

**HOW TO  
PREPARE FOR  
INTERVIEWS  
AND DEVELOP  
YOUR CAREER**

**AS A NURSE OR MIDWIFE**

**CAROL FORDE-JOHNSTON**

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*This book is dedicated to all health and social care staff and students, who deserve structured support and clinical supervision throughout their career, respect for the daily challenges they face and a commitment from government to improve staffing levels across services.*

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## **AS A NURSE OR MIDWIFE**

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## ABOUT THE AUTHOR

**Carol Forde-Johnston** (RGN, BSc (Hons), PGDip, RNT and MSc) is a Divisional Recruitment and Retention Lead in the Oxford University Hospitals NHS Foundation Trust. Her current role involves leading recruitment and retention initiatives and providing structured career advice to all levels of staff, with a particular focus on supporting newly qualified nurses and international nurses. Carol qualified as a registered nurse in 1989 at Coventry School of Nursing and went on to specialise in neurosciences, working her way up to G grade nursing sister. She worked for 20 years as a lecturer practitioner, a joint appointment between Oxford Brookes University and the local NHS hospital Trust, enabling her to integrate research, education and clinical practice into her role. As a lecturer practitioner, Carol led a third year nursing degree module at Oxford Brookes University and supported nursing apprenticeships as part of her Trust role.

Carol has published numerous articles relating to education and practice development in UK and European nursing and medical journals. In 2015 she created and evaluated a *three-tiered curriculum Foundation Preceptorship programme* for all newly qualified nurses within the Oxford University Hospitals NHS Foundation Trust. The programme integrated skills development, theoretical study days and clinical supervision using action learning sets.

Carol has also been involved in several patient improvement initiatives and collaborated with Oxford University on a staff-led quality improvement project to prevent inpatient hospital falls. She is currently in her third year at Oxford Brookes University studying for a PhD in nursing and plans to conduct an observational study examining nurse–patient interactions at the bedside in hospital wards that use electronic patient records (EPR). Carol is passionate about developing and supporting staff and student nurses to improve their confidence and fulfil their future aspirations.

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## PREFACE

The practical advice offered within this book has been developed from 20 years' experience as a lecturer/practitioner, guiding the professional and academic development of pre-registration nursing students, newly qualified and experienced nurses. It is also based on over 30 years' experience working in clinical practice, recruiting staff and leading interview panels.

This book is a practical manual written for all nurses and midwives who require clear career advice to fulfil their aspirations. The contents are just as relevant to students preparing for their first post and preceptorship year as they are for newly qualified or senior staff needing to structure professional development plans and submit applications for higher banded posts or post-registration opportunities. Guidance and tips are organised under '7 key steps' that demonstrate how being prepared, proactive, systematic and able to access support, are key to positively developing your future career.

### **This book aims to help:**

- students and registered nurses/midwives reviewing potential roles and career pathways aligned to professional and academic requirements
- students and registered nurses/midwives preparing application documents, CVs, personal statements or personal portfolios for jobs, post-registration courses, bursaries or internship/fellowship opportunities
- students and registered nurses/midwives preparing for an interview, which includes planning potential interview questions and structuring responses
- students and registered nurses/midwives developing a clinical academic career
- students and registered nurses/midwives aiming to influence practice in their current role through service improvement, research or clinical governance projects

- newly qualified or experienced registered nurses/midwives preparing learning and development plans for professional development reviews and appraisals, including NMC revalidations
- newly qualified or experienced registered nurses/midwives needing to access guidance and support to help them deal with challenges in the workplace
- university lecturers, clinical educators, practice supervisors and managers offering career advice to develop students and staff.

Nowadays, nurses and midwives have a variety of courses, roles and career pathways to navigate across the UK. However, not everyone knows which opportunity to go for, which role to apply for, which course to undertake or how to apply for funding and study leave. *Step 1* presents a range of roles and career pathways to help align your professional and academic development. Practical strategies presented in *Step 2* advise how to proactively lead your learning and development, and access local/national support networks. Post-qualification education and training courses are explained, along with guidance to assist applications for future funding.

Key managerial, leadership, communication and organisational skills can be demonstrated through your contribution to local service improvement, research and clinical governance projects, to influence positive change at work. *Step 3* invites you to consider how you can positively support others and influence change in your current role, to help your application, CV and personal portfolio stand out.

Competition inevitably increases as you move up the career ladder, as there are fewer band 6, 7 and 8 posts, in comparison to band 5 roles. Practical guidance to help you complete an application form, personal statement, CV and portfolio is clearly presented within *Step 4*. Simple tips and example personal statements are presented for individuals wishing to apply for their first post or for more experienced staff applying for course funding. Ultimately, the outcome of any competitive interview is down to your preparation and performance on the day. With methodical preparation, you are more likely to pre-empt interview questions and be able to handle spontaneous questions on the day. The practical advice offered in *Step 5* will help guide your interview preparation. Example interview questions are presented under common themes, which include clear advice on how to structure your answers.

It is difficult to thrive in your career and develop professionally if you are experiencing stress, conflict or a lack of support at work. You may feel just as out of depth starting a new course or a senior position, as

you did when you were newly qualified. Within *Step 6*, an overview of national workforce pressures highlights the need for employers to take responsibility for supporting staff wellbeing in the workplace. Practical guidance covers areas such as: how to prevent and manage stress; how to resolve communication issues in the workplace; and how to access support to promote your wellbeing. A list of available support services and national frameworks to retain staff are also presented for you to access, or use to support others.

It is important that professionals share their achievements with others, to influence and inform practice and contribute to a professional evidence base. *Step 7* provides practical guidance and tips to disseminate and promote your work, through networking, collaborating with others and publishing. Advice on how to develop a clinical academic career is also presented; this involves working in clinical practice whilst undertaking academic study and research, to advance practice and transform care.

Future investment in clinical practice educator posts, and structured preceptorship, clinical supervision and staff wellbeing programmes, are vital to retain nurses and midwives in the future. It is hoped that the practical guidance offered within this book will help to inform your professional and academic development and enable you to receive the support you deserve in the future, to positively progress your career.

*Carol Forde-Johnston*

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## ABBREVIATIONS

AHP	allied health professional	MDT	multidisciplinary team
APEL	Accreditation of Prior Experiential Learning	MSW	maternity support worker
CCG	clinical commissioning group	NHS	National Health Service
CN	charge nurse	NHSI	NHS Improvement
CPD	continuous practice development	NICE	National Institute for Health and Care Excellence
CQC	Care Quality Commission	NIHR	National Institute for Health Research
CV	curriculum vitae	NMC	Nursing and Midwifery Council
DBS	Disclosure and Barring Service	NQM	newly qualified midwife
EBP	evidence-based practice	NQN	newly qualified nurse
EPR	electronic patient records	NRLS	National Reporting and Learning System
H&SC	Health and Social Care	NVQ	National Vocational Qualification
HEE	Health Education England	PALS	Patient Advice and Liaison Service
HEI	higher education institution	PCC	person-centred community
HQIP	Healthcare Quality Improvement Programme	PDR	professional development review
HR	Human Resources	PHE	Public Health England
HRA	Health Research Authority	PIP	performance improvement plan
IV	intravenous		
KPI	key performance indicator		

QAA	The Quality Assurance Agency for Higher Education	RN	registered nurse
RCM	Royal College of Midwives	SMART	Specific, Measurable, Achievable, Realistic, Time-based
RCN	Royal College of Nursing	UCAS	Universities and Colleges Admissions Service
RM	registered midwife	VBI	values-based interview
		WTE	whole time equivalent

## DRIVE YOUR OWN DEVELOPMENT

*“Our ambition should be to rule ourselves, the true kingdom for each one of us; and true progress is to know more, and be more, and to do more.”*

Oscar Wilde (1854–1900), Irish poet/playwright

### 2.1 THE IMPORTANCE OF LIFELONG LEARNING TO YOUR CAREER DEVELOPMENT

Oscar Wilde’s quote highlights the need to direct our career ‘*to rule ourselves*’ and pursue our chosen career ‘*ambition*’. Lifelong learning requires healthcare practitioners to develop over time, ‘*to know more*’, and practically apply theory to ‘*do more*’. A lifelong commitment to improving your knowledge, skills and competence will inform your career aspirations and professional practice. This includes reflecting on clinical experiences with others, and aligning professional development and academic study to a career pathway.

