievement (ORA), portfolio of evidence and assessment document for the practice learning element of pre-registration nursing programmes.

Developing evidence for learning may not be new to some students. However, for many students it will be a new experience, and the way in which they need to develop the evidence within the NIPAD will be new to all students. This can appear daunting and overwhelming in the beginning. Indeed, the NIPAD may also be new to those supervising and assessing students in practice. This handbook intends to provide all the supporting information for student, practice supervisors, practice assessors and link lecturers/practice tutors/academic assessors in order that the structure, context and process of developing through the NIPAD, including supporting students in this process, is clear. The NIPAD is key in this process and it is important that students have the direction, guidance and skills necessary to make it successful.

DEVELOPING THROUGH LEARNING IN PRACTICE

Future nurses will be expected to meet the essential mental and physical health needs of people of all ages and conditions, as well as in their own field of practice. The NMC envisage students learning across a diverse range of settings with a focus on the journey of the person receiving care, a journey that reflects the current and future configuration of services. Practice learning constitutes 50% of this programme. Within practice learning, students are expected to develop the knowledge, skills and attributes to become a registered nurse, applying the theoretical aspects of the programme into the provision of person-centred care. Practice learning throughout the programme will provide students with experience of 24-hour and 7-day care.

Over the minimum 2,300 hours of practice learning required by the NMC, students will have the opportunity to learn in direct contact with healthy and ill people and communities. Students will be required to use this experience to organise, deliver and evaluate their nursing care on the basis of the knowledge and skills they have acquired. Theory and practice learning will address essential physical and mental health needs of all people, including babies, children and young people, pregnant and postnatal women, adults and older people. This includes people with acute and long-term conditions, people requiring end of life care, people with learning disabilities and people with mental ill health.

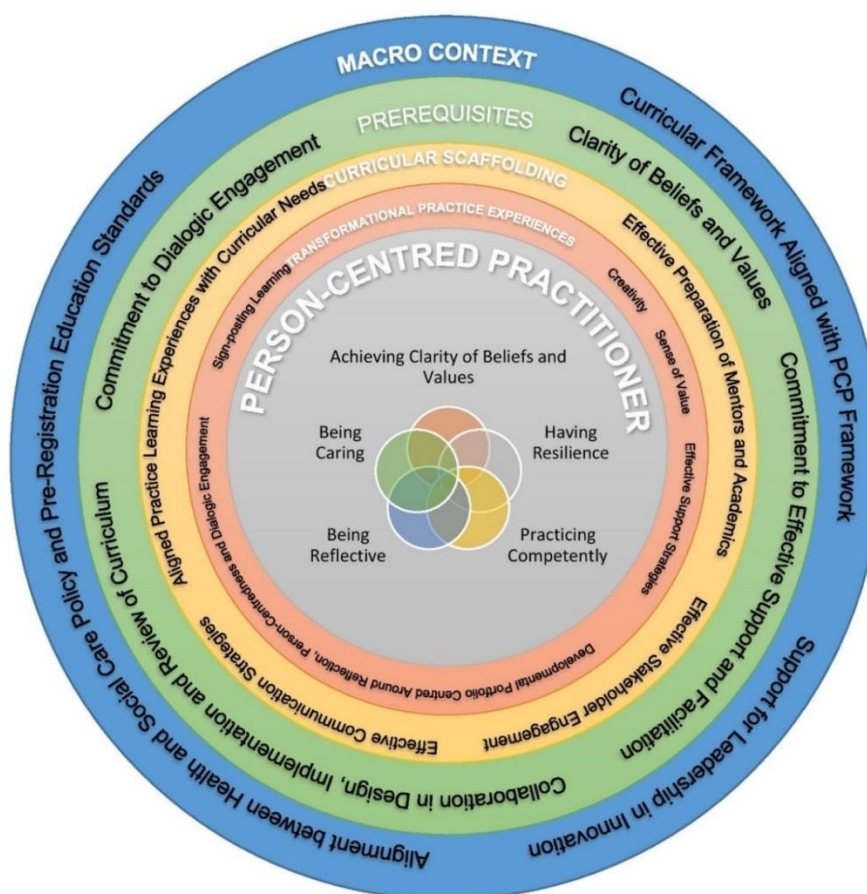
Developing evidence for the NIPAD is largely a self-determined process whereby evidence is created through documenting learning experiences. In order to achieve this, a learning environment that incorporates opportunities for analysis of learning is fundamental. This will allow a facilitated learning approach and will encourage constructive dialogue between the student and those supporting them in practice that is focused on learning. The NIPAD is the vehicle for this, providing opportunities for these processes to take place, primarily through reflective processes and discussion.

LEARNING IN THE CONTEXT OF PERSON-CENTREDNESS

The Framework for Practice Learning

The 2018 NMC Future Nurse standards that regulate pre-registration nursing education have person-centredness at their core. This requires that pre-registration nursing curricula consider how to place people at the centre of learning in order that the person-centred context of practice is also the context of their learning and development. The development of the NIPAD has been influenced by the Framework of Practice Learning (Cook, 2017¹), which emerged from pedagogical research around developing person-centred nurses through practice learning. The framework signifies the factors that are central to a transformative learning experience in developing person-centred practitioners. It is an interplay between each layer that leads inwards to the desired outcome; however, each layer interplays with the other and so the model is dynamic. Broadly, the outer layers of the model reflect elements that generally precede those that come below them (not in a hierarchical sense). McCormack² (2003) asserts that being person-centred necessitates engaging in a therapeutic dialogue between the professional and the person in their care. This engagement is predicated upon a value base of trust, mutuality and knowledge exchange. The FPL reflects this through the engaging the student and educator (be it practice supervisor or academic) in a dialogue that illustrates value of the other, mutuality and sharing of knowledge and experiences in a dialectic manner. This is not merely dialogue, but one that leads to action and positive change.

Figure 1 – Framework for Practice Learning (Cook, 2017)



¹ Cook, N.F. (2017) *Co-creating person-centred learning and development experiences with student nurses in practice through action research* (Doctoral dissertation, Ulster University).

² McCormack, B. (2003) A conceptual framework for person-centred practice with older people. *International Journal of Nursing Practice*, 9, 202–209.

The ultimate aim is to develop registered nurses who are focused on person-centredness, and who will be equipped with the knowledge, skills and attributes necessary to practice in such a way as to promote optimal person-centred outcomes. Developing nurses within this framework is seen as a way to realise person-centred practice. It is within the context of person-centredness that students are to develop their practice outcomes. Without this, there is a danger of a task orientated model of practice emerging, which is not in keeping with the person-centred approach to care being embraced nationally. Students will undertake practice learning in environments where a variety of factors can influence the philosophy of care as a result of culture/microcultures, performance targets and financial constraints. Learning within a person-centred context will enable students to develop their skills within a holistic mind-set in order that they are practitioners who have the ability to deliver on person-centred outcomes by the point of registration.

WHAT IS THE NIPAD?

NIPAD is the regional practice assessment document for pre-registration nursing students within Northern Ireland. It was developed to enhance consistency in supporting students in practice, alongside ensuring another layer of consistency in how and what students learn in practice. NIPAD is designed to support and guide students and those supporting them towards successfully achieving the criteria set out in the *Future nurse: Standards of proficiency for registered nurses and Standards for education and training* (NMC 2018). It is therefore a record of a student's learning in practice, a tool to guide that learning and also a record of their achievements through the evidence developed and authenticated in practice. This all comes together to inform student assessment in practice.

Students will work and learn alongside many professionals in practice and will learn with and be assessed continuously by practice supervisors, practice assessors, and academic assessors. This form of continuous assessment is an integral aspect of their learning and development as they progress to achieve the knowledge, skills and attributes of a registered professional nurse. It is therefore important that they are able to show and document evidence of their progressive achievement in the NIPAD. Students should engage positively in all learning opportunities and take responsibility for their own learning; they should seek direction and guidance and know how to access support when, and as, they need it. Being able to ask for help or support is an important attribute of being a professional.

Students will work with, and receive written feedback from, a range of people including:

- Service users (people in their care, including their families and carers)
- Practice supervisors
- Practice assessors
- Academic assessors
- Other health care professionals.

It is essential that students reflect on this feedback and wider learning objectives and positively engage in reflective dialogue with those who are supervising and assessing them in practice. NIPAD is the tool that facilitates all of this to occur.

It is important that students and those supporting them in practice read this handbook in preparation for practice learning as it outlines the key processes and policies that directly influence students' practice learning experience and use of the NIPAD.

CONSENT, CAPACITY AND AUTONOMY

The philosophy of healthcare is based on autonomy and capacity, autonomy being the person's right of self-determination and capacity being the person's ability to make their own decisions. Practitioners are required to consider a person's autonomy in all aspects of care to determine what matters to them and to act as a facilitator in the person's decision making.

Much attention is delegated to the notion of capacity, which acts as gatekeeper, determining whether or not the right of autonomy will be respected in each individual's case. However, the relationship between autonomy and capacity is often ambiguous and the capacity to consent might not be constant nor is it easily assessed (McLarnon, 2017³). The following pointers can help support the practice of informed consent.

- Timely and careful explanations must be provided in the absence of undue influence.
- Capacity must be assessed at the relevant time.
- All dialogue must be recorded to provide evidence that appropriate communication has taken place with relevant parties.
- Discuss reasonable alternatives and allow protected time for adequate, genuine two-way dialogue.
- Level of risk should not determine what risks are discussed; it is important to think carefully before relying on therapeutic exception i.e. is the reason for withholding information made clear in notes and is it justified in terms of autonomy?
- Important to be aware that issuing of leaflets does not constitute required dialogue.
- Assess if the person has understood advice given and was the advice delivered to the person in a comprehensible way?
- Ensure explanations are timely and careful.
- Practitioners need to counter-balance concern to benefit the person with a commitment to trusting their ability to engage in decision-making with us.

³ McLarnon, KA (2017) Consent to medical treatment of the mature minor: is autonomy achievable? *Primary Health Care*, 27, 5, 35-42.

SUPPORTING STUDENTS IN PRACTICE – THE NORTHERN IRELAND REGIONAL APPROACH

The process of supervising and assessing students is one of partnership to ensure a safe and effective learning and assessment that upholds public protection. It is also a process which fosters a positive learning relationship with the student and enhances their professional and personal development, empowering the student to become a resilient, critical thinker and decision maker who can analyse, reflect on and improve their practice. Students in practice or work placed learning must be supported to learn without being counted as part of the staffing required for safe and effective care in that setting; this means they are supernumerary. However, they should always be considered part of the Team.

Northern Ireland has three Universities who deliver NMC approved programmes and a regional approach has been adopted to the implementation and delivery of the new NMC Education Standards which includes the standards for student supervision and assessment (SSSA). The SSSA model will reflect the new roles including:

- Nominated person
- Practice supervisor
- Practice assessor
- Academic assessor

Every student will be allocated:

- At least one practice supervisor for every practice learning experience
- A practice assessor for each practice placement or series of practice placements; and
- An academic assessor for each part of the programme.

All three individuals work together to ensure safe and effective learning experiences that uphold public protection and safety of people. Separating out the supervision and assessment roles ensures greater consistency and more objectivity in the assessment process.

The shared responsibility between the practice assessor and academic assessor ensures robust, objective, fair and transparent assessments and shared decision making to uphold public protection and ensuring only those who have met all programme requirements and proficiencies and are clearly able to demonstrate the principles of The Code are entered on to the NMC professional register.

Supervision of Students

All NMC registered nurse and midwives are capable of supervising students and serving as role models – students may be supervised by other registered health and social care professionals who have been suitably prepared for their roles.

Assessment of Students

Students will have a practice assessor for each practice learning experience, or a series of experiences, who will oversee their learning, provide feedback and make records regarding the student's progress in their learning and development. A tripartite formative assessment (practice assessor, link lecturer/practice tutor and student) will occur approximately halfway through the practice learning weeks for the part of the programme, reviewing progress and providing guidance and direction for the student's learning and development in the remaining weeks of practice learning for that part, leading up to the summative assessment. During the final placement of each part of the programme, the practice assessor will work in partnership with the academic assessor to evaluate and recommend the student for progression to the next part of the programme through the summative assessment process.

KEY ROLES AND RESPONSIBILITIES

The Nominated Person

This will be the ward sister/charge nurse /team leader or an identified suitable person. The name of the nominated person will be detailed on the Practice Learning Environment Educational Audit and they will oversee and provide continuity for the student. They will actively support the student's learning.

The nominated person will:

- be responsible for identifying the students allocated practice assessor and for identifying practice supervisor/s to ensure continuity of the learning experience
- ensure there is support and oversight of practice supervision to ensure safe and effective learning
- ensure the practice assessor and practice supervisor/s will receive on-going training and support to fulfil their roles
- be involved in dealing with any matters of underperformance/concern alongside the practice supervisor and link lecturer/practice tutor/academic assessor.

The Practice Supervisor

Every student will be allocated at least one practice supervisor for every practice learning experience. Practice supervisors will have knowledge and experience that will meet the NMC (2018) outcomes for the role of practice supervisor or will have completed a practice supervisor preparation programme. The number and type of students that can be supported in a practice learning environment will be detailed within the Practice Learning Environment Educational Audit. There may be different models of supervision offered depending on the practice learning environment for example Hub and Spoke, 1:1.

Preparation programmes are available, delivered and supported by identified key personnel in both practice and education environments to prepare practice supervisors for their role, where indicated. This education will be delivered via eLearning and face to face. The opportunities to prepare for the role are flexible and designed to meet the needs of practice supervisors from various professions and practice supervisors supporting different student groups. The supervisory role that non-registered professionals play will be dependent on the skill which is being taught, the knowledge and experience of the professional, what oversight there is and the environment where the learning is taking place. Where there is **no access** to a registered nurse, registered midwife or other registered health and social care professional, these practice learning experiences will be managed through a hub and spoke approach or enriched practice learning model. If the spoke experience is in a different organisation to the hub, any issues that arise will be managed by the practice assessor, nominated person and the link lecturer/practice tutor.

