

**TRUST-WIDE CLINICAL GUIDELINES**

**Guidelines for Mentors and Practice Teachers Working with Nursing Students at Mersey Care NHS Trust to meet NMC Standards**

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<b>Lead Author(s):</b>	Practice Education Facilitators

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2015 – Version 1

Quality, recovery and wellbeing at the heart of everything we do

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**Guidelines for Mentors and Practice Teachers Working with Nursing Students at Mersey Care NHS Trust to meet NMC Standards**

**Further information about this document:**

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**SUPPORTING STATEMENTS** – this document should be read in conjunction with the following statements:

### **SAFEGUARDING IS EVERYBODY'S BUSINESS**

All Mersey Care NHS Trust employees have a statutory duty to safeguard and promote the welfare of children and vulnerable adults, including:

- being alert to the possibility of child/vulnerable adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child/vulnerable adult;
- knowing how to deal with a disclosure or allegation of child/adult abuse;
- undertaking training as appropriate for their role and keeping themselves updated;
- being aware of and following the local policies and procedures they need to follow if they have a child/vulnerable adult concern;
- ensuring appropriate advice and support is accessed either from managers, *Safeguarding Ambassadors* or the trust's safeguarding team;
- participating in multi-agency working to safeguard the child or vulnerable adult (if appropriate to your role);
- ensuring contemporaneous records are kept at all times and record keeping is in strict adherence to Mersey Care NHS Trust policy and procedures and professional guidelines. Roles, responsibilities and accountabilities, will differ depending on the post you hold within the organisation;
- ensuring that all staff and their managers discuss and record any safeguarding issues that arise at each supervision session

### **EQUALITY AND HUMAN RIGHTS**

Mersey Care NHS Trust recognises that some sections of society experience prejudice and discrimination. The Equality Act 2010 specifically recognises the *protected characteristics* of age, disability, gender, race, religion or belief, sexual orientation and transgender. The Equality Act also requires regard to socio-economic factors including pregnancy /maternity and marriage/civil partnership.

The trust is committed to equality of opportunity and anti-discriminatory practice both in the provision of services and in our role as a major employer. The trust believes that all people have the right to be treated with dignity and respect and is committed to the elimination of unfair and unlawful discriminatory practices.

Mersey Care NHS Trust also is aware of its legal duties under the Human Rights Act 1998. Section 6 of the Human Rights Act requires all public authorities to uphold and promote Human Rights in everything they do. It is unlawful for a public authority to perform any act which contravenes the Human Rights Act.

Mersey Care NHS Trust is committed to carrying out its functions and service delivery in line with a Human Rights based approach and the FREDA principles of **F**airness, **R**espect, **E**quality **D**ignity, and **A**utonomy

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## APPENDICES

- A** How qualified mentors can progress to sign-off mentor status
- B** Triennial review confirmation form
- C** Mentorship transfer proforma (in) (out)
- D** Transfer of mentor to sign-off mentor confirmation form
- E** Quality Surveillance Process for Student Incidents/Concerns

## 1 PURPOSE AND RATIONALE

### 1.1 Introduction

These guidelines address professional regulations that are outlined in the document ‘Standards to Support Learning and Assessment in Practice: NMC Standards for Mentors, Practice Teachers’ (2008) Nursing and Midwifery Council (NMC). The main focus of the relevant NMC Standards is found on pages 27 – 30, section 3.2.3 to 3.2.6, of the NMC document.

### 1.2 Purpose

The guidelines outline professional standards for supporting Nursing students in clinical practice and determine how staffs employed by Mersey Care NHS Trust (MCT) implement them.

To ensure that Managers and mentors are aware of their responsibilities in meeting NMC regulatory standards for supporting learning in practice.

It is the intention of these guidelines to simplify, explain and give guidance on how the NMC requirement can be achieved in the practice setting.

## 2 OUTCOME FOCUSED AIMS AND OBJECTIVES

### 2.1 *Guidelines for Mentors and Practice Teachers Working with Nursing Students at Mersey Care NHS Trust to meet NMC Standards the aims and objectives are as follows.*

To ensure that Managers and mentors are aware of their responsibilities in meeting NMC regulatory standards for supporting learning in practice:

- Mentored at least two students within the last three years
- Participated in annual mentor updates over a 3 year period.
- Explored and Participated in peer review.
- Reflected on practice & their development needs and actioned as required.

