

Addressing the Practice Learning and Placement Capacity Conundrum

Juliet Borwell, Quality Lead, Practice Learning South East Quality Team, Health Education England:
juliet.borwell@hee.nhs.uk

Dr Jacqueline Leigh, Professor Nurse Education Practice, University of Salford

Placement expansion is a national strategic priority. Meeting the government intention of 50,000 extra nurses and achieving the growth in placement capacity required for this (DHSC 2020), against a backdrop of disruption to clinical and education services, and buoyant recruitment to healthcare programmes can feel a considerable challenge, but it is one that has coincided with a time of significant opportunity.

Firstly, the NMC (2018) Future Nurse Standards set the ambition of what needs to be achieved at the point of registration, paving the way for diversifying practice learning opportunities beyond existing and established ways of working. Additionally, the UK's exit from the EU brings opportunities to distance itself from EU directives that are no longer fit for purpose or representative of the practice learning experiences required by the UK future nurse (Leigh 2021).

Work completed in the Health Education England (HEE) South East Region has demonstrated that averaging demand for placements across the calendar year would mean that there is better utilization of existing capacity for pre-registration students, with these practices already in place across Greater Manchester. Whilst this makes logistical sense there is a need for balance against the constraints which education providers have, student expectations, and wider considerations such as the recommendations of the RePAIR project (HEE 2018).

Another important aspect is that practice learning environments are not exclusively accessed by pre-registration, direct entry students. There are a huge range of learners, including existing employees, who require supervision and support. This is something that needs to be managed at organizational level by utilizing the full range of working hours, with all staff, at all levels contributing to the development of learners. Creating this culture and mindset for practice learning may help to address the perceived status of placement capacity. For example, many senior managers believe there to be sufficient capacity for pre-registration learners whilst clinical teams are reporting a different reality. There are a variety of factors that sit behind and contribute to both viewpoints which, whilst complex, can be explored with a shared understanding of terminology.

The word capacity does not have a singular interpretation. A standard dictionary can offer several different meanings so it is easy to appreciate why there can be a loss of translation. In its simplest form capacity tells us how much of something we have available to use at any one time and, in principle, the potential for practice learning capacity exists whenever and wherever health and care services are being delivered. However, capacity is often determined subjectively, based on historical trends, established ways of working and leadership preference.

For practice learning capacity to be realized, there are three interdependent conditions that need to exist. These are function, size of service and ability.

- 1. Function** relates to the identification of practice learning opportunities that support the learner in meeting their programme intended learning outcomes leading to professional registration.

2. **Size of service** is comprised of factors including service hours, workforce and estates. A service that operates full time has greater potential capacity compared to a part-time service. Whole time equivalent staff are a useful indicator of size of service, but caution should be taken if used in isolation as there can be distortion with high acuity or highly specialized areas.
3. **Ability** is the final and arguably the most significant element, focusing on the need for sufficient supervision and assessment from suitably prepared staff with dedicated time to undertake the roles. Whatever its function and size of service, without ability, the potential capacity will remain unused. Ability is what can be safely achieved whilst maintaining quality person centred care and professional judgement. When a practice learning environment reports limited capacity perhaps what is meant is that there is limited ability. For example, when services employ larger volumes of new registrants and have a higher turnover of staff, is it their ability that is impacted, not their function and/or size of service?

The NMC Code (2018) expects that every registrant support students' and colleagues' learning and to help them develop their professional competence and confidence. Increasing ability is therefore a critical piece of the jigsaw when diversifying and innovating practice learning environments and for maximizing capacity.

Within the context of creating innovative practice learning models, we suggest that function, size of service and ability should be considered when exploring placement capacity. Offered for debate is the principle that *potential capacity exists wherever and whenever health and care services are being delivered.*

The convergence of the NMC Education Standards with new ways of working, technology enabled health and care services and digital learning solutions together with the removal of EU directives should be capitalized on to think differently, building a new landscape of practice learning opportunities that will future proof the role of the nurse and promote effective workforce development whilst at the same time increasing the number of nurses.

References

Department of Health and Social Care. The Department of Health and Social Care mandate to Health Education England: April 2020 to March 2021. 11 December 2020. <https://tinyurl.com/ytuu7jep>

(accessed 15 June 2021)

Health Education England. RePAIR. Reducing preregistration attrition and improving retention report.

Leigh J A (2021) Nurse education in the UK: moving beyond the EU regulations?, *British Journal of Nursing*, 2021, Vol 30, No 12 756-757