The practice supervisor will:

- in conjunction with the practice assessor, organise and co-ordinate student learning activities in practice, ensuring quality, safe and effective learning experiences that uphold public protection and the safety of people
- ensure the level of supervision provided to students reflects their learning needs and stage of learning.
- encourage and coordinate students to work with and learn from a number of people who are not registered healthcare professionals but who can positively contribute to their learning
- use their professional judgment and local/national policy to determine where activities may be safely delegated to students and the level of supervision required
- facilitate practice based independent learning as appropriate
- serve as role models for safe and effective practice in line with the NMC Code and the professional duty of candour

- support learning in line with their scope of practice to enable the student to meet their proficiencies and programme outcomes
- support and supervise students, providing feedback on their progress towards achievement of proficiencies and skills
- have current knowledge and experience of the area in which they are providing support, supervision and feedback
- set and monitor realistic achievement of proficiencies through the development of evidence identified within the programme specific Practice Assessment Document (NIPAD)
- liaise with others (PET, practice assessor, link lecturer/practice tutor, academic assessor, nominated person) to provide feedback and identify any concerns about the student's performance and agree action as appropriate
- support learning in an inter-professional environment, selecting and supporting a range of learning opportunities for students with other professions
- be accountable for their decisions
- ensure requirement and rights around informed consent are implemented and that public protection is maintained
- contribute to the student's ongoing record of achievement in the student's NIPAD by periodically recording relevant observations on the conduct, proficiency and achievement of the students they are supervising
- contribute to student assessments to inform decisions for progression at summative assessment through reviewing evidence to ensure its authenticity, standard and completeness
- identify when a student is underperforming or where there are professional concerns, taking prompt action to notify the practice assessor in order for those concerns to be documented and actioned promptly.

The Practice Assessor

The student will have a nominated practice assessor for each placement or series of placements.

- To assess a nursing student, you must be a registered nurse with appropriate equivalent experience for the student's field of practice.
- To assess a midwifery student, you must be a registered midwife.
- To assess a specialist community public health nurse (SCPHN) student you must be a registered SCPHN with appropriate equivalent experience for the students' field of practice.
- To assess a Specialist Practice student, you must have a SPQ annotation and have appropriate equivalent experience for the students' field of practice.
- To assess a prescribing student, you must be:
 - a registered healthcare professional and an experienced and current prescriber with suitable equivalent qualifications for the programme the student is undertaking
 - able to evidence active prescribing for a minimum of three years (usually)
 - able to confirm that your scope of prescribing practice aligns to, or exceeds, that of the prescribing student.

In exceptional circumstances, the same person may fulfil the role of the practice supervisor and practice assessor for example, prescribing programmes, specialist practice and specialist community public health nursing programmes. In such instances, the student, practice supervisor/assessor and the University will evidence why it is necessary for the practice supervisor and assessor role to be carried out by the same person.

Students will have a practice assessor for each practice learning experience, or a series of experiences, who will oversee their learning, provide feedback and make records regarding the student's progress in their learning and development. A tripartite formative assessment (practice assessor, academic assessor and student) will occur approximately halfway through the practice learning weeks for the part of the programme, reviewing progress and providing guidance and direction for the student's learning and development in the remaining weeks of practice learning for that part, leading up to the summative assessment. During the final placement of each part of the programme, the practice assessor will work in partnership with the academic assessor to evaluate

and recommend the student for progression to the next part of the programme through the summative assessment process. This tripartite assessment will be face to face. However, in exceptional circumstances other communication mediums will be acceptable including Zoom, Face-time and Skype. Exceptional circumstances might include inclement weather/illness. In the event of an underachieving student or any student issues or concerns the expectation is communication will take place face to face in a timely manner. Summative assessment is provisional until all practice hours are completed and there are no arising professional/performance issues.

If there are any concerns regarding a student, the practice assessor should inform the link lecturer/practice tutor/academic assessor and nominated person and seek guidance from the Practice Education Facilitators (or equivalent).

Preparation programmes are available, delivered and supported by key persons in both practice and education environments for the role of practice assessor. The opportunities to prepare for this role are flexible and designed to meet the needs of practice assessors.

The practice assessor will:

- plan out the student's learning journey within the practice learning environment in conjunction with the practice supervisor(s) and student
- make and record objective, evidenced-based assessments on conduct, proficiency and achievement, drawing on student records, direct observations, student self-reflection, and other resources through the Ongoing Record of Achievement
- periodically observe the student in order to inform decisions for assessment and progression in partnership with the academic assessor
- ensure that assessment decisions are informed by feedback sought and received from practice supervisor/s
- work in partnership with the nominated academic assessor to evaluate and recommend the student for progression for each part of the programme, in line with programme standards
- confirm that all the evidence required for the specific part of the programme has been provided by the student and authenticated by practice supervisor/s. This will include evidence of authenticity, standard of completeness and relevancy to the claimed proficiencies
- in exceptional circumstances, agree alternative arrangements with the academic assessor, link lecturer/practice tutor and student if all three parties cannot be present at the assessment
- maintain current knowledge and expertise relevant for the proficiencies and programme outcomes they are assessing
- provide assurances that they maintain their professional knowledge and skills and critically reflect on their role through a range of processes which includes NMC revalidation, supervision and appraisals.

The Academic Assessor

The student will have an allocated academic assessor for each part of the programme. The academic assessor will be an affiliated member of staff from the student's University. They will be registered nurses with appropriate equivalent experience for the student's field of practice. They will hold relevant qualifications as required by their University and have completed an academic assessor preparation programme or have equivalent experience.

All students will be assigned to a different academic assessor for each part of the programme. Students will not be assigned to the same academic assessor in concurrent parts of the programme. The academic assessor will not simultaneously be the practice supervisor and practice assessor for the same student. The academic assessor will be advised as to who the practice assessor is for the student(s) they are assessing through the OU database system.

The academic assessor will:

- collate and confirm student achievement of proficiencies and programme outcomes in the academic environment for each part of the programme
- have an understanding of the student's learning and achievement in practice, including any concerns around underperformance
- make and record objective, evidence-based decisions on conduct, proficiency and achievement, and make recommendations for progression, drawing on student records and other resources
- communicate and collaborate with the practice assessor at scheduled, relevant points in the programme structure and student's progression
- work in partnership with the practice assessor to evaluate and recommend the student for progression for each part of the programme, in line with programme standards and for entry (or additional entry) to the NMC professional register on successful completion of the programme
- forward the outcome of summative assessments to the appropriate person within a timely manner and advise the appropriate University personnel of any issues concerning students
- maintain current knowledge and expertise relevant for the proficiencies and programme outcomes they are assessing and confirming
- be informed by the link lecturer of any student underperformance issues.

The Link Lecturer/Practice Tutor

Schools of Nursing in Northern Ireland operates a link lecturer/practice tutor system with an identified member of staff allocated to each practice learning setting. While they are also the academic assessor, their role has other aspects:

The link lecturer/practice tutor will:

- support students and practice supervisors in clarifying the learning opportunities available to develop evidence for the NIPAD
- be available to support and advise students and practice supervisor in relation to challenges to student learning within the PLE
- maintain accurate and appropriate records as required
- ensure the relevant process is followed in the event of concerns/issues regarding a student (Appendix 1)
- ensure that necessary measures are taken to make effective use of the learning potential in PLEs
- assure quality practice learning experiences through PLEEA and monitoring of the quality of the learning environment in collaboration with practice partners
- take part in the tripartite formative assessment
- also undertake the role of academic assessor for allocated students
- collaborate with the appropriate University personnel, nominated person, practice supervisor/assessor and the PET regarding issues which may impact on students' learning experiences or performance, including feedback questionnaires
- encourage students to complete evaluation questionnaires
- provide assurances that they maintain their professional knowledge and skills and critically reflect on their role through a range of processes which includes NMC revalidation, supervision and appraisals.

The Student

While there are a number of people to support students in practice, the student also has a set of key responsibilities that are central to effective learning in practice to become a registered nurse.

The student will:

- respect the rights and wishes of people in their care at all times who have the right to decline and withdraw consent for them to participate in their care. Students will make this explicit when first giving information regarding the care people are about to receive
- be open and honest with people and adhere to a professional duty of candour
- always introduce themselves, making it clear that they are a nursing student and not a registered practitioner to avoid misrepresentation
- in a situation where they are asked to perform a procedure for which they have not been fully prepared or inadequately supervised, not participate in that procedure. They should decline and discuss the matter as quickly as possible with the nominated person or practice supervisor/assessor.
- follow the Uniform Policy set out in this handbook, including guidance on wearing an authorised name badge
- complete the orientation induction with an identified member of staff at the beginning of each new practice learning experience. This includes ensuring that they are properly orientated to the practice learning setting in relation to roles and responsibilities of team members and emergency procedures on their first shift of duty as appropriate
- provide their NIPAD to their practice assessor within the first two days of practice learning. They must maintain their NIPAD for the duration of the programme
- within the first week of each practice learning experience, complete the initial discussion with the practice assessor. They should identify together the experiences needed to meet the learning needs of the student.
- take responsibility for ensuring that all necessary parts of the NIPAD for practice learning are completed appropriately. If there are challenges with designated people not completing their elements, they must raise this with the practice assessor, link lecturer/practice tutor or nominated person at the earliest opportunity
- work with their practice supervisor/s as often as possible, taking the initiative but always within the limits of their knowledge, experience and skill. Students should not be afraid to admit when they are unsure and ask for assistance but also not use this as an excuse for not taking responsibility
- review their progress in developing their evidence in the NIPAD on an ongoing basis, and formally at designated times, with the practice assessor and link lecturer/practice tutor
- at the end of each practice learning experience, submit identified elements from the NIPAD in its fully completed format (no errors or omissions) to the University as per the guidance within the handbook. Until this is done, practice learning is incomplete; late or missing submissions will be classified as non-submission and may delay progression
- be aware that documentation compiled as part of the NIPAD must be stored safely and can be requested for inspection by the University staff at any point
- safeguard those in their care:
 - i. Should a student acquire information that they deem should be passed on to a professional they should obtain the person's permission to do so. Circumstances may arise, e.g. suspected abuse, where safety considerations may outweigh the duty of confidentiality.
 - ii. Real names and addresses must not be used in coursework material. Students must not include any information in their coursework that links with a practice learning facility or person.
- ensure they maintain all NIPAD documentation in a safe and professional manner. As this contains signatures and information pertaining to practice areas, this information should only be used for the purposes outlined. The material should not be circulated to anyone other than

those specified. If a student misplaces their NIPAD, they should inform the University immediately.

- raise and escalate any concerns as soon as possible through the following process (See Appendix 1):
 1. Raise any concerns with any aspect of their practice learning experience as soon as possible with the following people in this order; the practice supervisor/assessor, the nominated person, the link lecturer/practice tutor, a senior member of School staff at the University or a member of the Practice Education Team (within Health and Social Care Trusts).
 2. Seek help immediately from an appropriately qualified professional if someone for whom they are providing care has suffered harm for any reason.
 3. Seek help from their practice supervisor/assessor, nominated person or link lecturer/practice tutor if people indicate that they are unhappy about their care or treatment.
 4. Make an accurate record of any of the above, should it be needed in the future.
 5. It is recognised that it might not be easy for a student to raise and escalate a concern; they may not be sure what to do or the process may seem quite daunting. For additional advice at any stage, we recommend that students talk to the identified people as early as possible. They can also speak to their professional body, trade union or Protest (<https://protect-advice.org.uk/>), who can offer valuable confidential advice and support.
- not breach any HSC Trust/University or other practice setting policies with regards to bullying and harassment. Bullying and harassment in any form is unacceptable behaviour and will not be permitted or condoned (see Appendix 2 for Processes). Sexual, sectarian and racial harassment and harassment on the grounds of disability or sexual orientation constitute discrimination and are unlawful under the sex discrimination, fair employment, race relations, disability, sexual orientation and age legislation. Harassment is also a criminal offence under the Protection from Harassment (NI) Order 1997, and it may contravene the Health and Safety at Work (NI) Order 1978. Students should be familiar with their University's policies on bullying and harassment
- familiarise themselves with and adhere to policies and procedures of the University and the organisation where they are undertaking practice learning
- maintain an accurate record of duty/attendance within the NIPAD and the practice learning facility off-duty (where available). This is to ensure there is an accurate record of completing the required number of hours set by the NMC
- undertake practice learning experiences across all days of the week (including weekends) over the full 24 hours in the same manner that a Registered Nurse would. This includes 12-hour shifts and night-duty (unless a reasonable adjustment has been formally agreed that indicates otherwise). Hours on duty do not include breaks
- not make requests for specific off-duty except on the occasion of a special event. This includes requests for their off duty to be set to permit them to undertake paid employment elsewhere. Any requests should be discussed with practice assessor, nominated person and link lecturer/practice tutor prior to it being agreed
- students must inform the University and practice learning facility of any absence before the time they are expected on duty. This must also be recorded on the Record of Attendance within the NIPAD. Students will continue to be marked absent until they inform University that they have returned to practice learning. All outstanding hours must be made up by students in order to complete that part of the programme
- at the end of each practice learning experience provide feedback on their experience through the completion of a student evaluation within the required timeframe.