## 3 SCOPE

### 3.1 All staff groups that have responsibility for supervision of students completing programmes that lead to admission to the Nursing and Midwifery Council Professional Register.

## 4 DEFINITIONS

### 4.1 The relevant terms and their definitions (within the context of this policy document) are outlined below:

- Mentor database is the local register of mentors, sign-off mentors and practice teachers.
- When referring to a student these guidelines refer to a pre-registration student nurse.
- A mentor is a registered nurse who has successfully completed a mentorship course that is authorized by MCT through the Learning and Development Team (L&DT) as meeting NMC standards.

- Sign-off mentors are more experienced mentors jointly identified by their line managers and PEF's who will mentor and support students during their practice placements at specified points during their programme.
- A Practice Teacher is a mentor who has knowledge, skills and competence in both their specialist area and their teaching role. A Practice Teacher will have met the outcomes at stage 3 of the NMC developmental framework (NMC 2008). The practice teacher has the ability and experience to mentor students and registered nurses/midwives who are undertaking post-registered courses, which lead to an NMC registration.
- A triennial review, should be completed every 3 years, by the mentor and their line manager, to ensure that the mentor is still able to mentor and support students during their clinical placements
- Back up mentors are named registrants that do not as yet hold a recognized mentor qualification (usually qualified for under a year or awaiting a place on a mentorship course) that will work along side the student in the absence of a mentor. Back up mentors support mentors.

## 5 DUTIES

All qualified nurses, midwives, and managers responsible for supporting and managing students undertaking pre-registration programmes have a duty to make themselves familiar with the 'Standards to Support Learning and Assessment in Practice: NMC Standards for Mentors, Practice Teachers and Teachers', 2008 Nursing and Midwifery Council

Standards referred to above are 'concerned with promoting equality of opportunity.... and treating individuals with fairness, respect and understanding. They include principles that enhance equal opportunities and recognition of diversity, such as emphasising the need to tailor learning and assessment in an appropriate way, recognising that students have many different learning needs and preferences' (NMC 2008).

Qualified nurses and managers have a duty to make sure they are familiar with and adhere to Mersey Care NHS Trust guidelines regarding support and management of students undertaking programmes that result in admission to the NMC register.

Mersey Care NHS Trust (MCT) Heads of Nursing, Matrons and Ward Managers and deputy managers have a responsibility to enable nurses to implement the NMC Standards.

Practice education facilitators (PEF's) are responsible for supporting the implementation of the NMC Standards and for maintaining an up to date mentor register.

MCT PEF's and the Practice link tutors (from local universities) can offer advice, guidance and support. For further information on who to contact, you can check the Practice Placement Support System (PLSS) or contact your local PEF.

Student nurses are responsible for arranging timely progression meetings, including preliminary, interim and final progress interviews with their mentors. Actively engaging in the construction of their developmental learning plan and for submitting their completed assessment documentation to the University on time.

## **6 PROCESS / PROCEDURE**

### **6.1 Mentorship Database**

A live and current mentor database must be held by the Trust, to meet regulatory requirements and enable effective liaison with Higher Education Institutes regarding Trust capacity to provide practice placements.

All qualified mentors must be listed on the MCT Mentors Database. Registered nurses appointed to the Trust who already hold a mentor qualification and were on their previous employer's database are required to complete a proforma (in) with supporting evidence, appendix C.

All qualified mentors leaving MCT, can request supporting evidence from the Practice Education Facilitator (PEF) proforma (out) so that they may be added to their new employers database, appendix C.

In some practice placements due to inter-professional working it may be appropriate that the backup supervisor is not a nurse but part of the multi-professional team.

Sign-off mentors will be identified as such on the MCT mentors' database.

### **6.2 Mentors and Sign off Mentors**

Mentors and sign-off mentors should be able to provide evidence of ongoing support of students in clinical practice settings, i.e. the NMC requirement to have mentored at least 2 students (practice teachers to mentor at least 1 student) within a 3 year period.