When planning your future goals, you should aim to complete qualifications and work-based projects in your current role that align to your future career aspirations. A newly qualified RN/RM, for example, usually requires a minimum of 6 months to 1 year post-registration experience, evidence of being a ‘link nurse’ and/or the completion of a local project, before applying for a post-registration specialist course. Nowadays, many band 7 to 8 roles require master’s level academic study, which will be detailed in the job description. To avoid future disappointment, it is important that you seek accurate advice to plan your future professional and academic development.



**KEY TIP**

- When planning your future goals, find out in advance what is required to progress, in order to prevent disappointment. Avoid the frustration of finding out you do not meet the criteria to be shortlisted when you download an application for your ideal role or course.

### **2.1.1 Plan your development a year in advance**

There will be times during your career when you require immediate training and direction from others, such as when you are new to a role or need to learn a new skill. At other times, you need to plan your long-term development for a current role or future position. ‘Essential’ training and education courses are usually fully funded by employers, whilst those that are ‘desirable’ may be funded or may have to be self-funded. At whatever stage of your career, you are accountable for directing your own learning that needs to be planned a year in advance to secure course places, course funding or paid study leave.

Although *Step 2* states ‘*drive your own development*’, this does not mean that you should plan your learning and development in isolation. It is essential that you collaborate with others, engage with local and national educational structures, and call on the advice of experienced role models. Utilising available support will enable you to establish:

- what you need to know in your current role
- what professional/academic courses are essential or desirable
- how to access course places, course funding and study leave
- which role/career pathway is the best choice for you
- how to progress in the future
- who can support your career
- what additional resources will support your goals.

Although employers should support your current essential training and development needs, they are not obliged to support additional ‘non-essential’ or desirable courses or study days. As with all health service budgets, there are annual limits to education funding and study leave, which means access to course places is often competitive. You should always register your professional development plans in an appraisal and professional development review (PDR), and plan course funding applications a year in advance.



### KEY TIPS

- Plan your learning and development proactively a year in advance through appraisals and PDRs.
- Find out how to navigate local communication systems to book meetings with relevant staff who can support your progression.

This chapter provides simple pointers to help you navigate complex educational and professional structures more easily, to give you the best chance of reaching your goals in the future!

## 2.2 UNDERSTAND HOW TO NAVIGATE EDUCATIONAL STRUCTURES

### 2.2.1 *Immediate versus long-term training and development*

Prior to accessing local learning and development advice, you should be aware that information will relate either to your immediate learning and development, or long-term continuing development. Simple questions are provided below that can be used as a basis for discussion with educators and managers:

1. Your immediate learning, development and training needs:
  - What knowledge/skills do I need in my role now and in the near future?
  - Is my statutory/mandatory training up to date? Where do I find this information?
  - Is my NMC registration and revalidation up to date? Where do I find this information?
  - Do I have an induction checklist, or in-house specialist training to complete in my new role?
  - Do I have role-specific competencies, vocational standards or key performance indicators (KPIs) to achieve? If so, who will assess me and sign them off?
  - Does my role require specialist training? If yes, how do I book training?
  - Who will support my immediate professional development and offer feedback on my current performance? How is this feedback given and how often?
  - If I feel overwhelmed in my role who do I go to? What additional support will my employer offer me?

2. Your continuing professional development and long-term career planning:
  - Who is my line manager and who completes my annual appraisal?
  - Where do I see myself in the future and which career pathway do I plan to work towards? (see *Step 1, Tables 1.4–1.7* for career pathways).
  - Who will guide my continuing education, development and career plans?
  - What study days, short professional courses and university accredited courses will support my development plans?
  - What is the process for obtaining financial support and paid study time on continuing courses?
  - Are there opportunities for access to a career coach, clinical supervision or other support group within my local area?

### **2.2.2 Check what is available to support your career goals**

Your learning and development will stall without regular structured support, at whatever band you are. Reputable healthcare employers nurture and develop their staff in order to retain employees and assure a highly skilled and effectively functioning workforce. Under the seven pillars of clinical governance ‘*education and training*’ and ‘*staffing and staff management*’ are highlighted (Nicholls *et al.*, 2000), to ensure that individual staff members are skilled, self-efficient, responsible and accountable. NHS systems and frameworks that aim to maintain standards and improve care quality are further detailed in *Table 3.4*. An overview of key terms and related references is presented, including: quality improvement, clinical governance, clinical audit, quality standards, risk management and change management models.

It still surprises me how some individuals are oblivious to the support and development opportunities being offered by local employers and national professional bodies. They are upset when someone less experienced is offered a sought-after secondment or course fees. However, they have not been regularly checking their work emails or reading posters advertising local opportunities.

Many employers communicate opportunities to staff electronically through email or intranet sites, or via posters in handover rooms. Some employers offer open lunchtime forums or evening events publicising new career opportunities, which are advertised in local papers. To increase your chances of applying for fully funded post-registration master’s modules,

leadership/research secondments or specialist training courses, you must engage with the communication systems being used to disseminate learning and development opportunities.

**KEY TIP**

- Make an effort to keep up to date with what is going on locally and nationally to utilise opportunities on offer. If you do not regularly engage with employer and management communication systems, you risk missing out on future opportunities.

### **2.2.3 Go support and inspire others!**

I regularly meet junior staff who express a wish to develop their career, but who were not encouraged by colleagues or given the correct information. This may be due to staff being too busy at the time or not knowing what is available to advise them. I offer regular career advisory sessions to staff within a hospital Trust and start with four simple tips to help them access support (see below). These tips are relevant whatever band you are and can be shared with colleagues. Sometimes, it just takes one positive conversation in a coffee room or one flyer on a communication board/ email attachment to inspire someone to pursue their goals.

**KEY TIP**

- Every staff member has a responsibility to support their colleagues to enable them to develop and thrive in their role. Whatever level/band you are, go and find out about available career pathways/courses and inspire others to pursue their career ambitions!

### **2.2.4 Four tips to access support**

#### **Find out who is responsible for guiding learning and development**

- The Care Quality Commission (CQC) requires that all healthcare employers offer adequate training and development to ensure staff are safe and competent.
- Whatever your role/banding, you should be allocated a minimum of one named person, to support your PDRs.

- Find out who is responsible for the following:
  - your annual appraisal
  - guiding induction, orientation and statutory/mandatory training
  - assessing and feeding back on your performance, e.g. signing off role-specific competencies, Flying Start NHS portfolio evidence, PDRs, performance improvement plans (PIPs), NMC revalidation
  - organising in-house skills training
  - offering clinical training if you require extra practice support
  - organising in-house coaching, mentoring, clinical supervision or staff support groups
  - disseminating information about future learning and development opportunities
  - authorising attendance on study days/courses and funding external courses
  - organising practice supervision of others.
- It is acceptable to have a variety of staff for support, as long as roles are clearly defined.
- If staff guiding your development do not communicate with each other, e.g. one person states you are doing well while another says you are not competent, you have every right to request a more cohesive approach.

### **Establish how educational team structures work**

- There should be a visual representation of educational hierarchy on employer intranet sites. It is helpful to understand global structures in case you want a second opinion or educators are off sick in your area.
- Employers have corporate education teams for key areas, such as: preceptorship, clinical skills training, international nurse assessments, clinical supervision, coaching, eLearning, student placement facilitators and leadership development.
- Some private healthcare companies do not provide in-house education and expect individuals to self-fund essential training.
- Employer education leads are responsible for the management of education budgets and structuring of education.
- Education and management leads in each institution/community setting will decide how education budgets are allocated and which external courses are funded following local training needs analysis (TNA).
- If you wish to apply for course funding or approved study time you will need to know the following:
  - Do I need to have the course/study days requested and documented on my appraisal or PDR?