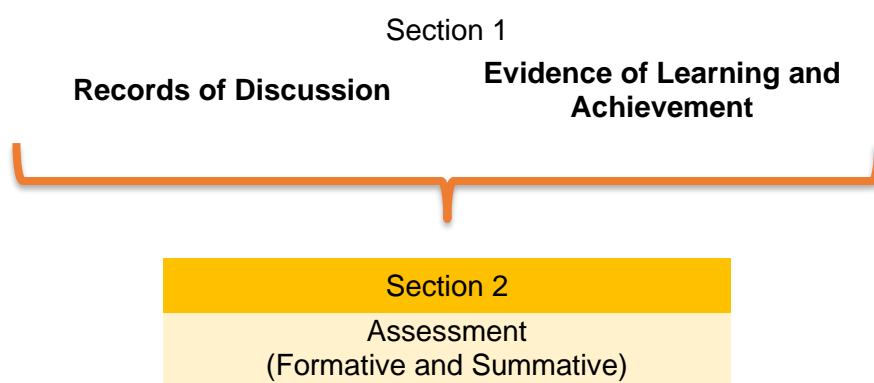
GUIDANCE FOR USING THE NIPAD TO FACILITATE LEARNING AND ASSESSMENT IN PRACTICE

Assessment criteria in the PAD are based on the NMC *Future nurse: Standards of proficiency for registered nurses* and *Standards for education and training* (NMC 2018). The proficiencies have been designed by the NMC to apply across all four fields of nursing practice and all care settings (NMC 2018). *Students must be able to demonstrate a greater depth of knowledge and the additional more advanced skills required to meet the specific care needs of people in their chosen fields of nursing practice* (NMC, 2018, p6). This Practice Assessment Document is designed for all four fields of practice but is tailored to each field.

The PAD, often referred to as a portfolio, is structured in two main sections:

1. The Ongoing Record of Achievement which is composed of two sub parts
 - a. Records of Discussions
 - b. Evidence of Learning and Achievement
2. Assessment Documents for formative review and summative assessment.

Section 1 provides the evidence of the student's learning journey and how they have met the standards of proficiency; this achievement is ratified in section 2 at time of assessment.



Components of Assessment and Feedback

The NMC standards of proficiency are set out under seven platforms and two annexes:

- Being an accountable professional.
- Promoting health and preventing ill health.
- Assessing needs and planning care.
- Providing and evaluating care.
- Leading and managing nursing care and working in teams.
- Improving safety and quality of care.
- Coordinating care.
- Annex A: Communication and relationship management skills.
- Annex B: Nursing Procedures.

These are mapped against the evidence that students must develop in order to demonstrate that they have achieved these proficiencies and related skills. These can be assessed in a range of practice learning experiences but must be achieved to the required standard *by the end of each Part of the programme (end of each year)*. These are the forms of evidence students will be demonstrating achievement in:

- Professional Values in Practice
- Communication and Relationship Management Skills
- Promoting Health and Preventing Ill Health
- Leading and Coordinating Care Episode

- Reflections
- Care Documentation
- Health Numeracy & Calculation of Medicines
- Quality Improvement in Practice
- Service User/Carer Feedback.
- Identified worksheets (e.g. Children's Worksheet)

Other documents that students will need to complete in the NIPAD are:

- Signature Log
- Record of Underperformance
- Record of Attendance
- Practice Supervisor Notes
- Practice Assessor Notes
- Academic Assessor Notes
- Record of Learning with Other Health Care Professionals

Each of these will now be detailed in the pages that follow.

Professional Values in Practice

Professional Values reflect a number of proficiency statements and are captured under the 4 sections of The Code (NMC 2018). All must be achieved *by the end of each practice learning experience*. Any deficit in achievement requires an action plan to address that deficit.

Nursing Procedures

This component of evidence relates to clinical nursing procedures that students must achieve by the end of the particular Part of the programme they are undertaking. Achievement for each skill/procedure can be authenticated by any NMC registrant. Some skills can be achieved over the three years of the course; specified procedures for that part must be achieved within that part of the programme for the student to successfully progress to the next part of the programme. Some programmes may address nursing procedures across all three years.

Students will be prepared with the core concepts for the nursing procedures that they will undertake in practice during theory blocks; they will have records of these. Where they have no such record related to a particular skill, and when this procedure is one that the practice supervisor identifies as appropriate to learn in the practice learning setting as a pre-registration nursing student, such nursing procedures are to be taught, recorded and supervised by the practice supervisor. The practice supervisor will retain accountability for this process.

The following key is used to indicate the student's achievement for each of the nursing procedures:

Yes: *Student demonstrates proficiency in this nursing procedure at the expected standard and has the required underpinning knowledge*

Should a practice supervisor indicate **Yes** for any nursing procedure, they are verifying that the student has performed this nursing procedure to the required standard and with the required underpinning knowledge at that point in time. The student is expected to retain that standard and is reassessed across other practice learning experiences where the opportunity exists to do so, either directly in that practice learning environment, or through accessing the opportunity elsewhere through arrangement with the practice supervisor.

No: *Student does not demonstrate proficiency in this nursing procedure at the expected standard and/or does not have the required underpinning knowledge*

Should a practice supervisor indicate **No** for any skill, they are verifying that the student has performed the nursing procedure but not to the required standard. **No** should not be indicated if the student did not have the opportunity to undertake the skill. If a student is scored with a **No**, this should be addressed within a development plan in the records of discussions. Should a **No** remain against a nursing procedure by the time of the first opportunity for the summative assessment, the student will not meet the standard for progression. The student will have a two-week period within which to demonstrate proficiency to standard with the required underpinning knowledge and this should be documented in the two-week action plan.

NOA: *The opportunity to demonstrate proficiency in practice was not available during this practice learning experience.*

Before a practice supervisor selects this category, they must be certain that an opportunity to demonstrate proficiency is not available (e.g. through a hub and spoke approach). Selecting **NOA** means that a student has not been assessed in their ability for this nursing procedure. **NOA** cannot be recorded against a nursing procedure for every practice learning experience in that Part of the programme, the student must be afforded the opportunity to achieve and demonstrate proficiency before the final opportunity for the summative assessment.

The following principles should be followed by students and practice supervisor on each practice learning experience:

- At the beginning of each practice learning experience, the student and practice assessor should review progress in achieving proficiency in nursing procedures to date on previous practice learning experiences.
- Nursing procedures not yet achieved should be prioritised to develop during the current practice learning experience.
- Students cannot achieve the criteria for the summative assessment with a **No** remaining against any skill, or **NOA** only for any skill.

Communication and Relationships Management

This set of evidence is set out against Annex A in the NMC (2018) standards of Proficiency. This is not the only place students will record their development in relation to these proficiencies as they must integrate the skills of communication and relationship management in all of their interactions and communications with people. Indeed, in completing some of the evidence in other parts of the NIPAD, students will likely have achieved many of the proficiencies here and so they should be cross checked and signed off as achieved accordingly.

As part of this evidence, there are a number of aspects of talking therapies in which students are expected to develop and apply their skills. To assist, the following are indicative competencies/proficiencies under some of those skills in order that all involved can clarify what each form of therapy and the associated techniques refers to:

Motivational Interviewing

- Supports the person and creates a positive environment for change.
- Draws out ideas and solutions from the person.
- Determines person's reasons and potential methods for change.
- Emphasises the person's freedom of choice, autonomy and personal responsibility.
- Uses a range of open-ended questions to seek information.
- Affirms the person by saying something that recognises and reinforces their strengths, abilities and/or efforts.
- Uses reflective listening statements to convey understanding or facilitate discussion.
- Summarises what the person has said at key points in the discussion to direct the conversation.
- Invites the person to talk about behaviour change.
- With permission gives information and advice (sign posting)
- Responds to change talk (e.g. statements about desire, ability, reasons and need for change) with elaborating questions, affirmation, reflections or summaries to elicit the person's intrinsic motivation for change.
- Recognise signs that the person may be ready to commit to implementing change
- Summarises the person's perceptions of the issue, including reasons or need for change and ambivalence about change.
- Uses evocative (key) questions to encourage commitment talk.
- Works in partnership with the person to help identify goals and develop a specific change plan.

Solution Focused Therapy

- Focuses on solution building and future goals.
- Establishes a positive relationship.
- Uses future-focused questions.
- Focusing on what is already working, rather than focusing on the past.
- Compliments and validates what clients are already doing well.
- Invites clients to do more of what is working.
- Understands the uses of the "Miracle Question".

Cognitive Behavioural Therapy Techniques

- Helps the person identify helpful and unhelpful coping behaviours.
- Identifies and helps the person to modify core beliefs.
- Uses appropriate assessment tools to identify core issue (e.g. PHQ-9 (Kroenke, 01))
- Understands interplay between thoughts, feelings and behaviours.
- Applies the principles of Functional Behavioural Analysis (A antecedent; B behaviour; C consequence).

Play Therapy

- Applies an understanding of the nature and development of play.
- Uses play (e.g. toys, doll therapy in dementia), recognising its importance to human development.
- Works constructively with parents/carers/others.
- Takes responsibility for physical safety.

De-escalation Strategies and Techniques

- Being empathetic and non-judgement in approach.
- Respectful of personal space.
- Uses non-threatening non-verbals.
- Avoids overreacting.
- Focuses on feelings.
- Focuses on realistic expectation.
- Sets goals (e.g. SMART).

Reminiscence Therapy

- Recalls memories using a variety of themed methods.
- Use of multi-sensory triggers.
- Engaging the person using prompts (e.g. music or photographs, conversation to trigger early memories and thoughts).
- Observes level of engagement and responds appropriately.

Promoting Health and Preventing Ill Health

This learning log is mapped to Annex A and through completing this log students will demonstrate that they have achieved the necessary communication and relationship management skills for the part of their programme of study.

Health Education Episode

This is a comprehensive activity that must be completed to address the proficiencies that are set out in Platform 2 (Promoting Health and Preventing Ill Health). This may occur in different parts of the programme for students from different Universities depending on how their curriculum is constructed. However, the structure is the same.

Leading and Coordinating Care Episode

This activity focuses on developing and evidencing leadership, management and coordinating care skills that incrementally build over the three years of the programme. This also includes developing skills in appropriate delegation to ensure safe and effective care. Additionally, this evidence will enable the student to demonstrate how they have developed the skills required to be an effective supervisor of students in practice on registration as a nurse. Being able to work effectively with other healthcare professionals requires a number of key skills. In developing this evidence, students will also engage in learning activities that develop these skills and provide evidence of their achievement.

Reflections

The reflection process has developed over time and is used widely in nursing. It is widely recognised as an invaluable learning method, providing fresh insights that enable practitioners to enhance health care practice and thus improve the quality of care. The reflective process develops awareness of thoughts (intellectual), feelings (affective), and actions or omissions (behaviour), relating to a particular experience or area of practice. Being able to reflect in and on practice is therefore a core skill for nurses. It informs critical thinking, the development of insight into how we practice and impact upon others and is central to being relational with others.

Students will have particular reflective accounts to document related to specific standards of proficiencies. Students may not always encounter a practice situation to inform this reflection and in such cases, they can have an in-depth discussion about the focus of the reflection with an NMC registrant and then reflect on that discussion in order to show learning through reflection. In undertaking reflections, students can choose any recognised model for reflection, including that of the NMC for revalidation. Additionally, it should be noted that on completion of a reflection, the student should include what actions they will take based on that reflection. All reflections must be authenticated by a practice supervisor.

It is important to remember that reflections are an account of a student's personal experiences. They underpin professional practice and therefore must be truthful and authentic. To ensure truthfulness, practice supervisors and link lecturers/practice tutors are encouraged to embrace the opportunity for

positive development from reflections within a cultural of learning. Students will be accountable for what is disclosed in reflections. The information recorded will help focus their thoughts, feelings and actions in practice, with a view to improvement. To facilitate professional development, students should select events and situations which are of particular significance to them and which will meet the identified proficiency. Reflections should be succinct but also have depth and completion. The following points may assist this process, remembering that the focus is on learning and development:

- Reflections to be personal and specific to the student perspective.
- Events which are a particularly good example of their practice, outlining reasons why they deem this to be so.
- Events that are meaningful, perhaps in terms of representing a key decision or dilemma.
- Events where they now think they would have done things differently and an analysis of why this was so.
- Raising and escalating concerns protocol should be followed were required; reflections are not the process to do this.
- Situations where they feel challenged by lack of knowledge, experience, skill or resources.
- Events about which they feel uncomfortable; these might involve moral or ethical dilemmas.

Rather than describing events and situations, the focus needs to be on analysing the effect that the experience(s) has had upon them. They should be reasonably succinct but complete and with depth.

Courageous Conversations

For students, there may be times when they experience a situation and feel that it could have been handled differently or in a better way. If this is the case, it can be difficult to write clearly and honestly about it if they feel that those who will read it might feel they are judging others or their practice. It is very important for students to think carefully about these situations and to discuss what happened with their practice supervisor, link lecturer/practice tutor or the nominated person before they start writing, in order to fully understand why the situation happened in the way that it did. The focus of this discussion should be on the difference between their expectation and what happened. Often there is a reason why things don't always work out as they should, and those supporting students in practice should be able to explore this with them in the context of their experience and knowledge of the context of the care given. If students are writing a reflection, it is important they think about the reason for the reflection and the learning outcomes it relates to. If they can focus the reflection on the specific learning that they took from the experience, this will help to avoid the dilemma of being truthful and potentially hurting other people's feelings. The learning they take away is then specific to them. Students are encouraged to have courageous conversations as part of learning to challenge practice in line with the standards of proficiencies from the NMC. In any situation where a student feels unsure about how to present their reflective accounts, they should make contact with the link lecturer/practice tutor and ask to discuss it with them for additional guidance and support.

If a situation occurs in practice where the student feels the care they witnessed placed either a person or a colleague at risk, the student has a duty to disclose this using the procedure for Raising and Escalating concerns (see Appendix 1).

Care Documentation

Documentation underpins so much of nursing practice. It is vital that students, in becoming a professional nurse, can make accurate records that communicate matters effectively. This underpins continuity of care and safety. Students will develop evidence through undertaking different types of care documentation. However, they will not submit those individual documents but will complete a learning record where their practice supervisor will authenticate that they have completed the care documentation to standard and where the student will record what they have learned from doing this. This is the evidence of achievement of the related proficiencies.