Sign-off mentors are responsible for assessing whether students have demonstrated an appropriate level of practice proficiency to pass the final practice placement in their programme. This confirmation contributes to the student's portfolio of evidence that will confirm to the NMC that the required proficiencies for entry to the Register have been achieved. N.B. Students must also have successfully completed the educational aspects of the course. (See NMC Standards section 2). 'Standards to Support Learning and Assessment in Practice: NMC Standards for Mentors, Practice Teachers and Teachers', 2008 Nursing and Midwifery Council

All mentors are required to attend an annual mentor update provided by the Practice Education Facilitators or/and the Academic tutors, dates for this may be found on the L&D bulletin on MCT website and the PLSS

### **6.3 Supervision of Students by Mentors**

The NMC stipulates that all Pre-registration students are supervised at all times during practice placements, and this may be either direct or indirect supervision.

The NMC Standards require that at least 40% of practice time mentors/ practice teacher must be available to nursing students.

The practice teacher is also required to meet this 40% target when mentoring registered nurses that are undertaking a post-registered course that leads to an NMC registration. It should be noted that some courses might require a larger percentage of supervised time from the practice teacher.

At least 40% of supervised practice time the mentor/practice teacher must be available to students in the practice placement. It is essential that the named mentor assigned to the individual student, who is responsible for the decisions regarding proficiency is able to base judgments on personal experience of supervising the student as well as on feedback from other mentors.

The student has supernumerary status. Students should be rostered on the off duty and work at least 40% with a named mentor. Students are expected to be flexible during clinical placements, working a full variety of shifts to work with a named mentor, other mentors and named back up mentor.

If by the mid-way assessment the student or mentor does not feel that the student is spending sufficient time with a mentor in line with recommendations it must be noted in the Assessment Practice Records and rectified immediately.

A mentor must be prepared to fail a student, if they do not meet standards that are identified within the assessment of practice records. A student must be made aware if this is the case, as soon as this becomes evident, but certainly by the mid point of the practice placement. This will provide an opportunity for the student to rectify the situation. This should also be the case for practice teachers.

The Practice Education Facilitators and Practice link tutors are a point of reference should the mentor require support and advice regarding preparing to or failing a student in practice.

A mentor must not be expected to pass a student at the end of a practice placement if they have not had sufficient time (minimum of 20 days) to observe their standards of nursing practice.

Mentors should discuss student placement plans and learning needs with nominated back up mentors to ensure that they are able to identify and support appropriate learning in a mentor's absence.

Back up mentors should report back to the named mentor about the student's progress, experiences, strengths and weaknesses, but the mentor must confirm the student's competencies by completing and signing the student's practice assessment records.

Departments or senior staff should not insist that individual back up mentors who are deemed competent should be involved in signing student's assessments (even if the backup is an experienced nurse). The named mentors should make individual decisions regarding the appropriateness of a backup or other mentor in authorizing and signing of student competencies. The named mentor retains overall responsibility for the decision to pass or refer students in practice placements.

This does not detract from the value of students working with different mentors or their named backup. Mentors and backup mentors' feedback to the named mentor on the student's progress, during practice placement, remain an important factor in the named mentor's final decision to determine if the student has met individual competencies and are proficient at the required level.

#### **6.4 Planning, Coordinating and Documenting students time in practice placements.**

All student nurses/midwives on inpatient placements must be rostered on the clinical placements off duty.

Direct and indirect supervision can be achieved by planning the time within the practice placement. This could be by practice placements/mentors providing the student with a timetable of their placement.

A record of shifts worked with the students should be kept by mentors. This can be used as evidence of currency of mentoring and will be a record for the mentor if called by the NMC in the future concerning any of their students.

The NMC expects all students to be supervised at all times, either directly or indirectly, when attending practice placements. Therefore in the absence of a qualified mentor or named backup mentors, health professionals present in the practice placement must take responsibility for supervising the students

Supervision of students supports their learning and development while in practice placements. Supervision of students by qualified health professionals is also a safeguard for the patients of the Trust.

Students with practice placements at MCT are expected to take responsibility for their learning needs and to communicate what they hope to achieve during a shift to the staff that they have been allocated to, in the absence of their mentor or backup mentor.

A mentor does not need to be a designated sign-off mentor to complete documentation to enable students to progress between different stages of their programme e.g. at the end of both the 1st and 2nd year of the BSc nursing programme.

#### **6.5 Sign-off Mentors protected one hour per student per week**

During the practice placement sign-off mentors are required to evidence the equivalent to one hour per week protected time when supporting final placement students.