- What is the process for requesting course funding or study leave?
- What are the deadlines for applications and is there an application form that needs to be signed by my line manager?
- Is there a restriction on places and what are the criteria for applying?
- Will I need to go through an in-house or university interview?

### **Use local and national communication systems**

- Establish how local/national communications systems work regarding education and training and learn how to use systems competently, e.g. Flying Start NHS for newly qualified nurses, midwives and allied health professionals in Scotland.
- Employers use online eLearning resources and electronic learning management systems (eLMS) within local intranet sites to disseminate information under key headings such as: ‘staff education’, ‘training’ and/or ‘professional development’. Find out how to browse information and manage your user account fully.
- Employers use ‘document stores’ and hold details on intranet sites such as: study days/courses, application/booking procedures, support structures/groups and learning resources/training packages.
- Statutory/mandatory training is essential and you are responsible for keeping ‘in date’. Most employers use an eLearning red/amber/green warning system informing you that essential training will be out of date in the next month/week/day. You can be performance managed if essential training consistently remains out of date. Check your emails and never ignore ‘out of date’ warnings.
- RNs/RMs must ensure their NMC registration is in date, including revalidation every 3 years (see *Section 2.6*).
- You are responsible for booking non-essential professional development courses. You will require line manager approval if you need study time away from your clinical service, e.g. a signed application request form.
- Some managers manually book you onto in-house courses or offer places to a set number of staff, to ensure services are covered. Find out what system is used and who is responsible for authorising course bookings.
- Find out what processes are used to complete PDRs and appraisals; many employers use online systems.
- When applying for course funding, adhere to deadlines which are highlighted on emails/local intranet sites.
- Ensure work email passwords are up to date, in order to access information and marketing material.

- Line managers require advance notice to complete an appraisal, course reference or sign a funding application. Some managers stipulate that funding will only be offered if a discussion has taken place within an appraisal/PDR.
- Book a slot with relevant staff in advance and check when managers have annual leave booked or who is deputising in their absence, to avoid missing deadlines.

### **Access advice and support from others throughout your career**

- Throughout your career it is important that you access advice/support from others to:
  - confidentially share your concerns, to prevent stress/burnout (see *Section 6.2.4*)
  - gain constructive feedback on your performance to develop your competence and skills
  - obtain career advice to aid your future progression.
- You may require different support as you progress through your career, from different people, according to their skills set and knowledge base, e.g. a lead educator may advise on a course deadline, as opposed to your line manager.
- Network and identify local/national colleagues to offer sound and professional advice. A good role model will acknowledge your concerns, whilst constructively suggesting strategies to inform your future learning.
- Network with past lecturers, corporate leads or experienced nurses from other areas, to receive an alternative perspective.
- Use established structures for practice support in your local area, such as:
  - clinical supervision – a safe and confidential environment for you to reflect on practice and discuss issues from work. All RNs/RMs should have access to clinical supervision for the duration of their career to enable them to develop their knowledge, skills and competence in practice. A clinical supervisor may be allocated to supervise you individually or within a clinical supervision group. Some employers will allocate you a clinical supervisor, whereas others will wait for you to request one (see further detail relating to clinical supervision in *Table 3.2*).
  - Coaching – a more short-term approach where a trained coach helps you to understand a situation more clearly, to develop new

ideas and to take future action. The main aim of coaching is to improve your performance at work. Coaching usually lasts for a short period (3–8 sessions) and focuses on specific skills and goals. Employers are not obliged to offer individual coaching and there are private coaching companies available.

- Group forums – an opportunity to meet peers in a group that targets a certain band, role or profession. Group forums promote reassurance, as members relate to each other’s issues.
- Action learning groups – promote reflection on practice-based issues using group support that focuses on self-directed individual actions (see *Table 3.2*).
- NHS employers offer regular corporate communication events, staff conversation groups or discussion forums open to all employees to discuss global initiatives and make you aware of local opportunities. Check emails and local intranet sites for future dates.
- There are many national professional networks and online forums that you can join to keep up to date with the latest career opportunities. The Royal College of Nursing (RCN) and Royal College of Midwives (RCM) have a wide range of professional forums and networks that are excellent and free to join.

## **2.3 TRAINING, EDUCATION AND PROFESSIONAL DEVELOPMENT**

### **2.3.1 Statutory and mandatory training**

- Statutory training is the training which an employer is legally required to provide. For example, statutory ‘Equality and Diversity’ training is essential for all staff that must adhere to the 2010 Equality Act. It is important that you complete all statutory training, prior to working in any area, as you may not be fully covered by insurers to practise without this training.
- Mandatory training is an organisational requirement to limit risk and maintain safe working practice. Mandatory training is based on your responsibilities and job description, as opposed to UK laws. The organisation decides what is essential for its staff to practise safely, and such training will be role-specific, e.g. conflict resolution training for RNs in a hospital.

Healthcare providers often use the terms ‘compulsory’ or ‘essential’ training interchangeably, to cover both statutory and mandatory training.



## **Statutory training**

The minimum statutory training requirements for all levels of nurses, theatre staff and midwives usually include the following areas:

- Fire safety
- Equality and diversity
- Health and safety
- Control of Substances Hazardous to Health (COSHH) regulations
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)
- Information governance
- Manual handling.

## **Mandatory training**

Always check with your line manager which specific mandatory training is required as part of your specific role. A selection of mandatory training from a variety of fields is presented below:

- Adult/children/neonatal hospital life support
- Anaphylaxis training
- Blood glucose monitoring
- Blood safety and safe blood transfusion
- Child protection and safeguarding children
- Clinical record-keeping
- Complaints handling
- Conflict resolution
- Consent and mental capacity
- Electronic patient records
- Insulin administration
- Infection prevention and control
- Safeguarding adults
- Abuse, neglect and exploitation
- Medical devices
- Venous thromboembolism (VTE) prevention
- Maternal and fetal/neonatal assessment/escalation tools
- Antepartum and postpartum haemorrhage
- Vaginal breech management
- Perineal trauma, repair and care.

Your first training priority when starting any role will be to complete statutory and mandatory training. Statutory/mandatory training will remain ongoing throughout your career, as some training expires annually and will need repeating to keep in date.

### **2.3.2 NHS staff passport system**

NHS England (2019) has recently introduced a new NHS staff passport system for healthcare professionals, designed to make it easier for staff to move between Trusts and new roles across sites. Hospitals are being encouraged to sign up to the new system, which aims to decrease the amount of pre-employment checks, inductions, mandatory training and appraisals. It is envisaged that staff will take their NHS passport with them wherever they work in the future, and that it will contain all previous learning and professional development documentation.

### **2.3.3 Induction and orientation to a new role**

Whenever you start a new role you should have a specified period of induction and an orientation to your practice setting and/or role, which should include supernumerary time. Supernumerary time, where your presence at work is not counted in the rota numbers, allows you time to complete essential training and to familiarise yourself with the area. Experienced staff appointed to a new position should also receive supernumerary time, as they need to acclimatise to their new responsibilities.

There is variety in the amount of supernumerary time awarded across clinical settings, ranging from a few days to several weeks, or months in some intensive care units. Your employer is not obliged to give you supernumerary time to complete induction and statutory/mandatory training. However, most managers allocate a number of study days, and it is helpful to find out how much supernumerary time will be offered to you before you commence any post.

The structure and content of orientation programmes for staff across the UK may range from a few pages of local information to an in-depth competency-based orientation as part of a year-long training programme. It is important that you determine what is expected of you during any orientation period, along with time frames for completion. *Table 2.1* is an example of a comprehensive orientation checklist identifying key information that you can adapt to suit your own learning and development needs.

