

The Supervisor Conundrum

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Nurse education providers across the UK have seen a significant growth in applications to pre-registration nursing programmes, with a rise of 34% in England alone (Health Education England (HEE) (2021). In response, HEE pledged £15m for additional clinical placements across nursing, midwifery, allied health professions and healthcare science.

However, one could argue that, even with funding to support extra supervision and coaching models, there is limited capacity to increase student numbers within an already saturated NHS. Instead, it requires leaders of practice learning to lobby our regulatory body (Nursing and Midwifery Council) (NMC) to remove barriers that prevent the expansion of practice learning environments to deliver practice education for the future workforce.

There is a growing shortage of clinical placements due to the government policy of recommending care is brought closer to home away from the acute sector (NHS England/NHS Improvement, 2019). The halving of hospital bed numbers in England between 1987-1988 and 2018-2019 to 141000 (Anandaciva, 2020) coincided with increased student intake. Therefore, there is a need to better use private, independent and voluntary organisations (PIVOs). These have often been established by unregistered professionals with personal experience of a particular social need who are often living the experience, who often have personal links with populations they serve.

Since 2018, however, higher education institutions (HEIs) have had to implement Standards for Student Supervision and Assessment that require practice supervisors to be health or social care registrants. Kyle et al (2021) highlight the value of having such registrants in addition to the nursing role and, although unregistered experts can contribute to student learning as part of a supervisory team, they cannot provide supervision for a full placement (NMC, 2018). This prevents students from professionally socialising in progressively integrated health and social care systems. HEIs are trying to circumvent the restrictions by funding both long-arm supervision and assessment. However, if the registrant requirement were removed to allow supervision by a suitably prepared 'competent enabler', pre-registration nurses would have the opportunity to gain practical insight and develop socialisation skills within a social or PIVO arena as part of a standalone placement.

HEIs have excellent relationships with PIVOs but many organisations are no longer able to support student learners because they do not employ any health or social care registrants. The availability of PIVO placements would not only help develop the holistic practitioners of the future we need, but also increase capacity outside traditional NHS areas. It would also see a return to a better balance of health and social care, which was previously available to students through learning hubs and spokes. In summary, for practice supervisors working with nursing students a suitably prepared 'competent enabler' could replace the need for a registrant for the entirety of a placement.

Placements beyond the NHS arena would once more provide students with innovative opportunities to learn to communicate effectively with individuals across the life span, including people with learning disabilities, challenging behaviours and clients with mental health needs from diverse cultural and situational backgrounds. HEIs will work closely with the practice learning environment to benchmark the experiences offered against placement learning outcomes. The use of a team approach to learning can empower students to achieve the proficiencies required for practice while receiving support from peers, service users and staff (registered and non-registered). HEIs will audit, evaluate the quality, impact and value, and continue to check the placement suitability, safety and provision as with any assurance processes.

References

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