During this one hour the sign-off mentor may wish to consider the following options:

- Assess the students' progress to date within the students practice records
- Provide feedback to students regarding their progression
- Plan further learning experiences
- Complete parts of the assessment with the student in the students practice records
- Use as an opportunity for teaching
- In the clinical area go through one of the students identified learning needs/outcomes

## **7 CONSULTATION**

7.1 The following staff / groups were consulted with, in the development of this document:

- *Senior Nurse Executive Nurse Team*
- *Practice Education Facilitators*
- *Policy group*
- *Education Governance committee*

## 8 TRAINING REQUIREMENTS

- Clinical managers must provide qualified mentors for all students.
- MCT will facilitate nurses to attend an NMC approved mentorship course and mentor update sessions.

## 9 MONITORING COMPLIANCE WITH, AND THE EFFECTIVENESS OF, PROCEDURAL DOCUMENTS

Mentors and sign-off mentors are subject to an annual mentor update and triennial review (3 yearly reviews) which will be included as part of the mentor's annual appraisal. Triennially this information should be documented on the triennial review form and returned to the Practice Education Facilitators to enable updating of the mentor database.

PEF's are responsible for reporting mentor status as recorded on the placement learning assessment system (PLSS) to the Education Governance Committee on a quarterly basis.

All Senior Nurses/Ward Managers can access the information that is held on MCT mentor databases for their practice area, via the PEF's to clarify that the information currently held is correct. Changes will be made accordingly to the database as required by the PEF's

The Learning development team will receive confirmation from local Universities via the CPD apply process regarding the results of MCT applicants from the mentorship programs, PEF's will be responsible for added accordingly new mentors to the Mentorship Database.

## 10 REFERENCE GUIDE

For quick reference the guide below is a summary of actions required. This does not negate the need for the document author and others involved in the process to be aware of and follow the detail of these guidelines.

- 10.1 All qualified nurses, midwives, and managers responsible for supporting and managing students undertaking pre-registration programmes have a duty to make themselves familiar with the 'Standards to Support Learning and Assessment in Practice: NMC Standards for Mentors, Practice Teachers and Teachers', 2008 Nursing and Midwifery Council
- 10.2 Mentors and sign-off mentors should be able to provide evidence of ongoing support of students in clinical practice settings, i.e. mentored at least 2 students (practice teachers to mentor at least 1 student) within a 3 year period
- 10.3 Sign off mentors will be identified as such on the local mentors' register. Sign-off mentors are responsible for assessing whether students have demonstrated an appropriate level of practice proficiency to pass the final practice placement in their programme. 'Standards to Support Learning and Assessment in Practice: NMC Standards for Mentors, Practice Teachers and Teachers', 2008 Nursing and Midwifery Council.
- 10.4 The 40% of supervised practice time a mentor/ practice teacher must be available, to the learner in the practice placement, but this need not be entirely with the named mentor, as long as the time is spent with a suitably qualified mentor/ practice teacher.

- 10.5 It is essential that that the named mentor assigned to the individual student, who is responsible for the decisions regarding proficiency is able to base judgments on personal experience of supervising the student, as well as on feedback from other mentors.
- 10.6 Mentors and sign-off mentors are subject to an annual mentor update and triennial review which will be included as part of the mentor's annual appraisal. Triennially this information should be documented on the triennial review form, appendix B, and returned to the Practice Education Facilitators (PEF's) to enable updating of the mentors database.

"Mersey Care NHS Trust recognises that all sections of society may experience prejudice and discrimination. This can be true in service delivery and employment. The trust is committed to equality of opportunity and anti-discriminatory practice both in the provision of services and in our role as a major employer. The Trust believes that all people have the right to be treated with dignity and respect. The Trust is working towards, and is committed to the elimination of unfair and unlawful discriminatory practices. All employees have responsibility for the effective implementation of this policy. They will be made fully aware of this policy and without exception must adhere to its requirements.

Mersey Care NHS Trust also is aware of its legal duties under the Human Rights Act 1998.

All public authorities have a legal duty to uphold and promote human rights in everything they do. It is unlawful for a public authority to perform any act which constitutes discrimination.

Mersey Care NHS Trust is committed to carrying out its functions and service delivery in line with the Human Rights principles of dignity, autonomy, respect, fairness, and equality".