**Table 2.1: Orientation checklist**

Key areas	Specific information	Completed
1. Statutory/ mandatory training	<ul style="list-style-type: none"> <li>• List of statutory/mandatory training</li> <li>• Training booking system and how to navigate</li> <li>• Electronic learning management system to access workbooks/eLearning</li> </ul>	
2. Roles and responsibilities	<ul style="list-style-type: none"> <li>• Job description, personal specifications and new role requirements</li> <li>• List of roles within the team and responsibilities</li> <li>• List of roles within the allied health professions and responsibilities</li> <li>• Organisational structures and hierarchy within the institution, Trust or community setting</li> <li>• System for allocation and delegation of caseloads</li> </ul> <p>Additional responsibilities for experienced staff/managers:</p> <ul style="list-style-type: none"> <li>• Budgeting</li> <li>• Maintaining staffing establishments, doing rotas and planning future projections</li> <li>• Maintaining performance standards, local auditing and reporting data following incidents</li> <li>• Operational and strategic management relevant to role</li> </ul>	
3. Policies	<ul style="list-style-type: none"> <li>• Location of national and local policies/standards</li> <li>• Policy to book rota requests, study days, annual/ compassionate leave</li> </ul> <p>Additional policies for management position:</p> <ul style="list-style-type: none"> <li>• Managing staff sickness absence and return to work interviews</li> <li>• Managing staff performance</li> <li>• Preventing and managing clinical risks</li> <li>• Managing bullying and harassment at work</li> <li>• Managing emergencies and on-call duties</li> </ul>	
4. Documentation	<ul style="list-style-type: none"> <li>• Documentation required for patient pathways (admission to discharge)</li> <li>• Patient documentation: observation charts, pre-op checklists, consent forms</li> <li>• Acuity and dependency tools</li> <li>• Paperwork less frequently used, e.g. self-discharge, Deprivation of Liberty, registering death, storing valuables, assessing mental capacity and Do not attempt cardiopulmonary resuscitation (DNACPR) forms</li> <li>• Systems to document care, e.g. electronic patient records (EPR)</li> <li>• Standardised care plans</li> </ul> <p>Additional documentation if management position:</p> <ul style="list-style-type: none"> <li>• Local budgets and future financial projections</li> <li>• Current and predicted staffing establishments/ rosters</li> </ul>	

Table 2.1: (continued)

Key areas	Specific information	Completed
	<ul style="list-style-type: none"> <li>• Previous CQC reports</li> <li>• Clinical incident reports and clinical governance reports</li> <li>• Past and current staff performance issues</li> <li>• Strategic operational plans</li> </ul>	
5. Risk assessments	<ul style="list-style-type: none"> <li>• National and local risk assessment documentation</li> </ul> <p>Additional information if management position:</p> <ul style="list-style-type: none"> <li>• Previous clinical risk assessments, action plans/ outcomes and any serious incidents requiring investigation (SIRIs)</li> </ul>	
6. Human Resources (HR)	<ul style="list-style-type: none"> <li>• HR team roles and responsibilities</li> <li>• Location of HR department</li> </ul>	
7. Orientating to the service	<ul style="list-style-type: none"> <li>• Layout of the setting (or region if community role)</li> <li>• Electronic systems used as part of the role</li> <li>• Position of setting relative to other healthcare providers or key staff</li> <li>• Type of handovers, e.g. patient bedside handover, written, tape recorded, MDT</li> <li>• Location of handover, emergency equipment and fire exits</li> <li>• Security in the clinical/community setting, e.g. security codes, safety bleeps/personal alarm</li> <li>• Storage of patient notes</li> <li>• Type of nursing organisational system used, e.g. primary nursing</li> <li>• Key telephone numbers/contacts, e.g. specialist nurses and line managers</li> <li>• Referral system to doctors and allied health professionals</li> <li>• Patient call bell system</li> <li>• Shift patterns and breaks</li> <li>• System for reporting sickness</li> </ul>	
8. Bleeping and escalation	<ul style="list-style-type: none"> <li>• National Early Warning scoring system and escalation policy</li> <li>• Escalation system relating to poor care</li> </ul> <p>Additional information if management position:</p> <ul style="list-style-type: none"> <li>• bleep and on-call responsibilities and future on-call rotas</li> <li>• system for support and advice when you are on call</li> </ul>	
9. Incident reporting	<ul style="list-style-type: none"> <li>• System to report incidents and escalate concerns</li> <li>• Procedure for preventing and reporting injury, e.g. a needle-stick injury</li> </ul> <p>Additional information if management position:</p> <ul style="list-style-type: none"> <li>• roles and responsibilities for reporting on and learning from incidents</li> </ul>	

**Table 2.1:** (continued)

Key areas	Specific information	Completed
10. Medication and pharmacy	<ul style="list-style-type: none"> <li>• Common medications used in the setting, their actions/side-effects</li> <li>• Location of pharmacy/pharmacist</li> <li>• System to contact pharmacist (normal hours/ out of hours)</li> <li>• Controlled drug and medication storage</li> <li>• Medication ordering and prescribing</li> <li>• Drug administration policy and procedure for reporting drug error</li> <li>• Patient self-administration medication policy (if appropriate)</li> </ul>	
11. Equipment training	<ul style="list-style-type: none"> <li>• List of equipment used and where stored/ cleaned/maintained</li> <li>• How to use equipment and training required</li> </ul>	
12. Patient information	<ul style="list-style-type: none"> <li>• Types of patients and common conditions</li> <li>• Usual patient pathways</li> <li>• Patient information packs</li> </ul> <p>Additional information if management position:</p> <ul style="list-style-type: none"> <li>• Previous patient experience/satisfaction feedback and survey data and actions</li> </ul>	
13. Competencies and training	<ul style="list-style-type: none"> <li>• Induction programme</li> <li>• Orientation/preceptorship period and how delivered</li> <li>• Person signing you off as competent in your new role</li> <li>• System to professionally review your practice over next 12 months, e.g. observational/reflective</li> <li>• Role-specific skills required and training, e.g. role-specific competencies/objectives/leadership frameworks</li> <li>• Support systems offered</li> </ul>	

**NOTE:** The information in this table is to be used *ONLY* as an example and may require changes/additions/deletions, according to your service.

### 2.3.4 Preceptorship

The Department of Health (DH, 2010), Nursing and Midwifery Council (NMC, 2008) and Royal College of Midwives (RCM, 2017) advise that all NQNs/NQMs should have a period of structured preceptorship on qualification. During the preceptorship period, the NQN/NQM (the ‘preceptee’) will be supported by one trained nurse/midwife (their ‘preceptor’) within their clinical setting. In reality, it is not always feasible for an NQN/NQM to be able to work every shift with their preceptor over the full preceptorship period. If preceptors are not available, shift ‘buddies’

or practice supervisors may be allocated, to provide assurance that there is a trained professional available for support. NQNs/NQMs are expected to observe experienced staff to increase their knowledge while learning on the job during their preceptorship period.

There is no mandatory requirement for employers to deliver preceptorship, as it is only “strongly recommended” by the NMC (2008) and the RCM (2017). The NMC does not monitor the implementation of preceptorship across the UK, leading to widespread differences in its implementation. The preceptorship period may last anything from three months to one year post-qualification. Understandably, the implementation of preceptorship has been found to be variable across the UK as a result of staff shortages and service demands. However, a more consistent approach to preceptorship is found in Scotland. In 2017, the Scottish Government became the first UK regional government to support the NHS Education for Scotland (NES) Flying Start NHS programme.

A number of key terms relating to the implementation of preceptorship are presented in *Table 2.2*. A form to guide feedback from your preceptor, or shift buddy, is presented in *Figure 2.1*.