Health Numeracy and Calculations of Medicines

This activity log will enable students to access learning experiences that will facilitate developing competence in medication administration, numeracy and the application of the principles of pharmacology/pharmacotherapeutics. Through completing this, students will develop related evidence that is authenticated by a practice supervisor.

Quality Improvement in Practice

Continually improving the quality of care is central to the skills of a registered nurse. In developing the necessary evidence in this set of activities, students will apply processes that review the quality of what occurs in practice but also inform future practice through responding to that review (e.g. audit). In developing this evidence, students will need to engage with quality improvement methodologies (e.g. Institution for Healthcare Improvement (IHI) science, Lean method/approach, PDSA) and should ensure they are integrating with regional approaches (e.g. Quality 2020).

Supporting people with learning disability to access and use general healthcare (particular fields only)

Throughout practice learning students will meet children, adults and older people with learning disabilities who are in contact with hospital and community health services providing mental and physical health care, including primary, secondary and tertiary services. Within Northern Ireland 'learning disability' is defined as '*Reduced ability to understand new or complex information, or to learn new skills (impaired intelligence); and reduced ability to cope independently (impaired social functioning), which started before adulthood, with a lasting effect on development.*' (DH 2005, p1). This is different from 'specific learning difficulties' (for example, dyslexia, dyscalculia and dyspraxia) and these are not included within the definition of learning disabilities.

Across their course, students will need to develop their skills in working with people who have a learning disability and their families and other carers and as part of meeting the NMC proficiencies. This worksheet is designed to support their learning and development through:

- developing their communication abilities and confidence, in obtaining information from and providing accessible information to people with learning disabilities, making the necessary reasonable adjustments
- exploring the factors that may positively and negatively impact on the health of people with learning disabilities
- participating in activities that support inclusion of people with learning disabilities in valued social activities and provide equity of access to and equity of outcome from hospital and community health services.

Research has shown that some services provide high quality support to people with learning disabilities. However, there have been persistent documented concerns that access to and the outcomes of contact with health services for people with learning disabilities can result in poor experiences of care, avoidable distress, and on occasions preventable and avoidable deaths have been reported (CIPOLD, 2013; <https://www.bristol.ac.uk/media-library/sites/cipold/migrated/documents/fullfinalreport.pdf> ; LeDeR 2018 https://www.bristol.ac.uk/media-library/sites/sps/leder/LeDeR_Annual_Report_2018%20published%20May%202019.pdf).

These avoidable events often have their origins in a poor quality nursing assessment, limited understanding of the requirements of consent by staff and failure to make required reasonable adjustments. Limited communication abilities of staff and lack of confidence in working with people with learning disabilities often underpins the poor quality care provided. All of the above factors can result in 'diagnostic overshadowing', which occurs when changes in the mental (e.g. level of engagement, mood, behaviour) or physical (levels of activity, appetite, sleep, breathing, colour) characteristics of a person with learning disabilities are attributed to their learning disability, rather

than the more likely explanation of changes in their mental or physical health. As a result, necessary observations are not undertaken, investigations may not be performed and effective and prompt intervention may not commence, all leading to reduced health outcomes for people with learning disabilities (Barr and Gates 2019).

In response to the above concerns the NMC (2018) Future nurse: Standards of proficiency for registered nurses includes enhanced expectations of the proficiency and confidence of nurses (across Annex A and B) in supporting people with learning disabilities to attain and maintain their mental and physical health. This includes the need for effective communication to ensure people have the opportunity to make informed decisions about examination, treatment and care, and the provision of reasonable adjustments in order that people access and use hospital and community health services and achieve positive health outcomes. The NMC Proficiencies are structured across seven platforms and designed to reflect your developing professional role as you progress through your course. This worksheet uses these seven platforms to provide a framework for students to explore their abilities, skills and confidence in supporting people with learning disabilities. The focus of this worksheet is on their actions to support people with learning disabilities to obtain equity of access to and equity of outcome from hospital and community health services.

Child-Centred Care Worksheet (particular fields only)

This worksheet enables students to focus their development of knowledge and skills in working with children and their families, aligning to the NMC proficiencies of caring for people across the lifespan. It is complete across parts of the programme to enable students to focus on this area of practice when at the most opportune time in practice learning.

Signature Log

This should be completed by anyone who makes an entry into a student's NIPAD. It is used to verify the authenticity of signatures within the NIPAD.

Service User/Carer Feedback

Students must obtain feedback from three service user/carers for each part of the programme; these must have no areas of concern. This feedback is a required element for summative assessment. This feedback is important in providing the student, and those assessing and supervising them, with valuable insight into the personal experience of care. It is important that such feedback is authentic and safeguards the person providing feedback, who may feel vulnerable. The following process must be followed to obtain this feedback:

1. Feedback should be sought from service users and carers/families by the practice supervisor(s)/assessor. It should not be sought by the student directly as the process should be anonymous.
2. Practice supervisor(s)/assessor should seek the consent of service users and carers/families who are involved in providing feedback. Service users and carers/families should be informed that:
 - a. completion of feedback by service user is voluntary and will not impact on the care they receive
 - b. if the service user consents, their identity will remain confidential. The practice supervisor(s)/assessor will provide a copy of the documentation and invite the service users/carers to complete this. They may provide assistance if required/ requested. Practice supervisor(s)/assessors should confirm that what they have recorded accurately represents the views of the service users and carers/families
 - c. no identifying details will be recorded on the documentation

- d. feedback received will help to inform the student's development across their programme
 - e. the student will not fail the practice learning component of their programme based on their feedback, but these are an essential component of the overall summative assessment process
3. The practice supervisor/assessor should sign and date the documentation.
 4. The practice supervisor/assessor should discuss the feedback with the student and record this within the NIPAD.
 5. Should the feedback highlight any areas of concern, a learning plan must be developed by the student and practice assessor to address these. This must include obtaining an additional set of feedback from service users and carers/families to monitor development.

Service users' and carers/families' feedback should be stored safely within the NIPAD and must be available for the summative assessment in order to confirm achievement of the linked practice learning outcomes.

Important Information :Recording Evidence and Placement Hours eNIPAD .

1. When recording evidence and placement hours in your eNIPAD please ensure that Practice Supervisors, Practice Assessors, and any other registered practitioners complete their entries and insert their email contact themselves and **do not** do this on their behalf.
2. If you are found to have done this for any evidence/hours in your eNIPAD you will have to appear in front of a Fitness to Practice Panel (FTP) as this is interpreted as Falsification of Records .As you start out on your journey as a student/registered nurse this is not what any of you would want.
3. Please liaise with your Practice Tutor if you are struggling getting proficiencies/evidence/hours verified in your eNIPAD who will work with the placement area to support and manage this

INFORMATION FOR SERVICE USER/CARER/ FAMILY

We would like to give you the opportunity to provide feedback about your experience with the student nurse whose name is on the next page.

There are some important things for us to highlight before you decide if you wish to take part:

- Feedback received will help to inform the student's learning
- Your comments will help the nursing student to think about themselves and how they provide care. You may withdraw your feedback at any time.
- Your name/details will not be recorded on this form. This means that the student and other staff will not know that it is you who provided the feedback.
- You may choose not to fill in the form and that is okay.
- If you do not want to take part your care will not be affected.
- Should you require any help in completing the form then please ask a member of your family, carer/ friend or the person who gave you the form (this person is called the student's practice supervisor/assessor).

If you would like to take part then all that you need to do is fill out the form provided to you by the nurse. This involves some tick box questions and a space for comments.

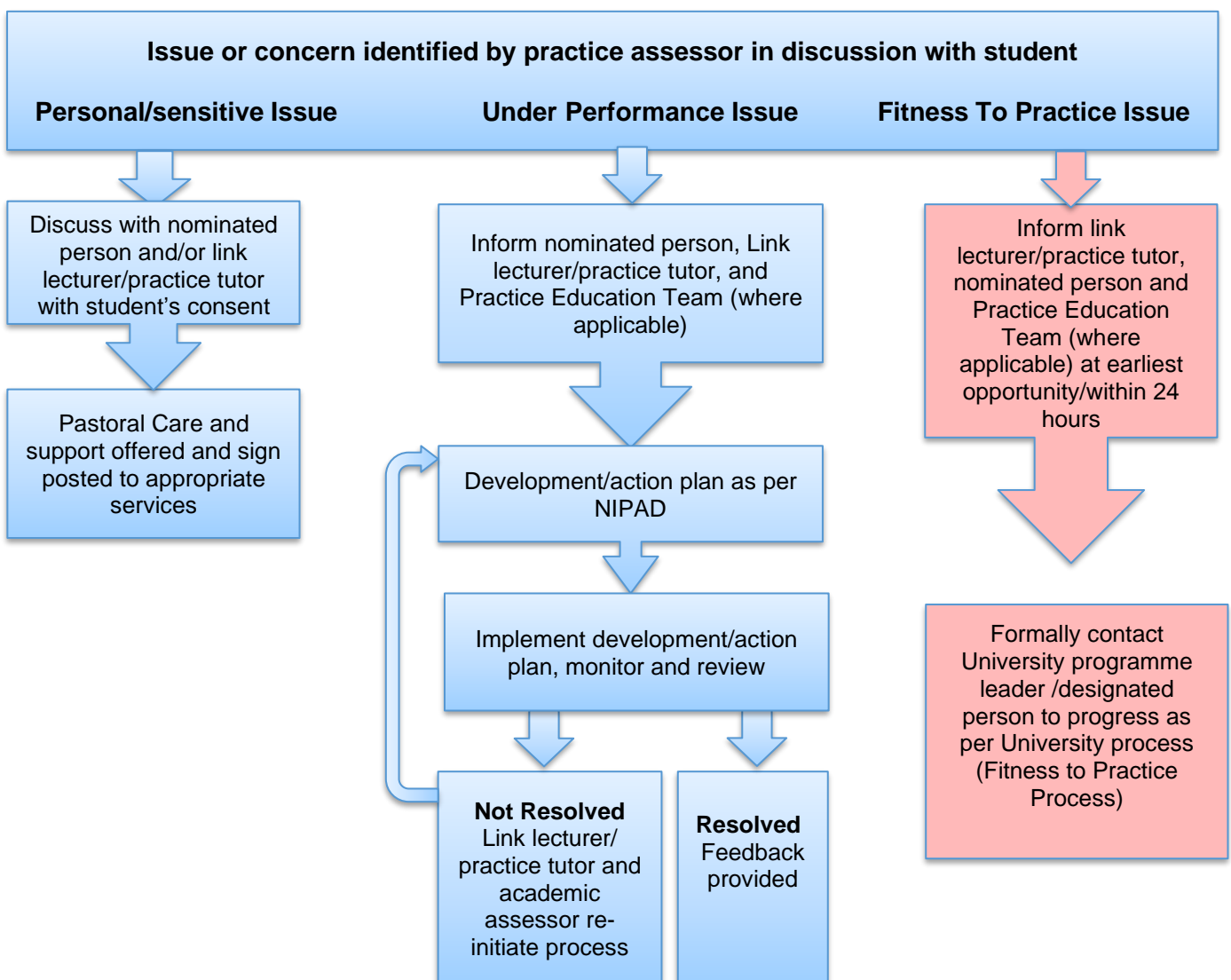
Record of Underperformance

This should be completed if the practice assessor and nominated person have concerns about a student’s performance, outside of set review times (Initial, Progress and Final). It must be completed as soon as is possible after an issue has arisen and there should be no delay in informing the link lecturer/practice tutor and nominated person. The academic assessor should record their notes in the academic assessor notes section. Practice assessors should also cross-reference to this record in the Record of Discussions. This record is only to be used if required (duplicated as necessary), otherwise it is left blank. Underperformance is when a student is performing below the level expected for their stage of their education. This can be in relation to their knowledge, skills, attitudes or values. This includes dealing with any issues surrounding professionalism. Practice assessors should communicate any ongoing concerns to the practice assessor in the next practice learning experience.

Once the issue is identified and documented, there must be an explicit, time limited action plan for the student to address the matter. Any matter that relates to Fitness to Practice may also be dealt with by a Fitness to Practice panel at the University who will consider this document in their deliberations and may impose further actions/decisions.

The following algorithm should also be followed for escalating concerns/issues regarding a student in practice learning environments.

Figure 2 – Process for managing an identified concern/issue



Record of Attendance

This should be completed daily and authenticated weekly by a practice supervisor or practice assessor. 100% attendance in practice is mandatory. Students must respect the need for punctual reporting for duty.

When undertaking practice learning, students will be allocated to *either* day *or* night duty on all of the days of the week (including weekends). Each week the student will work the required practice hours as indicated on their timetable. These hours represent contact time with people and in such breaks do not contribute to these. In order to maximise their learning, off-duty should align with that of the practice supervisor where possible. All students are expected to undertake night duty. They may only request specific hours of off-duty for very exceptional circumstances and with the agreement of the nominated person, practice supervisor and link lecturer/practice tutor. Students **should not** request their off-duty to be planned around any part-time employment they may have.

The timetable identifies what weeks of the year are designated as holiday weeks. **These can be altered or reorganised in consultation with your base manager however, annual leave cannot be taken during practice learning experiences.**

Students must inform the University and practice learning facility of any absence before the time they are expected on duty. Students should report the nature of their illness as a referral to Occupational Health may be necessary to determine whether a student is fit to resume practice learning. Absences must also be recorded on the Record of Attendance within the NIPAD. Students will continue to be marked absent until they inform the University that they have returned to practice learning. All outstanding hours must be made up by students in order to complete that Part of the programme. Absences of less than five days should be made up during the allocated practice period (where possible) and must be rearranged with the practice assessor, nominated person and link lecturer/practice tutor. **Absences of more than five days must be managed through the allocations team at the University.**

Please note that changing a student's allocated off-duty as a result of sickness/absence must be recorded as sickness/absence. All absences, even though made up, will be declared on references and should be documented on all job applications. If a student is experiencing any difficulty of a professional, academic or personal nature, they should contact the relevant University personnel (e.g. personal tutor/studies advisor course director/year co-ordinator) so that the appropriate support can be provided.

