

United Kingdom Central Council
for Nursing, Midwifery and Health Visiting

Dear Colleague

January 1991

'PREPP' and You

The Council has prepared major proposals which could shape the future pattern of education and practice for all nurses, midwives and health visitors. The proposals were developed by the Post-Registration Education and Practice Project (PREPP) set up by the Council, and we are now consulting the professions and others on the PREPP Report. Because of the importance of the proposals the Council wishes to ensure that individual nurses, midwives and health visitors receive a personal copy of an extended summary of the report.

The Council is very concerned to receive your response to the proposals. To help you, a reply page has been printed on the reverse of this letter and you are invited to complete the page and return it to the Project Office here at 23 Portland Place, London W1N 3AF. For your views to be included in this important consultation exercise, the page must be received by the Project Office not later than 1 May 1991.

Our central concern is to create a framework for education and practice which is responsive and relevant to the needs of patients and clients and which will improve the quality of care. The framework proposed by PREPP provides for a more effective match between education and practice throughout professional life. If you would like to read the full report and are unable to obtain a copy locally, please contact the Project Office on extension 256 at 071-637 7181. We do hope you will find this extended summary containing PREPP's exciting proposals of interest and we do look forward to receiving your response.

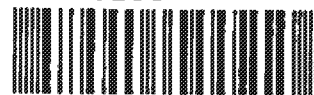
With best wishes.

Yours sincerely

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Registrar and Chief Executive

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Post-Registration
Education and Practice Project



'PREPP' Response Sheet

In order to assist in the collation of responses it would be helpful to have details of your main area of practice:

Main Area of Practice
(Nursing, Midwifery, Health Visiting)

		Please tick	
		Yes	No
Do you agree with the following recommendations?			
1	There should be a period of support for all newly registered practitioners to consolidate the competencies or learning outcomes achieved at registration.	<input type="checkbox"/>	<input type="checkbox"/>
2	A preceptor should provide the support for each newly registered practitioner.	<input type="checkbox"/>	<input type="checkbox"/>
3	All nurses, midwives and health visitors must demonstrate that they have maintained and developed their professional knowledge and competence.	<input type="checkbox"/>	<input type="checkbox"/>
4	All practitioners must record their professional development in a personal professional profile.	<input type="checkbox"/>	<input type="checkbox"/>
5	During the three years leading to periodic registration, all practitioners must complete a period of study or provide evidence of appropriate professional learning. A minimum of five days of study leave every three years must be undertaken by every registered practitioner.	<input type="checkbox"/>	<input type="checkbox"/>
6	When registered practitioners wish to return to practise after a break of five years or more, they will have to complete a return to practise programme.	<input type="checkbox"/>	<input type="checkbox"/>
7	The standard, kind and content of preparation for advanced practice will be specified by the Council. Advanced practitioners must have an appropriate Council-approved qualification recorded on the register.	<input type="checkbox"/>	<input type="checkbox"/>
8	To be eligible to practise, individuals must every three years submit a notification of practice, pay their periodic fee and either provide verification that they have completed their personal professional profile satisfactorily, or show evidence that they have completed a return to practise programme.	<input type="checkbox"/>	<input type="checkbox"/>
9	Practitioners after a break of less than five years returning to practise using a specific registered qualification shall submit a notification of practice and, within the following calendar year, provide verification that they have completed their personal professional profile satisfactorily.	<input type="checkbox"/>	<input type="checkbox"/>

Please complete and return to the following address not later than 1 May 1991:

The Project Office
United Kingdom Central Council
for Nursing, Midwifery and Health Visiting
23 Portland Place, London W1N 3AF



Extended summary of the PREPP Report

This extended summary looks at each element of the PREPP Report and highlights the key issues. The purpose of PREPP is to create a framework for standards of education and practice for nurses, midwives and health visitors beyond the point of registration, and all its recommendations will apply equally to first and second level practitioners to reflect the variety of skill, experience and needs of all practitioners. The health of the nation depends on today's professionals being well-prepared and skilled and keeping well-informed about developments within their area of expertise, and the recommendations are aimed at existing practitioners as well as nurses, midwives and health visitors of the future.

Support for the newly registered practitioner

Recommendation 1: There should be a period of support for all newly registered practitioners to consolidate the competencies or learning outcomes achieved at registration.

However experienced practitioners may be, they need support after their first and subsequent registrations. They are, after all, beginners in whichever field they have chosen.

This principle of support for newly registered practitioners was strongly endorsed in replies to the PREPP discussion paper (UKCC, 1990). Many of these nurses, midwives or health visitors understandably lack confidence over the transition period, something which could be eased by guidance from an experienced practitioner. Such a system would not only help stem the flow of people out of the professions soon after registering, but would enhance patient and client care.