*Table 2.2: Terms, definitions and guidance relating to preceptorship*

Terms	Definitions and guidance
Preceptorship	<ul style="list-style-type: none"> <li>• A structured period of transition for a newly registered practitioner where they are supported by a preceptor, to develop their confidence and skills in practice, as part of their lifelong learning</li> <li>• Preceptorship involves a preceptor supporting a preceptee in their clinical setting by providing an opportunity to reflect on practice, receive constructive feedback and have access to relevant post-registration learning</li> <li>• Preceptorship should be guided by role-specific competencies and a personalised development programme</li> </ul>
Preceptorship period	<ul style="list-style-type: none"> <li>• The initial period after registration, and during a preceptee’s first appointment as a qualified nurse/midwife, is referred to as the preceptorship period</li> <li>• There is no standard time frame for the preceptorship period and it can range from a few months to a year; the NMC (2008) and DH (2010) advise that the preceptorship period should last up to one year</li> </ul>
Preceptee	<ul style="list-style-type: none"> <li>• A preceptee is an NQN/NQM or allied health professional who is allocated a preceptor to support their development in a practice setting; from the first day of their appointment a preceptee should be allocated a named preceptor</li> </ul>
Preceptor	<ul style="list-style-type: none"> <li>• A preceptor is a named member of qualified staff who is allocated to support a preceptee’s development during their preceptorship period, usually up to a year</li> <li>• The preceptor must be based in the clinical setting, have been qualified for at least a year and have experience of supervising others</li> <li>• The preceptor does not have to have a qualification, but must have good knowledge of the area</li> <li>• The preceptor is responsible for providing a newly qualified nurse with structured support in clinical practice during their preceptorship period</li> </ul>

PRECEPTORSHIP PRACTICE FEEDBACK FORM FOR NEWLY QUALIFIED NURSE/MIDWIFE	
Name of preceptee:	
Name of preceptor/shift mentor:	
Date and time of shift:	
Is the preceptee supernumerary on shift: YES/NO (please circle)	
Ward area/community setting/clinical setting:	
Overall aim(s) for feedback on the shift	<i>(e.g. to develop the nurse's/midwife's time management skills when caring for a caseload)</i>
Detail your previous experience and the feedback you will find helpful during your shift	<i>(Detail how long you have been qualified, and feedback that would help your development)</i>

Figure 2.1: (continued)

<p>Following your shift, please reflect on what you did well and areas you need to work on. Detail additional support that will help improve your practice:</p>	
Empty space for reflection	
<p>Preceptor/shift supervisor: please give feedback on the nurse's/midwife's performance during the shift, detailing what they did well and what their strengths are:</p>	
Empty space for supervisor feedback	
<p>Please summarise/bullet point key areas to work on in the future using joint goal planning:</p>	
Empty space for joint goal planning	
<p>Please detail additional support/training that you have suggested that may develop the nurse/midwife in the future:</p>	
Empty space for suggested support/training	
Preceptee's signature:	Date:
Preceptor/supervisor's signature:	Date:

**Figure 2.1:** Practice feedback form for newly qualified nurse/midwife.



### **2.3.5 The NHS Leadership Academy**

The NHS Leadership Academy supports a variety of national leadership programmes aimed at healthcare staff aspiring to leadership roles. Several courses are available, including:

- the Edward Jenner programme: a free eLearning programme aimed at new leaders who wish to gain a fresh perspective on the delivery of services and the impact on patient experiences. On completion of the programme individuals are awarded an NHS Leadership Academy Award in Leadership Foundations. This award provides a first step towards the Mary Seacole programme.
- the Mary Seacole programme: aimed at individuals who are looking to move into their first leadership role or are new to leadership. On completion of the programme individuals are awarded an NHS Leadership Academy Award in Healthcare Leadership.
- the Rosalind Franklin programme: aimed at mid-level leaders aspiring to lead large and complex programmes, departments, services or systems of care. On completion of the programme individuals are awarded an NHS Leadership Academy Award in Senior Healthcare Leadership.
- the Elizabeth Garrett Anderson programme: aimed at mid-level leaders with the confidence to drive lasting change and improve patient experience. On completion of the programme individuals are awarded an NHS Leadership Academy Award in Senior Healthcare Leadership and an MSc in Healthcare Leadership.
- the Nye Bevan programme: aimed at senior leaders who wish to progress into executive roles and improve performance at board level. On completion of the programme individuals are awarded an NHS Leadership Academy Award in Executive Healthcare Leadership.
- the Ready Now programme: aimed at senior black, Asian or minority ethnic (BAME) leaders working in the NHS or providing NHS-funded services (in England) at a band 8a or above and aspiring to a board level position.

See the NHS Leadership Academy online resources:  
[www.leadershipacademy.nhs.uk](http://www.leadershipacademy.nhs.uk)

### **2.3.6 Different levels and credits for university modules and courses**

Professional education does not always require a university level course and there may be excellent in-house study days and conferences that you can

access for free. If you choose to undertake university study, the following questions will help guide discussions with your manager:

1. What modules/courses are available and suitable for my future development?
2. What level of study is required and what credits are awarded?
3. How do I apply for modules/courses?
4. Who funds modules/courses and supports study leave in my area?
5. How can I apply for module/course funding and study leave if required?



#### KEY TIP

- Regular PDRs with your line manager and advice from experienced practitioners will enable you to decide which in-house and external courses are most suitable for your needs (see *Section 2.4*).

### University courses and the credit system

When reviewing future university courses, you need an understanding of the credit levels assigned to different programmes and modules. UK universities use the Quality Assurance Agency for Higher Education (QAA) (2009) credit system (see *Table 2.3*).

*Table 2.3: QAA credit system*

Type of course	Credit level	Total credits
Doctorate (PhD/DPhil)	Level 8	540 credits
Master's	Level 7	480 credits
Degree (BA/BSc)	Level 6	360 credits
Foundation degree	Level 5	240 credits
Apprenticeship	Level 3	120 credits

*NOTE: Credits may vary across certain university courses.*

### Building blocks

Your module credits are accumulated, like building blocks, until you achieve the total credit required for the final academic qualification. You should contact individual universities to establish what the requirements are for any specific programmes you are interested in.

Modules are classed as single or double/treble and the amount of credits awarded vary accordingly.

- Credits awarded on 1 × double module = the credits awarded on 2 × single modules.

## **Accreditation of Prior Experiential Learning (APEL) system**

The QAA credit system allows you to accrue credits that may be required on another course; for example, the first year of a BSc (Hons) degree may be used to transfer to the second year on another degree. Nurses from overseas may wish to have previous post-qualification courses accredited from outside the UK. UK universities can use the APEL system, which is recognised internationally. The learner usually requires a transcript from their previous university, an academic statement from a personal tutor for verification, and example work to demonstrate they have covered the module content required to cover the APEL requested.

## **Time required in notional hours**

The amount of learning indicated by a credit value on a module or course is based on the total number of notional hours of learning. The number of notional hours of learning provides a guide as to how long it will take an average student to achieve the module/course outcomes. Within the UK, one credit represents 10 notional hours of learning:

- On one module 150 notional hours of learning = 15 credits.

### **2.3.7 How do I secure funding and study leave for my course?**

You may have clear career goals; however, you cannot presume your line manager will support a request for paid study leave to attend university every week or offer financial support to cover tuition fees. Accessing course funding and receiving paid study time is increasingly competitive and managers may ask staff to attend an interview prior to allocating funding. To give yourself the best chance of success you need to demonstrate how you have positively supported others and influenced change in your current role (see *Step 3*), and spend time preparing for future applications and interviews (see *Steps 4 and 5*).

Alternatively, you can self-fund modules and complete coursework in your own time. Always ask your manager if you are entitled to any paid study leave first. Most employers will have a study leave policy that defines the maximum amount of study days that a staff member can receive in any given year.

Managers can allow staff to use their day off or annual leave to attend university. However, they may refuse a request if there is a risk to their service; e.g. you are the only person available to run a GP clinic every Monday. Prior to self-funding courses, always check that your manager will support your attendance on the set study day. The alternative to taught

study is flexible online or distance learning modules/courses, which are self-directed. Distance learning course content is web-based and therefore can be completed anywhere that suits you, in your own time.

## 2.4 PROFESSIONAL DEVELOPMENT REVIEWS (PDRS)

During your career you will require ongoing regular feedback on your practical skills and knowledge, which will inform your future Professional Development Plans (PDPs) and PDRs. Your line manager, preceptor or clinical supervisor may complete your professional reviews. A few questions are presented below to help guide your future reviews:

- Who will be conducting my PDR?
- What are their contact details and how do I arrange to meet them?
- How often should I meet my reviewer over the next year?
- What do they expect from me?
- What support, guidance and feedback will they offer me?
- How will they document my reviews?
- Where can I find additional resources to support my PDR and future PDP?