Any absence related to medical issues must be followed up with the appropriate medical certification. Medical clearance to return to practice learning may be required; students should check with the University to clarify what is necessary for their specific circumstances.

Practice Supervisor Notes

These are completed by the practice supervisor/s as they feel necessary. They provide an opportunity to record positive comments or issues of concern outside of the formal initial, progress and final review. For example, there may be some outstanding performance by the student that the practice supervisor wishes to capture or there may be a repeated pattern of lateness in attendance that the practice supervisor wishes to make a record of. If no additional notes are required, then nothing has to be recorded.

Practice Assessor Notes

These are completed by the practice assessor as they feel necessary. They provide an opportunity to record positive comments or issues of concern outside of the formal initial, progress and final review. For example, there may be some outstanding performance by the student that the practice assessor

wishes to capture or there may be a repeated pattern of lateness in attendance that the practice assessor wishes to make a record of. If no additional notes are required, then nothing has to be recorded. These notes may also be used to document any additional notes regarding assessment (e.g. when the assessment could not occur in person with the academic assessor and what the arrangement was).

Academic Assessor/Link Lecturer Notes

These are completed by the academic assessor at each visit to the student in practice.

Record of Learning with Other Health Care Professionals

At times, students will have days in practice learning settings with other health care professionals (e.g. physiotherapist, social worker). This record is where they identify what they have learned and this is authenticated by that professional.

AUTHENTICATING EVIDENCE

A portfolio can include a variety of sources of evidence that demonstrate learning. It can be big or small, thick or thin. It is not judged in terms of volume but in terms of its relevance and quality. Through the NIPAD students are being asked to demonstrate that they possess the knowledge and skills they claim. However, the NIPAD offers students the opportunity to do so in a creative way that is unique to them.

It is crucial that practice supervisors, practice assessors and link lecturers/practice tutors/academic assessors familiarise themselves with the content of this handbook prior to supporting a student on practice learning. Framing learning within the context of person-centred nursing is fundamental to the development of evidence, providing constructive feedback, and shaping the delivery of nursing care.

All evidence in the NIPAD is required to be authenticated by a practice supervisor, practice assessor or link lecturer/practice tutor/academic assessor. In signing to authenticate evidence, this person is verifying that the student did what they have claimed to have done, that it was done to standard, and that the content of the evidence is to standard and reflects their performance. The evidence must also meet the proficiency it is claiming to meet. It is therefore essential that evidence is not authenticated until the person doing so has had time to consider it, review the standard and only then should authenticate it if it meets the principles outlined. Evidence that is below standard should not be authenticated and the student should be guided on how to improve it for reconsideration.

PRINCIPLES FOR DATA PROTECTION, CONSENT AND AUTHENTICITY IN DEVELOPING EVIDENCE FOR THE NIPAD

While the use and sharing of service user information is an essential part of providing direct health and social care, all professionals involved have a legal duty to keep all personal information confidential, sharing only what is necessary to provide appropriate care. The right of service users to privacy and the professional's duty of confidentiality apply regardless of the form in which the information is stored or communicated – this can be electronic, on paper, spoken word, photographic or biological.

There may be times when students are using their experiences of care-giving to demonstrate learning and achievement (e.g. through reflections). As they do so, they will, no doubt, be thinking about particular people they have cared for. It is important that students do not include information in their NIPAD evidence that could be used to identify the people whose care is being discussed. Students and those authenticating their evidence are responsible for ensuring that there is no breach in data protection legislation, including those set out in General Data Protection Regulation (GDPR) requirements, or the NMC Code.

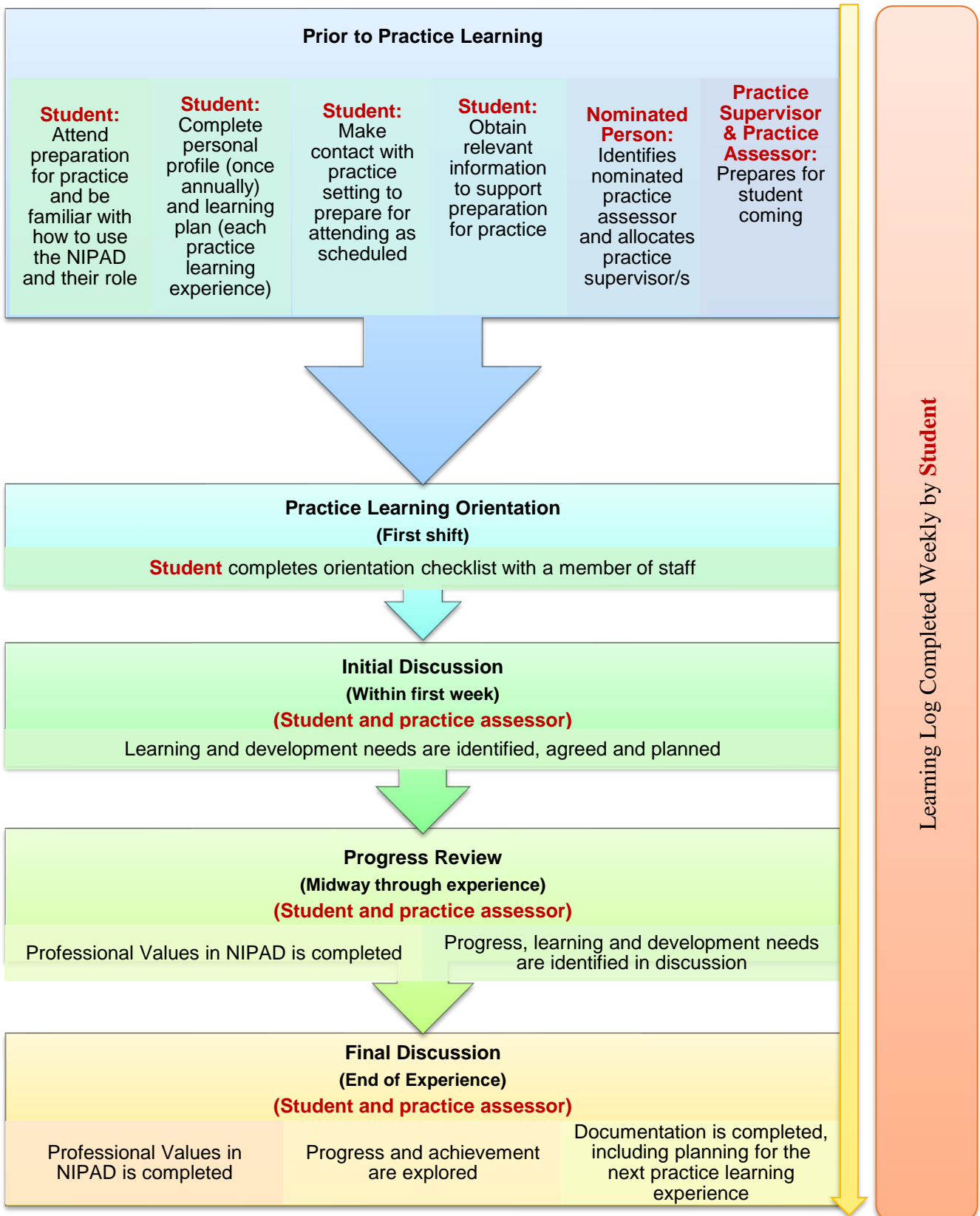
The following principles of good practice are highlighted when considering the development of evidence for the NIPAD:

- Students should be careful where they store their NIPAD when **in practice** and **at home**. When in practice, they should make sure to ask the nominated person or practice supervisor if there is a secure location where they can store their NIPAD – students should not leave their NIPAD on display in the care environment where anyone who is passing can take a look at the contents.
- Any identifiable information should be anonymised – this means that **no names** or **health care numbers** should appear in any evidence or in any rough notes made in practice.
- Evidence should not identify the **Trust** or specific name or location of the **care environment**. It should be sufficient to refer to a ward setting as surgical, medical or rehabilitation and a specific care setting as X-ray or the emergency department. Care should also be taken when referring to individual **staff members**. It is safer to refer to staff using their designation, for example, staff nurse, ward manager, health care assistant.
- Students should be careful when using notes during staff handovers. In some settings these may be hand written and it is tempting to use a notebook which they carry with them during a shift. It is safer to write any required information on a single sheet of paper that can then be referred to. Some settings use pre-printed handover sheets that contain the information required to plan care. Regardless of the type of notes, they should be used only for the purposes of care giving and disposed of safely according to the Trust's/organisation's procedures before leaving the care setting at the end of a shift. If students are in any doubt, they should discuss this with their practice supervisor or nominated person.
- If students ever feel they are at risk of using service user information in their NIPAD evidence that could include personal identifiable information, they should seek advice immediately from their practice supervisor or the nominated person.
- People in our care have the right to know that information given by them in confidence will only be used for the purpose for which it was originally given and should therefore not be discussed with any third party. Access healthcare records (governed by local policies on the handling and storage of records) should be kept to a minimum and only used when necessary for the care being provided. A registered practitioner should closely supervise the use of records and should countersign any written entry made by students into such records.

THE ONGOING RECORD OF ACHIEVEMENT

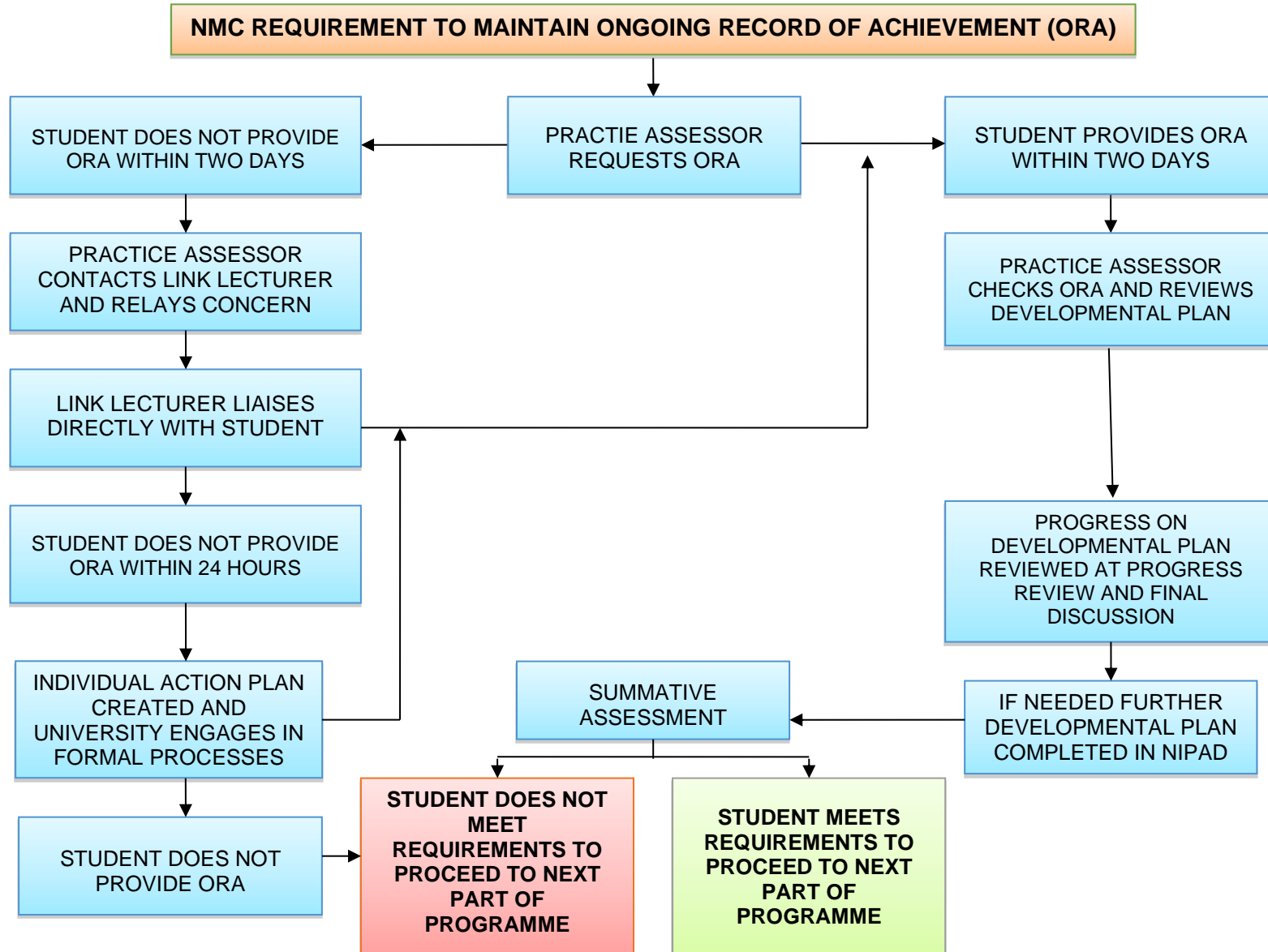
The NMC require students to have an Ongoing Record of Achievement (ORA) that documents their learning achievements and developmental needs. It also helps to capture development of the evidence. Students and those supporting them should follow the process below for completing this element of the NIPAD:

