

Supporting nurses and midwives through lifelong learning

NURSING &
MIDWIFERY
COUNCIL

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Protecting the public through professional standards

This booklet was first published by the former United Kingdom Central Council for Nursing, Midwifery and Health Visiting [UKCC] in January 2001. In April 2002, this revised edition was published by the new Nursing and Midwifery Council [NMC]. The only textual changes are a small number of minor amendments necessitated by the transfer to the new regulatory body. The NMC will keep these guidelines under review and will notify all registered nurses and midwives in advance of any changes that will lead to the publication of a new edition.

Supporting nurses and midwives through lifelong learning

The Nursing and Midwifery Council [NMC] is the regulatory body for the two professions. Our job is to protect the public by promoting high standards of professional practice. One of the most important ways in which we do this is by supporting nurses and midwives through setting professional standards and providing guidelines and advice. As the pace of change in the delivery of health care, and the public's expectations of registered practitioners, continue to increase, the principles and values of lifelong learning are increasingly important to all registered practitioners. This publication summarises the NMC's current guidance on lifelong learning and explains how it applies to you as a registered nurse or midwife. It describes how your regulatory body can help to support you throughout your career as you develop your own professional knowledge and competence in the interests of your patients.

How does the NMC support practitioners?

We provide, free of charge:

- a range of publications on professional standards, guidelines and issues
- a professional advice service that can be contacted by telephone, e-mail, fax and post, and which provides expert and specialist advice on all aspects of NMC standards and guidelines
- an extensive programme of roadshows, open days, consultative conferences and exhibitions throughout the United Kingdom to explain NMC standards and guidelines and to listen to the views of registered nurses and midwives on professional issues.

What is lifelong learning?

Nurses and midwives practise in an environment of constant change. This involves new and expanding roles for health professionals, increasing technological advances in treatment and care, continuing reorganisation and the redirection of resources. It is vital that you develop your professional knowledge and competence to cope with these demands and the complexities of modern professional practice. This requires you to demonstrate responsibility for your own learning through the development of a portfolio of learning and practice (including your personal professional profile) and to be able to recognise when further learning and development may be required.

Lifelong learning is more than simply keeping up to date. It requires an enquiring approach to the practice of nursing and midwifery, as well as to issues which impact on that practice. Pre-registration education prepares you for practice at the point of registration. Continuing

professional development is linked to the registration renewal process through the Post-Registration Education and Practice (PREP) standards. These represent an important part of lifelong learning linked to professional practice and build upon the requirements for entry to the register. The concept of lifelong learning is one that the NMC supports across the two professions.

Supporting students of nursing and midwifery

Pre-registration students of nursing and midwifery are not accountable to the NMC in the same way as are registered practitioners. However, NMC standards and guidance still apply to students in many different ways. The NMC publishes a separate leaflet, *An NMC guide for students of nursing and midwifery*, which provides more detailed professional advice for pre-registration students.

The NMC determines the level of entry to the programme of education, and its content, type and length. We also define the outcome competencies that are expected of newly-qualified practitioners and set standards for registration for those who successfully complete programmes of education. In all of this, the NMC works closely with universities and with service providers.

An NMC guide for students of nursing and midwifery stresses that, although not yet professionally accountable, students must act at all times in the interests of the patients with whom they come into contact during their practice experience. They must work only under the supervision of registered practitioners and should only undertake tasks for which they have been prepared.

This publication is available free of charge from our Publications Department. Contact details are published on page 8. Alternatively, it can be accessed on the NMC's website at www.nmc-uk.org or obtained through universities.

Preceptorship for nurses and midwives

What is preceptorship?

When they first qualify as a registered nurse or midwife, many people find the transition from being a student to an accountable individual practitioner a daunting prospect. Although they are competent and knowledgeable, they may feel that they need the support and guidance of more experienced professional colleagues as they find their feet in professional practice. The same may apply to those who have returned to practice after a break of five years or more and those who enter a different area of practice. It may also apply to those who enter a different area of practice by virtue of a new registrable qualification, for example a registered nurse who subsequently qualifies as a health visitor. Providing this support and guidance is what preceptorship is all about.

The NMC believes that all newly-registered nurses and midwives should have a formal period of support, under the guidance of a preceptor, of about four months. The precise length of time

will vary according to individual need and local circumstances, but the NMC believes that four months is about right.

In many ways, every time you work alongside more experienced professional colleagues, they are acting as preceptors in the sense that you can learn from them and be guided by them as you further develop your own skills and confidence. Formal preceptorship, however, means that you are allocated a named individual, working in the same area of practice and in the same setting, who is on hand to guide you, help you, advise you and support you. This doesn't mean that they accompany you everywhere you go and constantly look over your shoulder. It does mean, however, that you can call on them if you need help with a procedure or a situation that you haven't encountered before, or if you simply feel that you need support and guidance.

Who can be a preceptor?

Preceptors should be first level registered nurses or midwives who have normally had at least twelve months (or equivalent) experience within the same area of practice as the practitioner requiring support. They may work full-time or part-time but must be able to demonstrate a willingness and aptitude for the role and must be keen to share their knowledge and skills. They should also understand and support the concept of preceptorship and be aware of the additional demands which it places upon them.

The exact nature of the relationship between the preceptor and the individual requiring support is best agreed directly between the two people in accordance with their own needs and the environment of care in which they practise. In some cases, the role may be more formal and the levels of contact greater than in others. The most important thing is that both know what to expect from the relationship, including its outcomes, and that they are content with the way the preceptorship is defined and conducted.