This includes principles that enhance equal opportunities and recognition of diversity, emphasising the need to tailor learning and assessment in an appropriate way, recognising that students have many different learning needs and preferences.

## HOW QUALIFIED MENTORS CAN PROGRESS TO SIGN-OFF MENTOR STATUS

### Purpose

- The guidelines will specify the criteria by which mentors are authorised as a sign-off mentor.
- Line Managers, Link Educators and Mentors are expected to refer to the guidelines for information on how mentors can progress to sign-off mentor status.

### Definition

- The NMC requires confirmation at the end of a programme that both practice and theory have been successfully achieved. In practice settings a sign off mentor or practice teacher will consider the evidence to make a judgment that all competencies have been met, and that the student is considered proficient. They will sign off the practice element of the programme and are accountable to the NMC for their decision that the students are fit for practice and have the necessary knowledge and skills to take on the role that they have been studying for.
- Framework to Support Learning and Assessment in Practice

Stage 1 Registrant	Reflects NMC Code of Professional Conduct (2008) states: You must facilitate students and other to develop their competence.
Stage 2 Mentor	Registrants can become a mentor when they have successfully achieved all the outcomes of this stage. This qualification is recorded on the local register held by all placement providers
Stage 3 Practice Teacher	Identifies the standard for a practice teacher for nursing and community public health nursing. Registrants must achieve all the outcomes of this stage and the qualification is recorded on the local register
Stage 4 Teacher	Registrants can become a teacher when they have successfully achieved all the outcomes for this stage. This qualification is recorded on the NMC register on application and payment of fees.

### STAGE 1

- Once a pre-registration student nurse or midwife completes their professional training, and is accepted on the NMC register, they become a registered qualified health professional.

- As such the registrant can act as a named 'backup mentor' to a pre-registration student nurse, liaising with a qualified mentor regarding the students learning needs and progression with practice proficiency.

## **STAGE 2 – Mentor**

- Registrants are eligible to attend a NMC approved mentorship course, once they have been registered for the minimum of a year.
- Registrants should discuss progression and development as part of their performance review process.
- Mentors are required to attend a mandatory face to face update annually.
- Registrants can apply for the funded mentorship courses through the CPD apply process. (See CPD apply link under PQF in learning zone on MCT website )
- Once a registrant has attended, completed and passed a mentorship course, they become a qualified mentor.
- All qualified mentors must be made known to the PEF's, mentor names and qualifications are held by the Trust on a Mentor Database, as required by the NMC.

## **STAGE 3 – Sign- off mentor**

There is a key difference between nurses and midwives. The NMC directs that all qualified midwifery mentors will meet the criteria to become sign-off mentors. This is not the case with all qualified nurse mentors, however this does not give qualified nurse mentors a right to opt out of becoming a sign-off mentor.

### **Criteria for Sign-Off Mentors**

- Registered on the same part of the register as the student.
- Identified on the Trust Register as a sign off mentor or practice teacher.
- Registered in the same field of practice, which the student intends to enter the register.
- Have clinical currency and capability in the field of practice in which the student is being assessed.
- Met the NMC requirements to remain on the local Trust register of Mentors.
- Have a working knowledge of the current educational programme requirements, practice assessment strategies and relevant changes in education and practice.
- Have an understanding of NMC registration requirements and the contribution they make in meeting these requirements.
- Have an in depth understanding of their accountability to the NMC for decisions to pass or fail a student at the end of a programme.

- Have one hour protected time per week with the student.