When you first start in a role you should ideally have a PDR at 3, 6, 9 and 12 months, which will lead to a 12-month annual appraisal. After you are established in a role, you should negotiate regular reviews, as and when needed. PDRs are based on evaluating your learning goals, objectives or role-specific competencies. Following your review, new goals will be set and a future review date will be planned. You should discuss any specific learning needs and training opportunities during your review to inform your future career progression.

### 2.4.1 *What is a developmental aim and how does it differ from a learning objective?*

There is usually one overall teaching, training or development aim (think of it as one strategy), whereas there will be a number of objectives (things to do) to complete the aim. The aim is usually an overall statement of intent that relates to specific objectives or goals set. Learning objectives (sometimes called learning outcomes) are statements that describe what you need to be able to do as a result of your learning.

Aims will include general words such as ‘know’, ‘understand’, ‘use’ or ‘show’, whereas objectives will use ‘active verbs’ to demonstrate their achievement, such as ‘list’, ‘state’, ‘explain’, ‘discuss’ or ‘describe’. *Figure 2.2* contains some verbs associated with knowledge, skills and attitudes that

may be used within your future learning objectives, and *Figure 2.3* provides an example aim and objectives.

Overall aim	Example verbs for your learning objectives
KNOWLEDGE: to be able to demonstrate increased knowledge and understanding of...	Identify, define, state, interpret, list, label, classify, outline, record, evaluate, compare, recognise, calculate, label
SKILL: to be able to competently...	Use, locate, employ, maintain, measure, observe, chart, establish, interact, modify
ATTITUDES: to be able to demonstrate attitudes or values that reflect...	Value, support, consider, evaluate, challenge, characterise

*Figure 2.2: Example of verbs to use in learning objectives.*

Aim	Objectives (verbs in bold)
To understand the roles and responsibilities of allied health professionals	<ul style="list-style-type: none"> <li>• <b>Review</b> my job description and <b>identify</b> my key role and responsibilities as a band .....</li> <li>• <b>List</b> all allied health professional roles related to my clinical area</li> <li>• <b>Compare</b> roles and responsibilities of allied health professionals and <b>outline</b> how they relate to, or differ from mine</li> <li>• <b>List</b> key allied health professional leads to contact and <b>book</b> one-to-one meeting with them during my supernumerary time</li> <li>• <b>Describe</b> how each role may affect patient care and the service in which I work</li> <li>• <b>Write</b> a reflection on what I have learnt from my visits to other allied health professionals</li> </ul>

*Figure 2.3: Example aim and objectives for a nurse/midwife.*

### 2.4.2 What is a SMART goal and how do I write one?

The widely used acronym SMART can help you set learning goals that can be measured, and their achievement will demonstrate your progression in practice development plans. SMART goals should be:

- Specific
- Measurable
- Achievable
- Realistic
- Time-based.

Details linked to each element of the acronym are presented in *Figure 2.4*.

Elements of the SMART acronym	Details
Specific	<ul style="list-style-type: none"> <li>• Goal is specific and significant to your learning and development</li> <li>• Goal is clear to understand, concise and well defined</li> </ul>
Measurable	<ul style="list-style-type: none"> <li>• Goal is quantifiable to allow you to measure the outcome when completed</li> <li>• Goal has an established benchmark for measuring</li> </ul>
Achievable	<ul style="list-style-type: none"> <li>• Goal is achievable and accessible</li> <li>• Goal is based on your skill and resources</li> <li>• Goal is based in your area of practice</li> <li>• Goal is action-orientated, containing an action verb</li> <li>• Goals should be agreed between you and your preceptor</li> </ul>
Realistic	<ul style="list-style-type: none"> <li>• Goal should be realistic, relevant and applicable to your practice role</li> <li>• Goal should be achieved within available resources and time</li> </ul>
Time-based	<ul style="list-style-type: none"> <li>• Goal should have specific timelines attached, along with a feasible deadline for completion of goals</li> <li>• There should be enough time to complete the goal</li> </ul>

*Figure 2.4: SMART acronyms and details.*

Example stages to help you write a SMART goal are presented in *Figure 2.5*.

<p><b>Stage 1:</b> Start by just identifying what you want to learn:</p> <p><i>"I want to learn about different allied health professional roles in my new community setting."</i></p>
<p><b>Stage 2:</b> Be specific and try to write it down in one sentence. Remember to be clear and concise and not use a vague phrase like "I want...", as you will not know when you have reached your goal:</p> <p><i>"To increase my understanding of different allied health professional roles and their role responsibilities in my new community setting."</i></p>
<p><b>Stage 3:</b> Use an action verb to describe what you want to achieve and to make the goal measurable:</p> <p><i>"To increase my understanding of different allied health professional (AHP) roles and staff responsibilities in my community setting, by identifying all relevant AHP roles and determining how each role is responsible for patient and service delivery in my community setting."</i></p>
<p><b>Stage 4:</b> Link the goal to your specific practice with timelines for achievement and completion:</p> <p><i>"Within 1 month, I will identify all relevant allied health professional (AHP) roles within my community setting and determine the responsibilities related to each AHP role and the effect these roles have on patient care and service delivery."</i></p>
<p><b>Stage 5:</b> Add how you will show you have completed the goal and then you have your SMART goal! Once written, you can always check whether your goal is Specific, Measurable, Achievable, Realistic and Time-based.</p>

*Figure 2.5: (continued)*

**SMART GOAL:**

*"Within one month, my preceptor will assess that I have the required level of knowledge and understanding of all allied health professional (AHP) roles and staff responsibilities within my community setting, and the effect these roles have on patient care and delivery."*

Examples of evidence to demonstrate completion of SMART goal:

- In one month, my preceptor will question my knowledge and understanding of each AHP role in my community setting and how each role affects patient care and delivery.
- My preceptor will review my reflective accounts detailing what I have learnt from each of my visits and observations with our community AHPs.
- My preceptor will review my competence and sign off my competency statement: *"having the required level of knowledge and understanding of AHP roles in the community setting and their effect on patient care and service delivery"*.

Figure 2.5: Stages to help develop and write a SMART goal.

### 2.4.3 Professional development goals

Following your PDR or an appraisal, you will be tasked with discussing and writing goals/actions relating to your future development (see Figure 2.6 for simple example development goals relating to different bands).

**Question: How do you plan to professionally develop yourself in the future?**

**Band 5**

Goal: Within 3 months I will be able to safely administer IV medications to patients.

How will you achieve this goal?

1. I will attend our mandatory IV training day and practical skills sessions for NQNs/NQMs.
2. I will review all related policies and guidelines, such as: preparing and administering injectables; aseptic non-touch technique (ANTT) and infection control policies.
3. I will complete and pass all statutory eLearning modules relating to the administration of injectables, infection control and administration of blood and blood components.
4. I will be observed a minimum of 10 times administering IV medications under the direct supervision of my preceptor. Following 10 observations, I may request more practice observations if I do not feel confident in my abilities, or my preceptor feels I require more practice.
5. I will receive a final sign-off from my preceptor when assessed as competent to administer IVs independently.

How will you know you have met this goal?

- I will be signed off as competent by my preceptor and able to competently administer IV medications independently.

**Band 6**

Goal: Within 2 months I will be able to complete the e-roster for our community team.

How will you achieve this goal?

1. I will attend a practical electronic e-roster lunchtime training session to learn how to navigate our e-roster system.
2. I will review safe staffing establishments to increase my knowledge of safe staffing.
3. I will observe my manager using the e-roster system over a 2-week period.
4. I will book admin days with my manager to have e-roster slots together.
5. I will do my first e-roster whilst being supervised by my manager.
6. I will receive feedback on future e-rosters that will be signed off by my manager, until I feel confident enough to complete e-rosters independently.

Figure 2.6: (continued)

How will you know you have met this goal?