Figure 3: The Ongoing Record of Achievement



ONGOING RECORD OF ACHIEVEMENT MANAGEMENT FLOW CHART

Figure 4 – Ongoing Record of Achievement



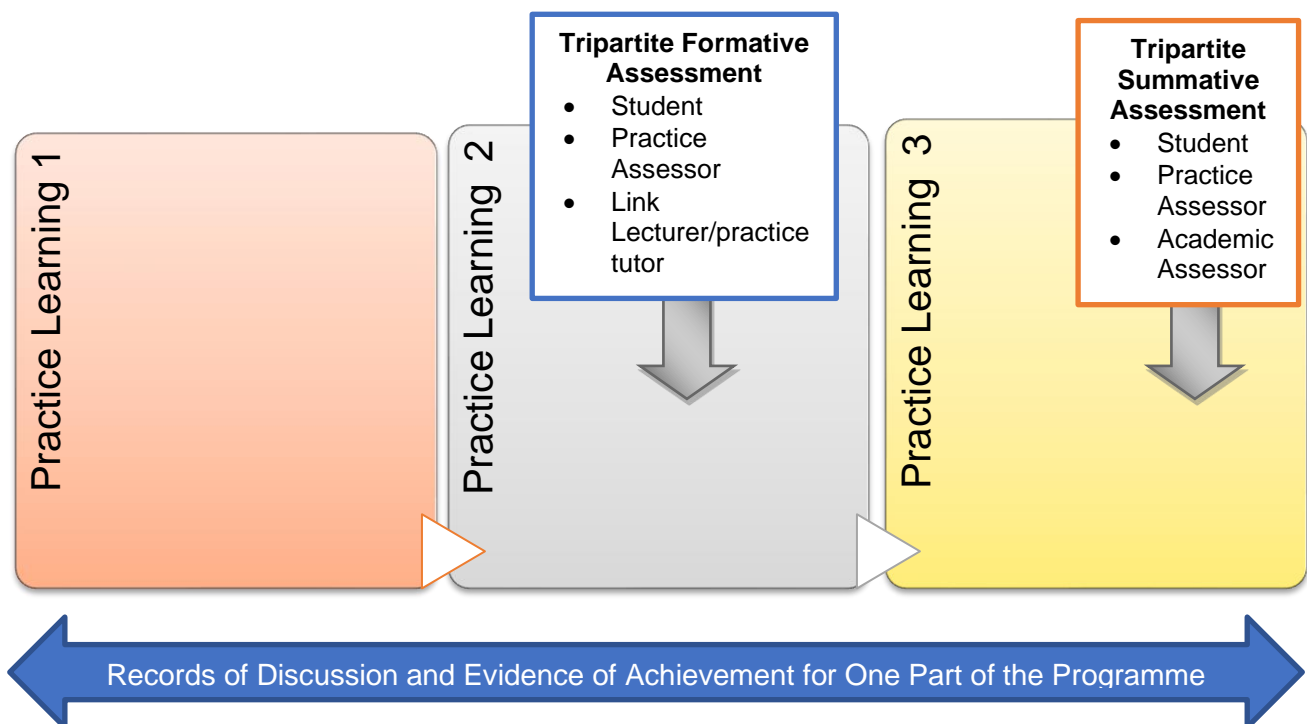
THE ASSESSMENT PROCESS

Students will develop their evidence across the whole part of the programme, at the end of which they will have a summative assessment. This is figuratively illustrated in Figure 5 (please note the number of practice learning experiences will vary). However, the learning journey has a variety of formative processes to support them in developing evidence for that summative assessment:

- The Records of Discussions for each practice learning experience provide formative feedback on their achievements and areas for development. These form a central component of the summative assessment as they a form of communication between the practice assessors and academic assessors.
- Tripartite formative assessment halfway through the total weeks of practice learning for that Part. The purpose of this tripartite formative assessment is to identify progress to date and to focus the student’s learning on the learning and development of evidence that needs to occur before the summative assessment takes place. Additionally, evidence within the NIPAD to date is reviewed to ensure it is of sufficient standard to support the achievement of the identified proficiencies.

The first attempt at summative assessment is undertaken towards the end of the final practice learning experience of that part of the course, permitting a minimum period of two weeks for a second attempt. The final two weeks is the period of time for the student to address any aspects of their learning and development that prevented them from passing the first attempt at summative assessment. They will then have a second and final attempt at summative assessment at the end of those final two weeks.

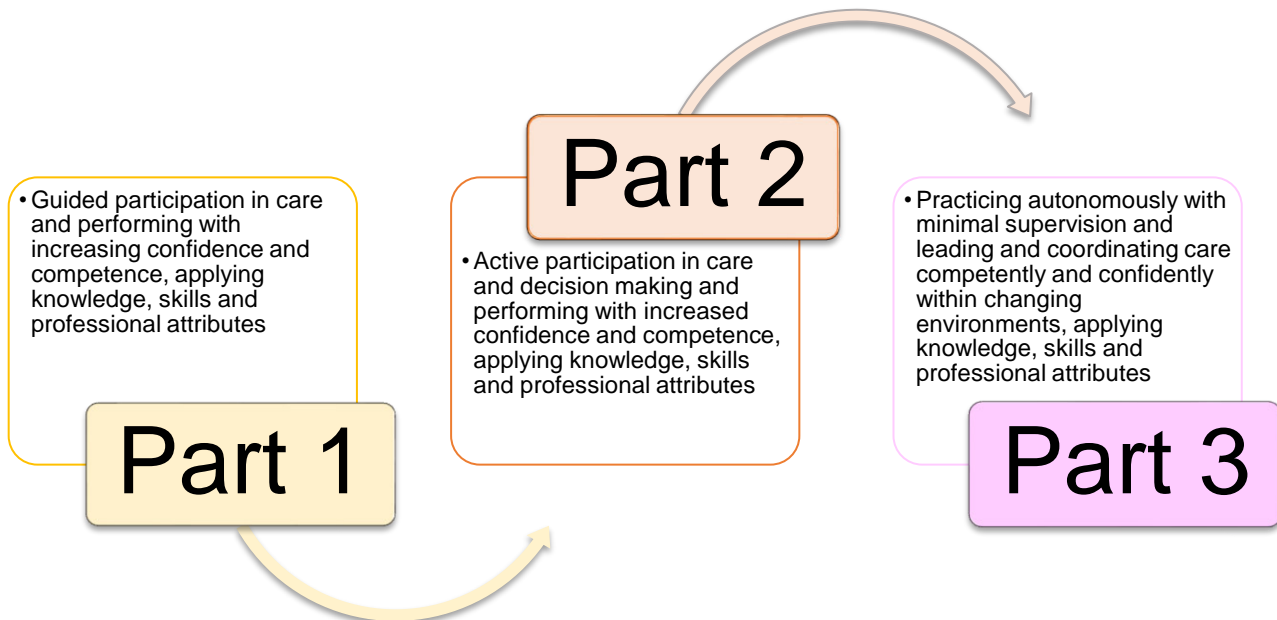
Figure 5: Assessment Strategy Across Each Part of the Programme in Practice



Incremental Developmental Nature of the NIPAD

Each Part of the programme addresses a number of the NMC 2018 Standards of Proficiencies. The evidence that students develop in each Part is developmental and incremental in that in the subsequent part, students increase the level they are practicing with a view to them meeting the required standards in the final Part of the programme. This is broadly described in Figure 6. Figure 7 provides an overview of the programme structure, illustrating where practice learning occurs.

Figure 6



Completing a Tripartite Formative Assessment

The tripartite formative assessment is completed approximately halfway through the number of practice learning weeks for the Part of the programme the student is in. Practice assessors should provisionally review the student's progress in developing their evidence for proficiencies in preparation for the tripartite formative assessment. This would involve reviewing the evidence and documentation within the NIPAD.

The tripartite formative assessment should follow the following process:

1. The student, practice assessor and link lecturer/practice tutor should agree a process to undertake the formative assessment. This will need commitment from all parties to dedicate time to undertake the process.
2. The student is responsible for providing all of the NIPAD documentation to date, set out in a logical order.
3. Student, practice assessor and link lecturer/practice tutor should:
 - a. review the student's achievement towards developing the required evidence for that Part of the programme, ensuring the evidence is authenticated, to standard and meets the stated proficiencies
 - b. record a summary of progress and key areas for development in order for the student to focus on developing in the areas necessary to demonstrate achievement in the remaining evidence for the summative assessment. This should include reviewing the ORA to date.

Completing a Tripartite Summative Assessment

The first attempt at the tripartite summative assessment is undertaken towards the end of the final practice learning experience of that part of the course. Students must be afforded a period of two further weeks in which they can address any deficits in evidence for that Part of the programme. Students therefore have two opportunities to pass the summative assessment in order to meet the criteria to be recommended to progress to the next Part of the programme or the NMC live register. Practice assessors may provisionally review the student's progress in the NIPAD in preparation for the tripartite summative assessment with the academic assessor and student. This would involve viewing the evidence and documentation within the NIPAD.

The tripartite summative assessment should follow the following process:

1. The student, practice assessor and/or link lecturer/practice tutor should agree a date and time to undertake the formative assessment. If the link lecturer is unavailable for this formative date and time they will contribute to the assessment at the next available opportunity whilst the student is on practice placement.
2. The student is responsible for providing all of the NIPAD documentation to date, set out in a logical order.
3. Student, practice assessor and academic assessor (link lecturer) should:
 - a. review the student's achievement in providing evidence of achievement of all proficiencies for that Part of the programme. All evidence must be present, authenticated, be of standard and meet the specified proficiencies to be accepted
 - b. the academic assessor must review the student's academic performance in advance of the summative assessment in order that they can have an informed discussion with the practice assessor
 - c. if all of the evidence meets the criteria in (a) and the course regulations (b) permit the student to progress in terms of academic performance for that Part, then the student can be recommended to progress by the practice assessor and academic assessor. The student then completes their final two weeks of practice learning to consolidate their practice and complete the required hours for that Part of the programme.

Please note: This assessment is provisional until all practice hours are completed. It may be reviewed should an issue (professional or otherwise) arise in the time between the assessment and all hours being completed.

- d. If a. and b. are not yet fully achieved, then:
 1. the evidence that is in deficit must be identified in the assessment documentation
 2. an action plan to support the student to access the learning experiences necessary to develop the outstanding evidence must be set in place. This takes place over the final two weeks of practice learning for that Part of the programme
 3. after two weeks, the final attempt at summative assessment is completed again as for (a) and (b) above
 4. should (c) above still not apply, then the practice assessor and academic assessor recommend that the student does not progress to the next Part of the programme.

Please note that students have some nursing procedures for which evidence of achievement occurs over all Parts of the programme. These are considered in the final summative assessment for the programme. This also applies to the communication and relationships proficiencies and some worksheets (e.g. Children's worksheet).

Please note that all assessments are provisional and subject to ratification at the Board of Examiner's and in line with the course regulations.

Programme structure: BSc (Hons) Nursing (360 credits) (R39)

To progress through the qualification, you will be required to integrate your theoretical learning (learning for practice) and your practice-based learning in order to inform the delivery of safe, effective, compassionate, person and family-centred care.

As you progress, you will be expected to learn and practise increasingly independently and will be encouraged to form 'communities of learning' with other students on the qualification. This will be promoted through online discussion forum activities, online tutorials using Adobe Connect, telephone and email contact. A practice tutor/academic assessor, a practice-based supervisor and practice-based assessors will facilitate and support your practice learning in each setting where you gain experience.

Part of programme	Modules	Theory (hours)	Supernumerary practice (hours)
Part 1	Introduction to healthcare practice (K104)	170	770
	Introducing health and social care (K102)	600	
Part 2	Developing nursing practice (K211)	85	770
	Understanding nursing: knowledge and theory (K210)	685	
Part 3	Becoming an autonomous practitioner: K236-Adult K237-Mental Health K238-Learning Disability K239-Children & Young People	85	770
	Assimilating nursing: knowledge and theory (K325)	685	
Total hours		2,310	2,310

FACTORS INFLUENCING PRACTICE LEARNING EXPERIENCES

For each practice learning experience, there are a number of factors that need to be considered in terms of managing this element of the programme.

Location of Practice Learning Experiences

Students accept a place on the course on the understanding that they cannot self-select practice learning experiences. Practice learning experiences are throughout Northern Ireland and students are allocated based on streaming students to meet the required experiences for the curriculum and the associated NMC standards.

For each field, these are largely located as follows:

Field	Health and Social Care Trust	Independent Sector
Adult Nursing	UU - Northern and Western QUB – Belfast, Southern and South Eastern OU – Across all HSCTs	Across Northern Ireland
Mental Health Nursing	Across all HSCTs	Across Northern Ireland
Children’s Nursing	Across all HSCTs	Across Northern Ireland
Learning Disability Nursing	Across all HSCTs	Across Northern Ireland

Practice learning experiences in other fields (e.g. Learning Disability experience for Adult Nursing students) will often occur across Northern Ireland. All allocations are provisional subject to mapping between the three Universities in Northern Ireland and to any changes in educational audit that govern students accessing practice learning settings.

Students are not permitted to secure or alter any practice learning experience. To do so may result in disciplinary action. Allocations may only be secured by the Practice Learning Office.

Travel to Practice Learning Facilities

As far as possible, the University will attempt to place the Student as close to their **home address** as is geographically possible. However, this is not always possible due to the number of pre-registration nursing students and limited availability of practice learning experiences. Students should expect to have to travel to meet the requirements of practice learning modules.

Please note that students using their own vehicles to travel to people’s homes in the community are responsible for ensuring they have appropriate insurance cover, normally Class 1 Business Insurance.

Students may visit people’s homes on their own under indirect supervision to deliver care if they are deemed competent to do so by their practice supervisors and/or practice assessors. Practice supervisors/practice assessors must ensure the level of supervision provided to students reflects their learning needs and stage of learning. As well as this, they must use their professional judgment alongside local/national policy (e.g. lone worker policies) to determine where activities may be safely delegated to students.