### **Process for Becoming a Sign-Off Mentor**

- Been supervised at least three times signing off proficiency by an existing sign-off mentor or practice teacher. NMC circular (05/2010) states the first and second such supervisions may now be affected using a range of methods, identified within MCT sign-off mentor training workshops.
- Progression to the status of sign-off mentor on the database requires confirmation of the completion of the 3<sup>rd</sup> supervision of a final placement student supervised in practice by a sign-off mentor.
- The line-manager or new sign-off mentor is responsible for informing the Practice Education facilitator of their role change to sign-off mentor.
- It is expected that the majority of mentors will progress to sign-off mentor status.
- Progression to sign-off mentor will be based on practice placement requirement. The decision will rest with clinical managers, in agreement with the mentors own sign-off mentor that they are suitably experienced to undertake the role.
- Mentors that are currently under disciplinary or performance review will have sign-off mentor status temporarily withdrawn while investigations continue. If deemed appropriate, the role of sign-off mentor can be re-instated following agreement from the mentor's line- manager and the PEF's.
- The role of sign-off mentor is seen as a career progression for more experienced nurses to obtain: this is also the pathway to practice teacher. The role of sign-off mentor should demonstrate strengths in leadership, professional development and the ability to regulate entry on to the NMC Register.
- The Practice Education Facilitator will ensure that the Mentor Database is updated on an annual and ongoing basis, ensuring that all details of all sign-off mentors are recorded in accordance with NMC standards. It remains the responsibility of each clinical area to provide these details to the PEF's appendix D.

## TRIENNIAL REVIEW CONFIRMATION

Name: \_\_\_\_\_

Date: \_\_\_\_\_

<b><u>ACHIEVED CRITERIA</u></b>	<b>Circle as</b>
<b><u>Appropriate</u></b>	
<b>1. Has Mentored at least two students within the last three years.</b> (or one student for 2 or more separate modules)	<b>Yes No</b>
<b>2. Participated in annual mentor updates over a 3 year period.</b>	<b>Yes No</b>
<b>3. Explored and Participated in workshops/informal peer review.</b> (have you had the opportunity to discuss your assessment judgments with other mentors in the practice area or at a mentor update?)	<b>Yes No</b>
<b>4. Reflected on practice &amp; development needs actioned.</b> (have you mapped yourself against the 8 NMC domains [page 4/5]?) *If 'No' the action plan <b><i>must</i></b> be completed	<b>Yes No</b>
<b>5. Protected time has been evidenced</b> (for sign off mentors who have had final placement students) <b><u>Mentor's comments:</u></b>	<b>Yes No</b>
<b><u>Supervisor/Reviewer's comments:</u></b>	
<b><u>Action plan with an agreed time frame for future development:</u></b>	

Review Date: -----

Mentor's Signature: -----

Reviewer's Signature: -----

### MENTORSHIP TRANSFER PROFORMA (In)

This proforma is to be completed by any new member of staff who is employed within MCT and who has been on a register of mentorship in their previous organisation. This proforma can be used as evidence to support staff being added to the register as well as denoting their qualification and previous status in relation to sign off.

All nursing and midwifery staff who are entered onto the register through this route will need to attend a mentorship update before continuing as a sign off mentor.

**Name** .....

**Ward /Department** .....

**Previous Organisation** .....

**Mentorship Qualification** - (please note that if the qualification is non NMC approved and the member of staff has not been on a register in their previous organisation then they will need to attend an approved mentorship course through the university).

.....  
 .....

**Sign off on previous organisation register** **Yes / No**

**Evidence of sign off status reviewed by PEF** **Yes / No**

I.e. Letter from previous employer, Certificate of approved mentorship programme  
 Documentation to demonstrate sign off mentor status

### MENTORSHIP TRANSFER PROFORMA (OUT)

This proforma is for use when a member of staff who has left the organisation requires evidence of mentorship qualification, sign of status and that they have been recorded on the organisational register of mentors

**Name** .....

**Ward /Department** .....

**Mentorship Qualification**.....

**Sign off mentor denoted on organisational register** **Yes / No**

**Last Triennial update (please add the date)**.....

**Last Mentor Update**.....

**Signature of PEF**..... **Date**.....



**CONFIRMATION OF SIGN-OFF STATUS PROFICIENCY**

On successful completion of the final supervision IT IS ESSENTIAL that the trainee sign-off mentor returns a copy of this page to the Practice Education Facilitator/University Academic link in order to be added as a sign-off mentor on the PLSS mentor register. The original should be retained by the trainee sign-off mentor for their own records.

I confirm that ..... (Trainee sign-off mentor name) has provided sufficient evidence to meet the NMC requirements to become a sign-off mentor and can therefore progress to the local mentor register as a sign-off mentor.

Signature of supervising sign-off mentor of third supervision: .....Date:.....

Print Name: ..... Workplace name/location :.....