- I will be able to complete e-rosters independently that are authorised for release.

### **Band 7**

Goal: Within 6 months I will complete my first master's module for my leadership course.

How will you achieve this goal?

1. I will attend the master's programme study day every Wednesday and ensure that the unit is managed by my deputies during my study days.
2. I will meet my university supervisor every month to gain feedback on my assignment draft work.
3. I will attend a study skills training session to improve the level of my academic writing.
4. I will attend a librarian session on how to use EndNote software tool to better manage my bibliography, citations and references.

How will you know you have met this goal?

- I will successfully pass my master's module.

*Figure 2.6: Example development goals.*

## **2.5 APPRAISALS**

An 'appraisal' is the act of making a judgement about somebody or something. Healthcare regulators, such as the CQC and Department of Health, advocate that all healthcare employers should provide an annual appraisal for their staff, as it is deemed essential to promoting high quality care (DH, 2004; Department of Health, Social Services and Public Safety, 2015). As part of your ongoing development, you should be offered an annual appraisal by your line manager for the rest of your career.

The person conducting your appraisal is called an appraiser and you are the appraisee. Once you secure a date for an annual appraisal, you should prepare well in advance to gain the best out of it. An appraisal is a chance for you to receive constructive feedback and support from your manager to enable you to become the best you can in your role. An appraisal is not the correct place for a manager to deal with disciplinary procedures.

### **2.5.1 How is an appraisal structured?**

UK employers use a variety of frameworks and headings on appraisal documentation such as:

- NHS Knowledge and Skills Framework (KSF)
- NMC *Code* (2018a) themes
- competency frameworks or job descriptors
- local frameworks aligned to quality priorities.

Aim to become familiar with appraisal frameworks within your local area, which are usually online. Appraisals should remain confidential at



all times and be conducted in a private room. An annual appraisal usually covers the following areas:

- How your role relates to the rest of the team/organisation
- Personal and professional development over the last year
- Your current knowledge and skills in line with requirements for the role
- Your current competence and performance using a job description and/or competencies
- Your achievements using previously set role-specific objectives/development goals
- Education and training opportunities available over the next year
- Additional support you may access over the next year
- Future career progression and options to develop within your current role
- Setting future objectives and priorities as part of your personal development plan.

### **2.5.2 How to make the most of your appraisal**

Further tips to inform your future appraisals are presented below:

#### **Before your appraisal**

- Be proactive:
  - proactively book your appraisal well in advance of your due date and check how your appraiser prefers you to book them, e.g. email, verbally or calendar invitation.
- Don't worry:
  - there is no need to worry before an appraisal, as your appraiser should lead you through local structures.
- Familiarise yourself with the appraisal template:
  - review your appraisal template before your meeting
  - usually there will be two comment boxes, one for you and one for your appraiser, to write/type the following:
    1. How you have progressed relating to your job descriptors or previous objectives/goals
    2. How your current role relates to your team
    3. What has been achieved by you since the last appraisal
    4. What additional support or training opportunities will help you progress
    5. What your objectives/development plans are for next year.

- Find out what your line manager expects you to prepare:
  - prior to your appraisal, write notes on the areas 1–5 above and check what measures your appraiser will use to evaluate your progression
  - some appraisers are happy to chat through progression with limited preparation; others will request evidence of achievement.

### **During your appraisal**

- Make your own notes:
  - it is easy to forget what has been discussed in an appraisal; you may make notes during your meeting or complete an online appraisal template as you go along or afterwards.
- Consider your performance:
  - your appraiser will review your personal qualities and competence using key measures such as: band 5 competencies and development goals.
  - consider your achievements over the previous year using related measures to summarise your progression.
- Communication should be two-way:
  - two-way communication is an essential part of an appraisal; you should have the opportunity to give your perspective and discuss areas where you require extra support
  - you may not achieve previously set goals due to a lack of opportunity or support; an appraisal is an appropriate forum for you to discuss reasons for this.
- Use constructive feedback to inform your future practice:
  - managers should be trained to appraise staff and give constructive feedback; you, in turn, need to listen and receive feedback to develop your future knowledge and skills
  - if you do not agree with appraisal feedback, then constructively state why; offer your appraiser factual examples to demonstrate your points and support your perspective.
- Acknowledge personal issues:
  - we all have lives outside work and sometime personal issues such as a divorce, bereavement or ill health may impact on our performance; most managers are experienced at supporting staff through difficult times
  - if you are struggling, you may wish to discuss personal issues as part of your appraisal; however, you do not have to if it makes you uncomfortable.

## Appraisal documentation

- Setting objectives and personal development plans for the next year:
  - following your appraisal, new objectives and goals are set for completion over the next year
  - personal development plans will need to be updated with new review dates
  - opportunities for additional training and support should be included in your plans.
- Complete sign-off:
  - once all sections within your appraisal form are complete, your appraisal can be signed off by both you and your appraiser
  - signing off your appraisal indicates that you have both read the content and reviewed the other person's views
  - never sign off your appraisal without stating your view in the comments section; if you are unhappy with the comments from your appraiser, then ensure that your perspective is documented.



### KEY TIP

- Make the most of your appraisal by preparing thoroughly in advance.

### 2.5.3 *Dealing with disciplinary procedures*

If your line manager informs you that you are not progressing well, they should do this in a supportive, constructive and professional manner, i.e. not in earshot of patients or other staff. The staff member should be respected and all discussion relating to concerns should take place in a private and confidential environment. Your line manager should be explicit as to what you need to improve on and how they will support you to achieve a positive outcome.

If you are deemed to be underperforming in your role, your manager should deal with performance issues according to local procedures, e.g. Managing Work Performance Procedure. Managing staff performance should initially focus on supporting the employee to help them improve their performance to meet the standard required.

Most contracts contain a probationary period of 3–6 months, to provide a safety net for employers after they have recruited you. The probationary period is when your ability to perform at the required level is observed and assessed. If you fail to achieve the standard within the probationary period, employers can potentially dismiss you without concerns of unfair dismissal and employment tribunals later. If you are unsure of procedures,

or concerned about the way you are being supported, talk to your local HR department.

During an informal stage you should be offered the following:

- An initial meeting with your manager, who should:
  - state what they expect from you
  - detail the specific area(s) of your practice you need to improve on
  - provide details of how progress will be measured, e.g. competency achievement
  - propose a future plan of support to help improve your performance
  - give you an opportunity to discuss your perspective of the situation
  - provide a copy of documentation from the meeting for your records.
- A Performance Improvement Plan (PIP): a PIP should be written which clearly sets out the areas of concern, objectives or goals to be achieved, how success (the outcome) will be measured, and the timescales.
- Future progress review meetings: you should be made aware of future progress review meetings in advance, along with who is attending and reviewing your progress. Often managers will oversee a PIP and lead a review meeting, but will expect a team leader/educator to sign off goals or competencies.
- Documentation: you should receive a copy of your PIP documentation, review meetings and any related objectives/competencies/goals, for the duration. There should always be space on review documentation for you to write your perspective of the situation and whether you are happy/unhappy with the support offered, or find any aspects of the process difficult. Although you are not being formally performance-managed at this stage, records from an informal discussion can remain on a person's file for 6 months.
- Additional support/training: your individual learning needs should be reviewed and additional support offered to help you achieve set objectives/goals.

The majority of staff who complete a PIP have fulfilling careers with no further performance issues. However, you should be aware that if you are assessed as not improving with additional PIP support, your employer could move to a formal disciplinary stage. Local disciplinary procedures usually contain a flow chart that includes the following stages:

- Informal meeting
- PIP review meetings
- First formal meeting (written warning)
- Second formal meeting (final written warning)
- Formal performance hearing (potential dismissal)
- Appeals meeting.

(Always check the details of local procedures: ‘Managing Work Performance Procedure’ or ‘Disciplinary Procedure’.)

Following any formal actions it is important that you take independent legal advice, which is covered by your Union subscriptions.

NOTE: never work in practice without Union cover as this provides full indemnity cover and legal advice/representation when you need it.