Supervision in the Community

Students should not be undertaking any activity on their own that they have not demonstrated proficiency in. Before visiting any person independently, students must be adequately prepared by their practice supervisor and/or practice assessor. Following a visit to a person, the student must report to the registered practitioner who delegated the visit. The student should use this opportunity to reflect on their experiences as an autonomous registrant. Practice supervisors, and/or practice assessors will make the final decision to delegate care to students based on the following considerations:

Suitability

- Students must have been involved in the care of the person under the direct supervision of a registered practitioner.
- Intervention or situation must be as predictable as possible.
- There are no legal or trust policy restrictions to students delivering care.
- There is an agreement between the student and delegating registrant regarding the suitability of the delegation.
- The practice supervisor/s, and/or practice assessor or registrants must obtain the consent of the person who must be made aware that they can withdraw this consent at any time.

Risk management

- Students must be made aware of action to take in case of unforeseen events.
- Practice supervisor/assessor or registrants must ensure students understand the local lone worker policy.
- Students must be aware of Trust/relevant protocols relating to the aspect of care being delivered.
- The delegating registrant must determine that the household/neighbourhood is safe for the student to attend.

Support

Practice supervisor/s, and/or practice assessor or registrant must ensure that:

- Students can be fully briefed prior to the visit
- Students must have immediate access to a registered practitioner's mobile phone (If the student does not have mobile phone access, visits should be restricted to houses with a phone). The student should leave their contact details at the practice learning setting base with an approximate time of return and details of the visit location
- After the visit, on the same day, the student must give a report/reflect upon care given to the registered practitioners responsible for the person's care
- Students discuss their experience with their practice supervisor/s, and/or practice assessor.

Transportation

- Geographical location of visits must be considered, students need to be made aware of the route(s) if unsure.

- Students may use their own cars for visits if the student holds a full driving licence, the car is roadworthy and is appropriately insured. The student should check their insurance status with their insurer with regards to business use.
- Neither the University nor the HSC Trusts accepts any liability relating to, or from the use of student's vehicles.
- Students must not carry people in their care as passengers.

Mitigating Circumstances

Mitigating circumstances will be considered when allocating practice learning experiences. However, Universities cannot guarantee that all students will be within easy travelling distance of their practice learning facility (Please note that *'having a family'* is not normally considered to be a mitigating circumstance.) **Mitigating circumstances will only be considered when the student has gone through the correct channels for applying for such consideration within the correct time frame.**

Students who feel they have mitigating circumstances must meet the designated person (e.g. Course Director/Programme Lead) within the first two weeks of each academic year to discuss the submission of a Mitigating Circumstances. This must be supported with evidence. School processes will be applied to consider the application and apply it where accepted. This does not guarantee that the resource exists to accommodate.

Making Reasonable Adjustments

Some students may have individual needs and personal circumstances that need to be taken into consideration when being allocated and undertaking practice learning, including making reasonable adjustments for students with disabilities. The University has processes and procedures in place to identify and manage such needs formally, which have been developed and agreed with practice learning partners.

Injury in Practice

If a student sustains an injury of any kind in practice, they must immediately inform the practice supervisor/assessor or nominated person. It is essential that local policy is adhered to in relation to dealing with this injury. The relevant incident forms and process agreed with the Universities is followed. Should a student become injured outside of practice, they must also immediately liaise with the University to determine whether they can return to practice learning; they must not return before liaising with the University.

Complaints Process

If a student wishes to make a complaint, they usually are raising an issue about how they have personally been treated and are seeking resolution. If this is the case, they should raise the matter with either their practice supervisor/assessor, link lecturer/practice tutor or nominated person. If an informal complaint is received verbally this may be subsequently requested to be submitted in written form.

Raising and Escalating Concerns

Students should raise and escalate any concerns immediately through the following process (see Appendix 1):

- Raise any concerns with any aspect of their practice learning experience as soon as possible with the following people in this order; the practice assessor, the nominated person, the link lecturer/practice tutor, a senior member of School staff at the University or a member of the Practice Education Team (within Health and Social Care Trusts).
- Seek help immediately from an appropriately qualified professional if someone for whom they are providing care has suffered harm for any reason.
- Seek help from their practice assessor, nominated person or link lecturer/practice tutor if people indicate that they are unhappy about their care or treatment.
- Make an accurate record of any of the above, should it be needed in the future. We advise students to seek advice before submitting any statements (e.g. from the University or their union).

It is recognised that it might not be easy for a student to raise and escalate a concern; they may not be sure what to do or the process may seem quite daunting. For additional advice at any stage, we recommend that students talk to the identified people as earlier as possible. They can also speak to their professional body, trade union or Protest (<https://protect-advice.org.uk/>), who can offer valuable confidential advice and support.

AccessNI

All students undergo an AccessNI enhanced disclosure check to enter their pre-registration nursing programme of study. This is an NMC requirement and students cannot progress to practice learning without this check being returned to the University by AccessNI for internal review.

Students ***must*** retain their copy of the certificate once it is sent to them by AccessNI. Some practice learning settings require this to be produced to permit practice learning to go ahead. If a student has misplaced this, it will likely prevent them from attending that practice learning setting and may result in delaying their progression.

The University does not keep a copy of this check once they have been processed (for Data Protection purposes).

Management of Notes Made at Handovers

Students will undertake practice learning in areas where they will need to take notes at handovers, and at other times, in order to guide their work during that shift/day. Any notes taken by students are likely to contain information that is confidential and students must dispose of such notes in a manner that does not breach confidentiality and is in keeping with the Data Protection Act and GDPR.

Students are asked to do the following when undertaking practice learning:

1. Make yourself aware of the organisation's policy on taking and disposing of notes.
2. Follow this guidance, seeking advice when you are unsure.
3. Ensure that no note you make leaves the practice environment with you and that it is disposed of as per the organisation's policy. In the absence of a policy, please seek guidance and note that any note should normally be shredded or placed into appropriate confidential waste bins prior to ending your shift.
4. Ensure that you retain any notes safely during the period of a shift so that they are not obtained by any other person (e.g. dropped on floor and picked up by a member of the public).

Use of Mobile Phones

Students who carry a mobile phone or other wireless communication device **must turn it off** while in practice learning settings. The practice supervisor and manager may grant exceptions to this on a one off basis where a student needs to receive an urgent message. This must be by prior arrangement. electronic devices, including phones with cameras are not permitted to be switched on in any practice learning setting.

Practice Supervisor and Assessor Development Information for Students

Practice learning providers and Universities are committed to developing and enhancing support mechanisms within practice learning environments. This requires development programmes and processes to be in place to prepare practice supervisors/practice assessors. The preparation of supervisors and assessors is regionally approved in line with Nursing and Midwifery Council (NMC) Standards for Student Supervision and Assessment (NMC 2018).

Important Information :Recording Evidence and Placement Hours eNIPAD .

5. When recording evidence and placement hours in your eNIPAD please ensure that Practice Supervisors, Practice Assessors, and any other registered practitioners complete their entries and insert their email contact themselves and **do not** do this on their behalf.
6. If you are found to have done this for any evidence/hours in your eNIPAD you will have to appear in front of a Fitness to Practice Panel (FTP) as this is interpreted as Falsification of Records .As you start out on your journey as a student/registered nurse this is not what any of you would want.
7. Please liaise with your Practice Tutor if you are struggling getting proficiencies/evidence/hours verified in your eNIPAD who will work with the placement area to support and manage this

UNIFORM AND DRESS CODE POLICY

As an OU nursing student on practice learning, you are required to dress in a manner which is likely to inspire public confidence. Therefore, you must adhere to the following policy and behave in a professional manner at all times. Uniforms are provided through your employer.

If the wearing of uniform is required, this is agreed with your employer and OU uniforms may then be provided, you wear it when you are undertaking supernumerary hours. In order that you can be recognised as an OU student when in placements, the OU logo is embroidered onto the uniforms provided or name badge supplied by your employer. It is important that you comply with local policy with regard to appropriate dress and it is your responsibility to seek out this information prior to accessing practice experiences outside of your core practice-base and ensure you comply with it.

Practice tutors should follow the general principles and those principles relating to non-uniform clothing.

General

- Students are required to wear their name badge at all times except where the practice learning provider has a policy stating otherwise.
- Wearing jewellery including rings, earrings and body jewellery is not permitted as this poses a health and safety risk to the student and the people in their care. Students must check the policy in each practice learning environment, which normally permits a single plain band ring only. Visible body piercings are normally not permitted. Therefore, a “bare below elbows policy” is applied, meaning no wristwatches, bracelets, wristbands or rings (other than a wedding band if policy permits) are worn.
- No unauthorised decoration should be worn.
- Perfume/body sprays: it is important to be cognisant of the fact that these can cause irritation and potential nausea to people in our care, especially those who are very ill.
- Chewing gum is not permitted when on duty.
- Finger nails should be short and clean, false nails or nail varnish is not permitted.
- When in uniform hair should be worn above the collar. Long hair must be secured.
- All Health and Social Care Trusts (HSCTs) premises have a strict no smoking policy. Students are required to follow the organisation’s policy on smoking.
- Religious/cultural headscarves should be tied closely to the head and fastened securely and discretely. They should be shoulder length or neatly tucked in. When worn with uniform they should be either black or navy.

Uniform

- For most experiences students are required to wear the university uniform. This is a white tunic with blue trim, navy (uniform) trousers and navy or black shoes (not trainers) and socks. Shoes must be ‘closed in’ and safe for moving and handling of people and equipment.
- Students should, where possible, change into and out of uniform at the workplace. Where practice learning settings have appropriate changing facilities, these should be used.
- Students who are permitted to wear a uniform for experience outside hospital should ensure the tunic is covered completely when travelling; the uniform coat is therefore a compulsory part of the uniform outside of practice learning settings.
- Students should not be coming from practice learning facilities to the University in their uniform.
- Students should not go shopping, socialising or undertake other activities not related to practice learning in uniform.
- Students must change as soon as is practical if uniform or clothes become visibly soiled or contaminated with blood or body fluids.

- A clean uniform should be worn for each shift.

Dress Code for when uniforms are not worn

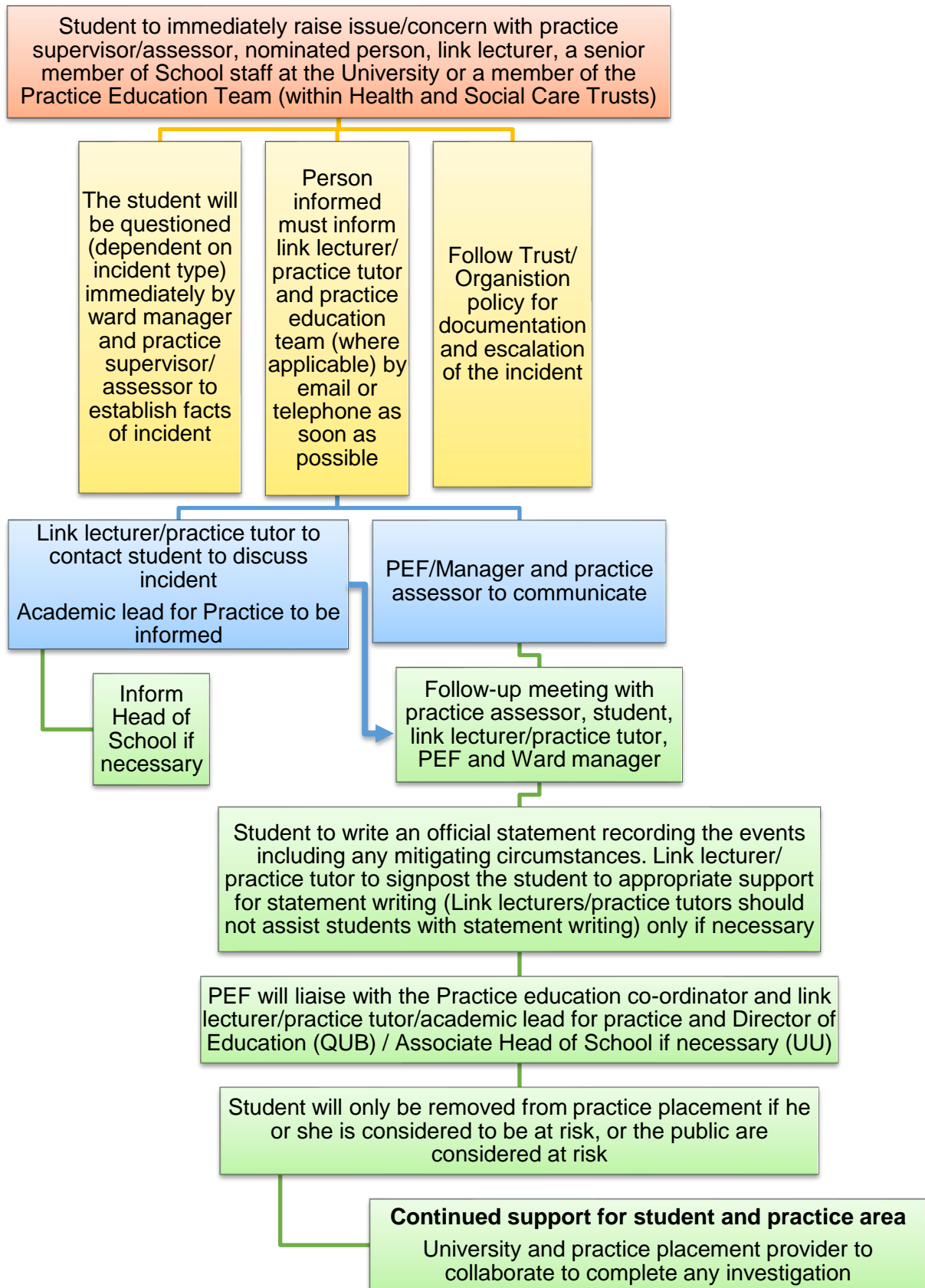
In the instance that students are undertaking a practice learning experience where they have been advised by the staff/practice supervisor in that setting not to wear a uniform, the following principles must be followed:

- Smart, clean laundered, clothing safe for moving and handling of people and equipment should be worn
- Students should wear clothing that allows them to be 'bare below the elbows' so as to facilitate good hand washing techniques. Jackets, shirts, jumpers etc. must be short sleeved or capable of being fully rolled up above the elbow
- Denim (of all colours), shorts, baseball caps, ripped style or clothing with overt slogans which may be perceived as offensive are not permissible (i.e. clothing should be as plain as possible).
- Midriff, thigh and shoulder should not be on show and no underwear should be visible.
- Navy or black shoes and socks must be worn. Shoes should be closed in smart, clean, well maintained and have an appropriate professional appearance and safe for moving and handling of people and equipment.