<b>NMC registration</b> (tick all that apply)	<b>Nursing Field</b>				<b>Midwifery</b>
	Adult	Mental Health	Learning Disabilities	Child	

I confirm that I have received appropriate opportunities for feedback and discussion on my performance and progression and have met the NMC's requirements to become a sign-off mentor

Signature of trainee sign-off mentor: ..... Date: .....

Email address: .....

Print Name: ..... Workplace name/location: .....

(To be completed below on PEF/University Academic Link photocopy only)

Date added to PLSS .....

Confirmation sent to new sign-off mentor & manager



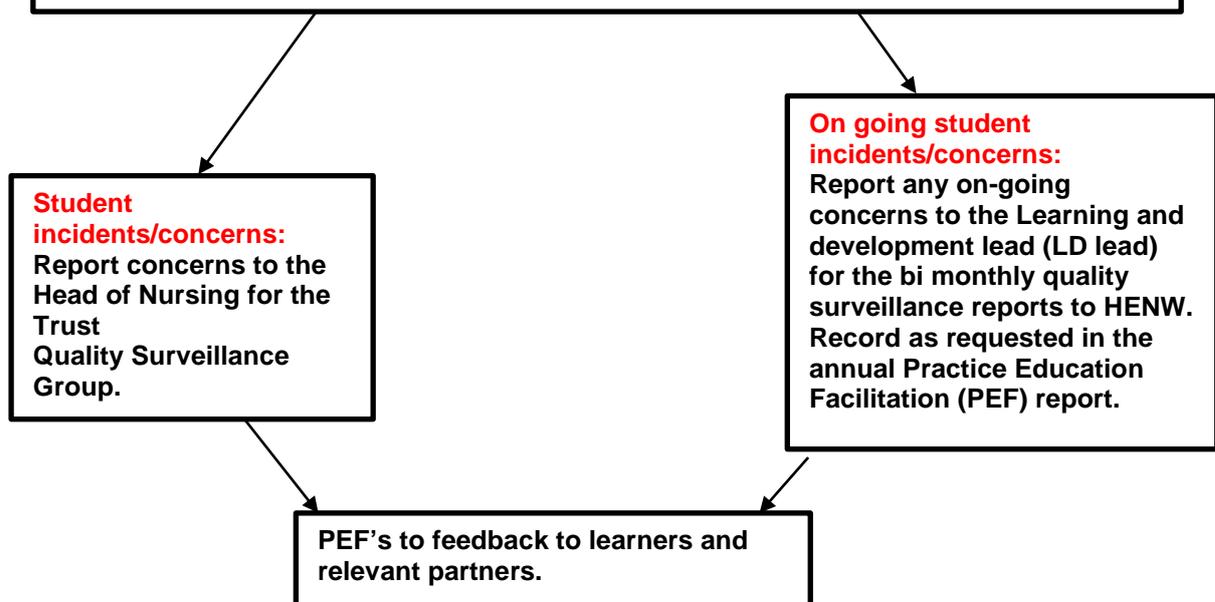
## Quality Surveillance Process for Student Incidents/Concerns

### Actions required:

- Incident report (e.g. datix) received by PEF's if student's involved or have witnessed an incident
- PEF's contact reviewer of incident offer student follow up support  
Copies to: Head of Nursing  
Division Risk Manager  
Division Lead for Nursing & Quality/ Lead for Nursing & Patient experience
- Reviewers to reply to PEF's & copy the above into response.
- Any other student/learner incident/concerns reported (e.g. via 'Tell Joe' on intranet or direct to PEF's or practice or the HEI's) PEF's to offer support & report concerns at PEF meetings.
- Incident information manager (Datix) to provide report of incidents involving students for quality surveillance meetings.

### If YES to support:

PEF provides support as required (e.g. contact student/practice area to discuss or/and contact HEI if required) Refer to cause for concern process (flowchart)



# Equality and Human Rights Analysis

**Title: Guidelines for mentors and practice teachers working with nursing students at Mersey Care NHS Trust to meet NMC standards**

**Area covered: All qualified mentors, practice teachers and students**

**What are the intended outcomes of this work?**

To ensure compliance with NMC Standards to support learning and assessment in practice for Nurse mentors, practice teachers and teachers.