It is essential to emphasise that individual practitioners when they register will have achieved specific competencies or learning outcomes and are accountable for their practice from the point of registration, regardless of any proposed support system. Yet practice in the support stage should be distinguished from the period after it, which will be called **PRIMARY PRACTICE**. Primary practice means being able to accept responsibility with confidence, in co-operation with other practitioners and disciplines as required, for the individual's or group's health needs. This involves care which is comprehensive, appropriate and, where possible, research-based.

Meanwhile, the support period should enable newly registered practitioners to improve further their standards of practice and encourage and stimulate them, at the same time fostering self-confidence. It is not to be seen as an extension of the programme of education leading to registration.

Recommendation 1 is a statement of good practice. Employers who have not already done so are expected to implement this recommendation as early as possible but no later than January 1993.

Preceptors

Recommendation 2: A preceptor should provide the support for each newly registered practitioner.

Support should be provided by an experienced nurse, midwife or health visitor who will be known as a **PRECEPTOR**. Preceptors will act as role models for newly registered practitioners in day-to-day practice and with them evolve individual teaching and learning methods in a flexible relationship.

The length of the support period, probably between three and six months, should be variable depending on the practitioner's experience and ability. By the end of this period practitioners must be able to meet the criteria for primary practice in the opinion of both the practitioner and the preceptor. If these are fulfilled, people should enter the achievement in their personal professional profile (see later). Preceptors should also put details of their supporting roles in their own profiles.

Preceptors themselves, who should be permanent full- or part-time employees, will have substantial experience in their field of professional practice and should use their valuable knowledge developed over time. Credentials will include a willingness and aptitude for the role together with specific preparation, such as finding out about the practitioner's education programme and understanding how people integrate into a new workplace. Self-employed practitioners, such as independent midwives or those working through agencies, should also find a preceptor to enhance their performance.

Recommendation 2 is a statement of good practice. Employers who have not already done so are expected to implement this recommendation as early as possible but no later than January 1993.

Maintenance and development of professional knowledge and competence

Recommendation 3: All nurses, midwives and health visitors must demonstrate that they have maintained and developed their professional knowledge and competence.

Competence can only be maintained by continuing education and professional development. This, in turn, depends not only on experience in an area of practice but also on access to continuing education and the commitment of both practitioner and employer.

Recommendation 3 will be a statutory requirement and should be phased in as good practice as soon as possible but no later than two years after the enabling legislation.



Profiles

Recommendation 4: All practitioners must record their professional development in a PERSONAL PROFESSIONAL PROFILE.

This profile could include evidence of experience to date, noteworthy achievements and developments in practice. Details of professional development should be discussed where possible with colleagues.

A profile must be a dynamic, positive, flexible means of recording personal career progress. It should contain a core of essential information about all formal continuing education undertaken, a self-assessment of educational and developmental needs and a plan to meet these needs. Additional achievements, such as the results following participation in quality assurance initiatives and successful, innovative practice together with informal learning should also be included. These suggested contents are not exhaustive or mutually exclusive and naturally, many practitioners will need support and advice in recognising their achievements and deciding how their learning needs can be met.

The Council will need verification that practitioners have completed their profile satisfactorily and will issue guidelines on this and how the profiling system will be phased in. Whether in the public or independent sector, individuals will need a named, experienced practitioner to verify their profiles and provide a signed statement for the Council, for which the signatory would be professionally accountable.

Guidelines will also be issued about what happens if a profile has not been maintained or if the content is inadequate. Submitting profiles for verification at least six months before a practitioner seeks eligibility to continue to practise would be good practice in case any remedial action is needed.

Recommendation 4 will be a statutory requirement and should be phased in as good practice as soon as possible but no later than two years after the enabling legislation.

Study leave

Recommendation 5: During the three years leading to periodic registration, all practitioners must complete a period of study or provide evidence of appropriate professional learning. A minimum of five days of study leave every three years must be undertaken by every registered practitioner.

If practitioners are to enhance their practice by maintaining and developing professional knowledge and competence, they must have opportunities to learn. These opportunities, available to every practitioner, may include learning through experience and not just through formal courses.

While in some areas provision for study leave already exists, there must be equity for all practitioners. There should therefore be a minimum of five days study leave for every full- and part-time practitioner, however apportioned, every three years. This does not necessarily mean, however, that five days have to be taken together every three years.



