

Further Comments

Consultation on a Standard to Support Learning and Assessment in Practice: The CPHVA's Response

Introduction

The Community Practitioners' and Health Visitors' Association (CPHVA) welcomes the publication of the consultation document *A Standard to Support Learning and Assessment in Practice* as a timely document in light of developments, including new roles for nurses, midwives and health visitors. The document in the main reflects the views of the CPHVA's membership and will further strengthen the organisation's goal in ensuring the needs of mentors/practice teachers and community specialist practice students are met and supported. Whilst the practice teacher role may be superfluous in midwifery it has been welcomed as a necessity in community and public health domains as reflected in the Association's Practice Educator Project (2002). In summarising the key areas that the framework addresses, it appears to:

- offer a career pathway for nurse teachers both in practice and academic institutions
- help to reduce the plethora of titles that now exist in some areas of nursing
- provide for formal preparation for a teaching role at all levels in nursing
- be linked to *Agenda for Change* and the Knowledge and Skills Framework
- favour interprofessional working
- be necessary in preparing Specialist Community Public Health Nurses for their role
- lend itself to flexible modes of delivery for example APE/L, Learning Through Work and similar models and options.

Methodology

The CPHVA has a membership of 20,000. During the consultation period the CPHVA sought the views of its members by arranging 2 focus group sessions and distributing the consultation document via structures and lay representatives in regional locations across the UK. The focus groups consisted of specialist practice practitioners, practice teachers, mentors, practice educators and lecturers.

Results

1. The Principles underpinning the Framework

1.1 There was overwhelming agreement for the return of the practice teacher role in specialist practice and the view that the framework provided a comprehensive guide and model for those supporting learning in practice. There was overall agreement in favour of the principles underpinning the framework except for the following.

1.2 **Principle C** *“Their qualification will be at an appropriate level to support and assess students they mentor/teach, i.e. they must hold qualifications equal to or at a higher level than, the students they are supporting and assessing.”*

Participants and members stressed the need for transition arrangements to be in place to ensure that suitable qualifications are gained by those who do not currently have them, equal to or above the students that they mentor or teach.

1.3 Principle D *“They have been prepared for their role to support and assess learning, and met NMC defined outcomes, and that such outcomes have been achieved in practice and where relevant, in academic settings, including abilities to support interprofessional learning.”*

Participants agreed with this principle, however it was felt that word **teach** should be included after support, adding that whilst there was an appreciation of post modern teaching methodology this was a key function of the role.

3. The Criteria for Applying the Framework

Participants agreed with the criteria but stressed the need to strengthen the following

3.1 Associate Mentor – Leadership

Participants thought it necessary to include aspects of leadership for the associate mentor stage as this was alluded to in another criteria (**Accountability to the NMC**). Participants felt strongly that the following criteria for leadership should be considered and applied to the role of associate mentor.

“Understand delegation and the leadership tasks involved in their role.”

3.2 Stage 3 Practice Teacher - Preparation to facilitate learning and assessment –

The criteria reads *“Enhance development through (work based model or academic –based model) to develop knowledge, skills and competence to support learning in practice settings at a level beyond registration”*.

Whilst there was support for this, in the main, focus group participants felt the criteria needed to be more robust and preferred an academic kite mark be attached to the role, at post graduate level, through work based or academic models.

3.3 Stage 3 Practice Teacher - Interprofessional Development that reads:

“Able to use agreed criteria for cross professional assessment and supervise mentors using such criteria.”

Participants and members were of the opinion this statement appeared arrogant and were concerned that nurses are being encouraged to assess other professions, who in turn could not assess them, because of the first entry criteria.

4.a Outcomes for Associate Mentor

There was agreement in all areas except the following:

4.1 Participants and members agreed, however, it was felt that newly qualified staff should have a period of preceptorship before becoming an associate mentor; a number of participants alluded to a year.

4.b Outcomes for Mentor

There was agreement in all areas except the following:

4.2 Participants and members were in agreement but strongly expressed the need for the achievement of degree level competencies and acceptance of the former ENB 997/998 as relevant for the role.

4.c Outcomes for Practice Teacher

There was agreement in all areas except the following:

4.3. Participants and members agreed, however in the domain of **Assessment and Accountability** – the word *skills* should be inserted after knowledge and before “and” so that the competence could be strengthened. Also, **In the domain of Evidence Based Practice**, participants and members suggested that the word *contribute* be inserted after identify and before “areas” to strengthen this outcome.

References

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