Preparation of preceptors

Whilst there are no formal qualifications associated with being a preceptor, individuals need preparation for the role. Such preparation should ensure that the preceptor:

- knows enough about the practitioner's education and practical experience (including the content of the return to practice programme for those returning after a break) to be able to identify the practitioner's current learning needs
- is able to help the practitioner to apply knowledge to practice
- understands how practitioners integrate within a new practice setting and what problems this can present for the individual and the team
- acts as a resource to facilitate the practitioner's professional development
- understands that, from the moment practitioners are first admitted to the register, they are professionally accountable for all their own actions and omissions - the preceptor cannot be accountable on their behalf.

Preceptorship is not a mandatory requirement and the NMC has no power to enforce the system. However, we strongly advocate it as sound professional practice. There is considerable evidence to suggest that it promotes the development of more able and confident practitioners and, therefore, better patient care. It can contribute to clinical governance and represents sound and patient-oriented employment practice.

Continuing professional development

Post-registration education and practice [PREP] is a set of NMC standards and guidance which enables you to demonstrate that you are keeping up to date with developments in professional practice and are expanding your knowledge and competence. There are separate standards for your continuing professional development and the number of hours you must practise in order to renew your registration. You can find out more by reading *The PREP handbook*, which is available from the NMC's Publications Department. You will need to be able to demonstrate that you have met the PREP standards in order to renew your NMC registration.

Meeting the PREP standards through unwaged learning and practice

Although most nurses and midwives who renew their NMC registration are working in paid employment, you don't have to have a job in order to meet the PREP standards. If you are not currently in paid employment, you can still maintain your NMC registration through meeting the PREP standards for practice and for continuing professional development. Midwives must also meet the requirements of the midwives rules. Practice, for the purposes of PREP, can include the delivery of nursing care in an unwaged capacity to a friend, relative or dependant, provided that:

- the assessment, planning and implementation of physical or psychological care is involved
- in-patient care, or the services of a professional carer, would be required should you not be available to care for the individual.

If you are in this position, please make sure that you keep a record in your personal professional profile of the hours you spend caring for the individual. As long as this exceeds the minimum standard of 100 days (750 hours) in the five years prior to the date on which you renew your registration, then you have met the PREP (practice) standard. You can meet the PREP (continuing professional development) standard by making sure that you spend at least 35 hours during the preceding three years undertaking learning activity which will help you in your caring role and/or in your future professional role, should you intend to return to paid professional practice in the near future.

Only you can decide what learning activity is relevant to you but it does not need to involve formal study activity. Some useful examples of ways in which you could choose to meet the PREP (continuing professional development) standard are published in *The PREP handbook*. Again, you will need to document this activity in your personal professional profile and *The PREP handbook* sets out the format to be used for doing so.

Clinical supervision

Clinical supervision can help you to develop your skills and knowledge throughout your career. It is an integral part of your lifelong learning. It should be available to you throughout your career, enabling you constantly to evaluate and improve your contribution to patient care. Clinical supervision aims to bring practitioners and skilled supervisors together to reflect on practice, to identify solutions to problems, to increase understanding of professional issues and, most importantly, to improve standards of care. Like the NMC's PREP (continuing professional development) standard, clinical supervision is an important part of clinical governance. It directly relates to registered nurses. Midwives have their own statutory system of local supervision. Nevertheless, the NMC hopes that this advice on clinical supervision will also be helpful to midwives.

Principles to support clinical supervision

The NMC believes that clinical supervision is best developed at a local level in accordance with local needs. We do not, therefore, advocate any particular model of clinical supervision and we do not provide detailed guidance about its nature and scope. Instead, the NMC has defined a set of principles that we believe should underpin any system of clinical supervision which is used. These are set out below.

- Clinical supervision supports practice, enabling you to maintain and improve standards of care.
- Clinical supervision is a practice-focused professional relationship, involving a practitioner reflecting on practice guided by a skilled supervisor
- The process of clinical supervision should be developed by practitioners and managers according to local circumstances. Ground rules should be agreed so that you and your supervisor approach clinical supervision openly, confidently and are both aware of what is involved.
- Every practitioner should have access to clinical supervision. Each supervisor should supervise a realistic number of practitioners.
- Preparation for supervisors should be flexible and sensitive to local circumstances. The principles and relevance of clinical supervision should be included in pre-registration and post-registration education programmes.
- Evaluation of clinical supervision is needed to assess how it influences care and practice standards. Evaluation systems should be determined locally.

The NMC supports the establishment of clinical supervision as an important part of clinical governance and in the interests of improving standards of patient care.

Conclusion

Many different organisations and employers in all four countries of the United Kingdom support lifelong learning. The NMC's guidance is designed to complement such initiatives by setting out a series of principles that can be adapted to local needs and circumstances. If you work in an isolated setting, such as in independent practice, in a voluntary capacity, or in a nursing home where you may be the only registered member of staff on duty at a particular time, you will need to think carefully and imaginatively about how you can pursue lifelong learning in your area of practice. The advice, standards and guidelines that the NMC provides can help with this.

However, it is worth remembering that the NMC's *Code of professional conduct* requires you, regardless of where you are working and regardless of whether or not you are currently practising, to maintain and improve your professional knowledge and competence. We hope that the guidance in this publication will enable you to do just that.

Further information

Advice on the issues set out in this booklet is available from:

NMC Professional advice service

23 Portland Place, London W1B 1PZ

Telephone 020 7333 6541/6550/6553

Fax 020 7333 6538

E-mail advice@nmc-uk.org

NMC website www.nmc-uk.org

Copies of all NMC publications are available from:

NMC Publications

23 Portland Place, London W1B 1PZ

Fax 020 7436 2924

E-mail publications@nmc-uk.org

NMC website www.nmc-uk.org

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