Following cases of gross misconduct, such as violence towards a patient, an employee can be ‘dismissed with immediate effect’ and without notice or payment.

## **2.6 THE IMPORTANCE OF NMC REGISTRATION AND REVALIDATION**

When you complete a nursing/midwifery degree, you will be directed by the university programme lead to complete paperwork applying for your first NMC registration, as an RN/RM. You are required to pay annual NMC fees to register and receive a personal NMC PIN. Your first employer will request evidence of an active NMC PIN before you sign a formal employment contract, which means you must register with the NMC prior to starting your first post.

Throughout the rest of your career you are required to:

- pay an annual NMC fee to remain on the NMC register
- complete an NMC online process called revalidation every three years, to maintain your NMC registration.

It is the registrant’s responsibility to pay annual registration fees and revalidate every three years before NMC expiry dates are due. To ensure that your registration does not lapse, you must register with NMC Online and actively check that fee payments go through on time. Your NMC registration will lapse and your NMC account will be deemed ‘inactive’ if fees are not paid or you do not complete your revalidation on time.

It is illegal to work as an RN or RM (in any circumstances) if you are unregistered. NMC Online sends you a reminder when fees are due or your registration is near to lapsing (currently sent 60 days before expiry or revalidation date). It is important to inform the NMC of any changes to your home/email addresses, in order to receive these vital reminders.

### **2.6.1 What happens if my NMC registration lapses by accident?**

Reputable healthcare employers will not accept reasons for lapses in NMC registration, as you are essentially working illegally as an RN/RM. You

are accountable and responsible for registering with NMC Online and can view your account to ascertain fee and revalidation expiry dates. If you allow your NMC registration to expire, your employer will usually stop payment of your wages (including maternity/sick pay) for all ‘unregistered’ days, which includes any days off. All of which gives you a good incentive to keep in date!

If you suddenly realise that your NMC registration has expired and you are at work, you must stop working immediately and inform your line manager that you have a lapsed registration. This is dealt with formally and line managers should request that you leave the clinical setting immediately (Chu and Giles, 2019). Employers usually start a ‘disciplinary procedure’ as your absence will affect staffing and impact on service provision, and your insurance at work is invalid without registration. If you receive a first formal letter from your employer, it must be highlighted on future references. Following a lapse in registration, it can take 2–6 weeks to rectify through the NMC readmission process (NMC, 2019). If you are found to be working unregistered, your application may be referred to the NMC’s Investigating Committee panel; for example, if you knowingly worked as an RN/RM for a long period without registration.

In summary, don’t ever let your NMC registration lapse!

### **2.6.2 How do I revalidate every three years?**

Since April 2016, an NMC revalidation process must be followed by all RNs/RMs every three years to maintain their NMC registration (NMC, 2018d). If it is your first time revalidating, do not worry as most employers are used to the process.



#### **KEY TIPS**

- Aim to maintain continuous CPD records, practice feedback and written reflections, so you are not pulling documentation together immediately before your NMC revalidation date.
- Maintain an ongoing professional portfolio to record and store documentation for your NMC revalidation (see *Professional portfolios, Section 4.5*).
- Ask experienced staff in your local area about the process, as they should be used to acting as ‘Confirmers’ and can talk you through the process, well in advance of your revalidation due date.

Further tips:

- Ensure that your revalidation is completed by the first day of the month in which your registration expires.
- The revalidation process requires someone to act as a ‘Confirmer’, usually your line manager, to verify that you have the required number of practice hours and evidence of continuous practice development (see *Table 2.4*). It is helpful to identify who your NMC Confirmer is, to chat through the process.
- Plan your revalidation review well in advance as managers can be busy (as early as 6 months before your revalidation due date).
- Prepare your revalidation evidence prior to the meeting, to make the process as easy as possible for your Confirmer.
- Ensure that you review current NMC revalidation processes, forms, templates and resources prior to your revalidation, as they are very helpful (NMC, 2018d).
- You must register with NMC Online to complete your revalidation form, which verifies you have met with your Confirmer and have met the criteria required to revalidate.

*Table 2.4: NMC requirements for revalidation every three years (NMC, 2018d)*

NMC requirements	Evidence and examples
Practice hours over the last three years	<ul style="list-style-type: none"> <li>• A minimum of 450 hours if already registered with NMC (900 hours if renewing registration)</li> <li>• Usually your manager will have access to e-rosters demonstrating your practice hours</li> </ul>
Continuous Practice Development (CPD)	<ul style="list-style-type: none"> <li>• 35 hours of CPD (20 hours must be participatory learning)</li> <li>• Participatory learning includes any learning activity where you interact with other people, e.g. study group, conference or group forum on a virtual environment</li> <li>• You must demonstrate accurate records of your CPD recorded in hours and the types of development, e.g. records on your eLearning account, competencies achieved, certificates from completed academic and professional courses, study days or course workbooks</li> <li>• You must demonstrate how you have related your CPD to practice, which can be verbally discussed or written notes</li> <li>• NMC (2018d) templates are helpful</li> <li>• Do not include personal data on revalidation documents</li> </ul>
Practice-related feedback	<ul style="list-style-type: none"> <li>• Five accounts of practice-related feedback</li> <li>• A range of practice-related feedback can be used, such as patient thank you cards, feedback from colleagues, evaluations from others you have mentored or teaching evaluations</li> </ul>

Table 2.4: (continued)

NMC requirements	Evidence and examples
Reflective accounts	<ul style="list-style-type: none"> <li>• Five written reflective accounts</li> <li>• Use a familiar reflective tool to demonstrate what you have learnt and how this has influenced your practice</li> <li>• You may reflect on situations that went well or where you learned from a difficult situation; a simple reflection linked to an element of patient care or your practice is ideal</li> <li>• Reflective accounts can relate to your CPD activity, practice-related feedback or any other event or experience</li> </ul>
A reflective discussion	<ul style="list-style-type: none"> <li>• An NMC reflective discussion</li> <li>• A reflective discussion summary must be completed using the correct NMC form (NMC, 2018d) and stored as paper copy</li> </ul>
	<ul style="list-style-type: none"> <li>• The reflective discussion record includes:               <ul style="list-style-type: none"> <li>– name and NMC PIN of the NMC registered RN/RM with whom you had the discussion</li> <li>– date you had the discussion</li> </ul> </li> <li>• If your line manager is not NMC registered, you must discuss your reflective accounts with another NMC registered person</li> </ul>
Health and character	Making a health and character declaration is completed as part of your online application
Professional indemnity	Appropriate indemnity arrangements must be in place, e.g. through a professional body (RCN) or a private insurance arrangement
Confirmation	A confirmation form must be signed by your Confirmer (at the end of your revalidation review meeting); you must use the correct NMC (2018d) confirmation form

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## WHAT TO DO NEXT

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1. Establish how local educational roles/team structures work and who is responsible for guiding your learning and development in practice.
2. Identify what to expect during your first few months in a post and approach your learning in a structured and methodical way. Write down an orientation checklist list that identifies key information you will need.
3. Identify what statutory and mandatory training you need to complete as your first priority. Statutory and mandatory training remains ongoing throughout your career and will need repeating to keep up to date. You may not be put forward for future development opportunities if your training is out of date.
4. Establish how training and development information is disseminated to staff in your local area. Find out how to navigate local online educational systems to adhere to correct policies and procedures.



5. Establish which assessment and review methods your local area uses to support your development, e.g. annual appraisal, role-specific competencies and PDRs using learning objectives and/or SMART goals.
6. If newly qualified, book 3-, 6-, 9- and 12-month PDRs and establish what preceptorship will be offered during your first year qualified.
7. Establish what professional training and academic courses are available to you locally and nationally, and which courses are funded by your employer. Find out how to formally request and apply for post-registration courses and funding/paid study leave.
8. Establish what processes are used to sign off your NMC revalidation and register with NMC Online. Identify a local NMC Confirmer and prepare your revalidation evidence, such as reflective accounts, over the previous 3 years to make the process as easy as possible.

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