Laundering the Uniform

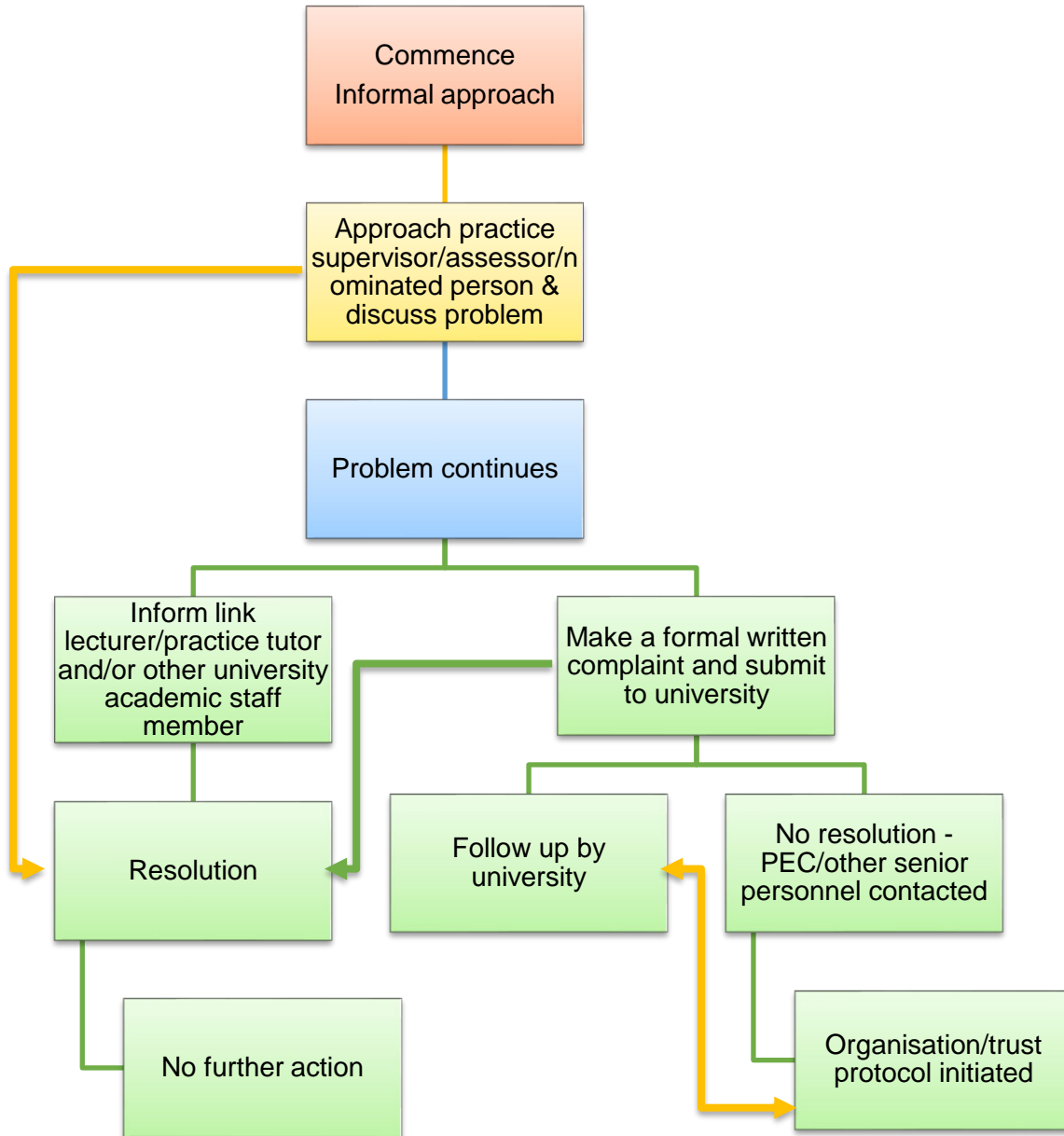
- Uniforms must be carried separately from other items – clean and dirty uniforms must not be transported together.
- Hand washing uniform is ineffective and unacceptable.
- Wash separate from other items, in a washing machine.
- Wash in laundry detergent in the quantities advised by the manufacturer.
- Dry quickly, or tumble dry, and iron.
- Store in a plastic bag, to prevent contamination with dust or other pollutants.

APPENDIX 1 – PROCESS FOR STUDENTS RAISING AND ESCALATING CONCERNS



Please contact Academic Lead for practice for guidance and support

APPENDIX 2 – PROTOCOL FOR BULLYING AND HARASSMENT



APPENDIX 3 -SUBMISSION OF DOCUMENTATION

Students should ensure all components of NIPAD completed by summative assessments.

These include:

- Signature Log
- Record of Underperformance if required
- Record of Attendance
- Practice Supervisor, Practice Assessor and Academic Assessor
- Record of Learning with Other Health Care Professionals if applicable
- Professional Values in Practice
- Communication and Relationship Management Skills Learning Log
- Health Education Episode
- Leading and Coordinating Care Episode
- Reflections
- Care Documentation
- Medicines Administration and Optimisation Learning Log
- Quality Improvement in Practice
- Service User/Carer Feedback.

APPENDIX 4- BEST PRACTICE GUIDELINES FOR eNIPAD* USE

Guidelines for general use

- Student is responsible for downloading the eNIPAD software prior to the commencement of practice learning experiences and ownership of electronic device when using their eNIPAD
- Student will be required to use passwords and encryption for electronic device in order to protect all content; this requires that all devices are security protected on start up and screen unlock (e.g. PIN, pattern, biometric security). This is essential should you misplace your device in order that it is not accessible by another person.
- Student must only share eNIPAD information with other authorised users e.g. practice assessors, practice supervisors, the nominated person, academic assessors, link lecturer
- Students should be mindful that all content in electronic device is confidential and will be accountable for any breach of confidentiality
- Students must report loss of their electronic device to their personal tutor/advisor of studies
- Students must back up their eNIPAD regularly so as to ensure no loss of entries/evidence.
- Students must ensure no entries into their NIPAD are in breach of GDPR requirements.

Guidelines for use during Practice Learning Experiences

- Students must have their eNIPAD with them at all times in practice in order to review your progress with practice supervisors, practice assessors and academic assessors.
- Students must make their eNIPAD accessible to their practice supervisor, practice assessor, academic assessor or nominated person when requested; this requires that a student provides their device (e.g. mobile phone/tablet) to that person or provides log in access where those supporting their learning wish to access on a desktop/laptop computer.
- Students must understand that it is not acceptable in any circumstance to make an entry in the eNIPAD on behalf of another (for example a Practice Supervisor/Assessor). Should such a circumstance arise, it will be regarded as falsification of records and may result in a Fitness to Practice process being instigated and potentially, the student being asked to withdraw from the programme.
- Students must ensure eNIPAD is stored safely and securely in non-patient areas.
- Electronic device must only be used for documenting progress in eNIPAD during practice learning experiences
- Electronic device must always be kept in flight mode or vibrate only mode
- Students must adhere to Trust policy in relation to use and storage of mobile electronic devices
- Students must adhere to Trust policy in relation to infection prevention and control when using electronic mobile device

Important Information :Recording Evidence and Placement Hours eNIPAD .

- When recording evidence and placement hours in your eNIPAD please ensure that Practice Supervisors, Practice Assessors, and any other registered practitioners complete their entries and insert their email contact themselves and **do not** do this on their behalf.
- If you are found to have done this for any evidence/hours in your eNIPAD you will have to appear in front of a Fitness to Practice Panel (FTP) as this is interpreted as Falsification of Records .As you start out on your journey as a student/registered nurse this is not what any of you would want.
- Please liaise with your Practice Tutor if you are struggling getting proficiencies/evidence/hours verified in your eNIPAD who will work with the placement area to support and manage this

Practice Placement Process

- Placement team will meet with full academic nursing team locally to discuss upcoming placements
- Each student record is reviewed before placement.
- For novice students this means that all areas are open for experience as per recommendations within FNFM.
- The placement flows for students are defined within the attached document.
- As the student progresses through the programme the placement team attempts to match this flow requirement against the current placement availability.
- This is highly dynamic and specific, as students may require access to specific skill attainment dependant on stage of programme, experience previously and how well they have sought out learning experiences to meet their own individual needs.
- This review work falls primarily to the placement team, who in the first instance liaise closely with QUB as Learning Disability placements are at a premium currently.
- The placement team confirm the placement with partner University QUB (Queens University Belfast).
- This is then reviewed by the relevant NI staff tutor (Academic) before the student is notified by the PBLA (Practice Based learning Assistant).
- It is also worth noting that information is sought from the students PT (Practice Tutor) at relevant points in the students journey to understand and update specific needs.

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	Mental Health	LD		CYP	Adult	Colour Code	
PART 1	1.MH hospital	During Parts 1 and 2 students must have 2 alternative placements. One should be in an adult setting (preferably ward based) and the other in a mental health setting (can be Adult mental health or CAMHS)	1.In patient LD hospital	1.Acute hospital/community nursing	1.Acute care of adult medical		Part 1 placements
	2.Adult General		2.Alternative placement (Adult or MH)	2. Outpatients/day centre	2.Care of older person community/hospital		
	3.Care of Older Person MH		3.LD Resource or day centre LD/Supported living service for adults living with a learning disability/Private Nursing Home	3. School nursing/health visiting	3.Hospital surgical		Part 1 placement
PART 2	1.MH community	During Parts 1 and 2 students must have 2 alternative placements. One should be in an adult setting (preferably ward based) and the other in a mental health setting (can be Adult mental health or CAMHS)	1.Community Learning Disability Nursing team (Adult or children)	1.Acute medical/surgical/theatres	1.Community Nursing		Part 2 placement
	2.C&YP/LD/CAMHS	NB: In-patient LD provision will require cross boundary placements. All students should have at least one placement in a specialist in-patient assessment and treatment unit (Bluestone and M. Abbey)	2. Alternative placement (Adult or MH)	2.Adult experience	2.Public Health (PH)		
	3.Community Mental Health:		3.Any specialist placement from the list below:	3.Children's specialist nursing	3.MH Nursing		Part 2 placement
	Community Mental Health Recovery Services (child/adult/older adult); Hospital Based Recovery Services (child/adult/older adult). Prison Health placement. Forensic MH placement.		a.Assessment and Treatment In-Patient Unit (Adult or Children) b.Forensic Learning Disability Service (could be in-patient or community) c.Specialist Behaviour Support Services d.Prison Health Care Services at .Maghaberry e.Community Learning Disability Nursing Team (Children or Adults) f.LD Health Facilitation Team. g.Epilepsy Nurse Specialist Service. h.ID CAMHS service (I think only available in SHSCT) i. Acute liaison service (I think only available in WHSCT)				Examples of Part 3 placement
PART 3	1.MH specialism	Please consider the specific requirements for Placement 3 (e.g. if the student undertakes a hospital in-patient placement in PLP 1 and 2, they should complete their final management placement within a Community Learning Disability Nursing Team).	Any specialist placement from the list below: a. Assessment and Treatment In-Patient Unit (Adult or Children) b. Forensic Learning Disability Service (could be in-patient or community) c. Specialist Behaviour Support Services d. Prison Health Care Services at .Maghaberry e. Community Learning Disability Nursing Team (Children or Adults) f. LD Health Facilitation Team. g. Epilepsy Nurse Specialist Service. h. ID CAMHS service (I think only available in SHSCT) i. Acute liaison service (I think only available in WHSCT)	1.Community nursing,	1. Care of adult in Critical Care		Part 3 placement
	2.Community	At least one of these final 3 placements should be within community based learning disability services.	Any specialist placement from the list below: a. Assessment and Treatment In-Patient Unit (Adult or Children) b. Forensic Learning Disability Service (could be in-patient or community) c. Specialist Behaviour Support Services d. Prison Health Care Services at .Maghaberry e. Community Learning Disability Nursing Team (Children or Adults) f. LD Health Facilitation Team. g. Epilepsy Nurse Specialist Service. h. ID CAMHS service (I think only available in SHSCT) i. Acute liaison service (I think only available in WHSCT)	2.Specialist nursing teams	2. Care of adult in acute specialist medical or surgical		

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	3.Acute MH	<p>NB: In-patient LD provision will require cross boundary placements. All students should have at least one placement in a specialist in-patient assessment and treatment unit (Iveagh (Children) Bluestone and M. Abbey)</p>	<p>Any specialist placement from the list below:</p> <ul style="list-style-type: none"> a. Assessment and Treatment In-Patient Unit (Adult or Children) b. Forensic Learning Disability Service (could be in-patient or community) c. Specialist Behaviour Support Services d. Prison Health Care Services at .Maghaberry e. Community Learning Disability Nursing Team (Children or Adults) f. LD Health Facilitation Team. g. Epilepsy Nurse Specialist Service. h. ID CAMHS service (I think only available in SHSCT) i. Acute liaison service (I think only available in WHSCT) 	<p>3. Neonatal Intensive Care Units (NICUs); Paediatric Intensive Care Units (PICUs); High Dependency Units (HDUs); ED; Children's Hospices and Children's Bereavement Services/ CAMHS</p>	<p>3. Care of adult in High Dependency/Specialist Unit/Community</p>		Part 3 placement
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