**Who will be affected?**

Nurses

## Evidence

**What evidence have you considered?**

2008 NMC standards

**Disability (including learning disability)**

Need to include assurance that the needs of staff re disability and reasonable adjustments are considered and met ...page 5 section 5

**Sex**

See crosscutting

**Race**

See crosscutting

**Age**

See crosscutting

**Gender reassignment (including transgender)**

See crosscutting

**Sexual orientation**

See crosscutting

**Religion or belief**

See crosscutting

**Pregnancy and maternity**

<p>Extension required to 3 yearly (triennial) review on return to work from maternity leave</p> <p>Include within monitoring process</p>
<p><b>Carers</b></p> <p>Flexible working arrangement i.e. for child care or dependents may affect opportunity to attend updates to maintain active status.</p> <p>Include within monitoring process</p>
<p><b>Other identified groups</b></p> <p>Night staff to be included re monitoring of equality of opportunity</p>
<p><b>Cross Cutting</b></p> <p>The monitoring process which supports the standards at 3 yearly review to include monitoring Protected characteristics with particular reference to:  pregnancy and maternity  Carers  Night staff</p> <p>This should also focus on the monitoring of staff who are not receiving the support.</p>

<b>Human Rights</b>	<b>Is there an impact? How this right could be protected?</b>
<b>Right to life (Article 2)</b>	not engaged
<b>Right of freedom from inhuman and degrading treatment (Article 3)</b>	not engaged
<b>Right to liberty (Article 5)</b>	not engaged
<b>Right to a fair trial (Article 6)</b>	not engaged
<b>Right to private and family life (Article 8)</b>	not engaged

<b>Right of freedom of religion or belief</b> (Article 9)	not engaged
<b>Right to freedom of expression</b> Note: this does not include insulting language such as racism (Article 10)	not engaged
<b>Right freedom from discrimination</b> (Article 14)	not engaged

<b>Engagement and Involvement</b> <i>detail any engagement and involvement that was completed inputting this together.</i>
No engagement undertaken as this is guidance only

<b>Summary of Analysis</b> <i>This highlights specific areas which indicate whether the whole of the document supports the trust to meet general duties of the Equality Act 2010</i>
<b>Eliminate discrimination, harassment and victimisation</b>  Through monitoring process there is a check to ensure in direct discrimination/unconscious bias is not occurring across the trust.
<b>Advance equality of opportunity</b> Ensuring all nurses have equality of opportunity in maintaining the NMC standards.
<b>Promote good relations between groups</b>  No engaged

<b>What is the overall impact?</b>
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<b>Addressing the impact on equalities</b>  The guidance within this document is in situ to ensure NMC standard are met and monitoring is in place to ensure equality of opportunity.
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## Action planning for improvement

Detail in the action plan below the challenges and opportunities you have identified.

*Include here any or all of the following, based on your assessment*

- *Plans already under way or in development to address the **challenges** and **priorities** identified.*
- *Arrangements for continued engagement of stakeholders.*
- *Arrangements for continued monitoring and evaluating the policy for its impact on different groups as the policy is implemented (or pilot activity progresses)*
- *Arrangements for embedding findings of the assessment within the wider system, OGDs, other agencies, local service providers and regulatory bodies*
- *Arrangements for publishing the assessment and ensuring relevant colleagues are informed of the results*
- *Arrangements for making information accessible to staff, patients, service users and the public*
- *Arrangements to make sure the assessment contributes to reviews of DH strategic equality objectives.*

## For the record

**Name of persons who carried out this assessment:**

**Lin Sheldon,  
Meryl Cuzak,  
Naomi Dixon**

**Date assessment completed:**

**09/03/15**

**Name of responsible Director:**

**Date assessment was signed:**



# Action plan template

This part of the template is to help you develop your action plan. You might want to change the categories in the first column to reflect the actions needed for your policy.

Category	Actions	Target date	Person responsible and their area of responsibility
<b>Monitoring</b>	<p>PC monitoring to be included in the annual PEF report</p> <p>with particular reference to:  pregnancy and maternity  Carers  Night staff</p> <p>This should also focus on the monitoring of staff who are not receiving the support.</p>	Dec 2015	<p>PEFs to collate report for submission by L&amp;D lead</p> <p>To be included in the 3 yearly review as evidence of good practice</p>
<b>Increasing accessibility</b>	Page 5 .... disability learning needs /reasonable adjustments included as a specific requirement within duties	Completed March 2015	PEFs