Recommendation 5 will be a statutory requirement and should be phased good practice as soon as possible but no later than two years after the enabling legislation. Until the recommendation is implemented, midwives will continue with their current statutory arrangements.

Return to Practise

Recommendation 6: When registered practitioners wish to return to practice after a break of five years or more, they will have to complete a return to practise programme.

A break in practice means being employed by virtue of a specific registered qualification for fewer than 100 working days or 750 hours in the preceding five years.

The recommendation above relates only to those who are re-entering a field of practice, based on a specific registered qualification, after either a career break or a change in area of practice – for example, a midwife returning to general nursing.

Return to practise programmes should not be confused with orientation programmes. Where individuals start or re-start work in a different clinical area but still use the same registered qualification, for example a move from orthopaedic to medical nursing, they need only orientation in the new area. This will be a matter for individual agreement between employer and employee, because managers who move staff from one area of practice to another without adequate orientation place both them and themselves in an invidious position in relation to Clause 4 of the Code of Professional Conduct.

All registered practitioners are accountable, but those doing a return to practise programme, despite having a registered qualification, would not be eligible to practise (see definition later) without supervision until the programme has been completed with a successful assessment of their professional competence.

On satisfactory completion of the return to practise programme, the individual will submit to the Council both evidence of completion and notification of practice (see later). Return to practise programmes must meet the Council's requirements and be approved by a National Board. They will cover practitioners intending to work in the public and independent sectors.

Recommendation 6 will be a statutory requirement to be implemented no later than two years after the enabling legislation. The Council will need to determine a policy if an individual is unable to meet the outcomes required by a return to practise programme.



Requirements for advanced practice

Recommendation 7: The standard, kind and content of preparation for advanced practice will be specified by the Council. Advanced practitioners must have an appropriate Council-approved qualification recorded on the register.

Primary practice has already been introduced and refers to the time after the support stage. Advanced practice, however, involves effective leadership and sophisticated analytical ability. It reflects a wide range of skills which incorporates direct care, education, research, management, involvement in health policy-making and development of strategies. There is a fundamental distinction between being engaged in advanced practice and simply working in a specialty. Only those who have advanced their knowledge and skills through education and experience can exercise increasing clinical discretion and accept greater responsibility through advanced practice.

Primary practitioners preparing for advanced practice may gradually accumulate credit leading to a package of knowledge, skills and experience. On completing such a package satisfactorily, the practitioner will gain a qualification recorded on the Council's register.

Council will from time to time agree the standard, kind and content of preparation for advanced practice. Outcomes will include the ability to act as a support and resource to primary practitioners, to assess the health needs of a defined population, and to set standards and initiate quality assurance programmes. While advanced practitioners will have some expertise in all the suggested areas, one field will figure more prominently than others, depending on whether the individual wishes to reach advanced level in clinical practice, education, research or management.

Recording the advanced qualification will give an indication of the practitioner's experience and expertise. This will demonstrate that the Council's standards have been achieved, and will not be restrictive in the sense that the use of a specific qualification will be explicitly linked to a specific grade or level of employment in health care.

The existing system of recordable qualifications will cease; a new system will be developed which will allow for the accumulation of credits including existing recordable qualifications. These credits, which can be built up through experience as well as through more formal routes, will be entered on the Council's register and cumulatively, will lead to a recordable advanced qualification.

Recommendation 7 will be a statutory requirement to be implemented no later than two years after the enabling legislation. From the date of implementation the Council will cease using the existing criteria to record post-registration qualifications.



Registration and eligibility to practise

Recommendation 8: To be eligible to practise, individuals must every three years submit a notification of practice, pay their periodic fee and either provide verification that they have completed their personal professional profile satisfactorily, or show evidence that they have completed a return to practise programme.

At present all registered nurses, midwives and health visitors intending to practise must have one or more registered qualifications on the register and pay a periodic fee. The proposed changes would ensure that practice is linked to appropriate qualifications on the register. The notification of practice would show that practitioners are using a registered qualification suitable for their role whether in, for example, clinical practice, management or teaching.

Eligibility to practise works on a three-yearly cycle, return to practise after a break of five years. To reconcile this:

Recommendation 9: Practitioners after a break of less than five years returning to practise using a specific registered qualification shall submit a notification of practice and, within the following calendar year, provide verification that they have completed their personal professional profile satisfactorily.

Recommendations 8 and 9 will be statutory requirements to be implemented no later than two years after the enabling legislation. Until the recommendations are implemented, midwives will continue with their current statutory arrangements to notify their intention to practise annually.

These recommendations would enable the Council's register to be used more efficiently since the statistical information would be helpful to employees and the professions in workforce planning.



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