Abstract
This is the first article in a series of 11 that will offer guidance to new and existing mentors and practice teachers to enable them to develop in their role and help them to gather a portfolio of evidence that meets the Nursing and Midwifery Council’s Standards to Support Learning and Assessment in Practice (SSLAP). This article provides background to the development of the standards and outlines the SSLAP, including the four main stages of the framework, the eight domains and outcomes, and the five principles required for the roles of mentor, sign-off mentor and practice teacher. The requirements for maintaining the mentor and practice teacher roles are explored.

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IN 2004, THE NURSING and Midwifery Council (NMC) began a consultation on the proposed development of standards to support learning and assessment in practice. Support for students on an NMC-approved programme is provided in both practice and academic settings; the NMC (2008) requires that 50% of learning for its approved pre-registration courses takes place in the practice setting. At the time of the consultation, there were a variety of teaching roles in the NHS and independent health sector, all with differing titles, such as mentor, preceptor, supervisor, clinical supervisor, clinical facilitator, teacher practitioner and lecturer practitioner. Some of these roles had a clear strategic vision whereas others were a more pragmatic response to teaching requirements (NMC 2004). Furthermore, there had been a growth in interprofessional education since the early 2000s, with many healthcare teachers, such as doctors and allied health professionals, having an interprofessional role, contributing to the education of the nursing and midwifery workforce.

The public consultation on the Standards to Support Learning and Assessment in Practice (SSLAP) (NMC 2008) asked for opinions and suggestions for more robust standards for mentors, practice teachers and teachers of nursing and midwifery in the UK. These included: clarification of the roles of mentors, practice teachers and qualified teachers; provision of a framework of competencies that would provide a continuum of supervision and teaching support in practice; a framework that would support learning and assessment for registration and education beyond initial registration; an update of the outcomes for qualified teachers to bring them in line with contemporary developments in education and outcomes that would encompass a practice focus for academic teachers; the development of a standard that would reflect the development of interprofessional learning and working; and a standard that would ensure due regard, for example that the person responsible for judging whether a student has achieved the required standards of safe and effective practice must be on the same part or sub-part of the register that the student is intending to enter.

Another influential factor for the development of the SSLAP (NMC 2006) was a report by Duffy (2003), which identified that mentors were not failing pre-registration students who demonstrated lack of clinical competence on placements. Duffy (2003) reported that mentors felt they were inadequately supported and struggled to understand their role. Several recommendations were made regarding the proposed content of mentorship programmes and support mechanisms for mentors. In addition, several other documents...
were published before Duffy’s (2003) report that contributed to the development of the SSLAP, the first being Making a Difference: Strengthening the Nursing, Midwifery and Health Visiting Contribution to Health and Healthcare (Department of Health (DH) 1999), which criticised the abilities of newly qualified nurses on the Project 2000 curriculum. The Making a Difference (DH 1999) report also stressed the importance of practice placements in nurse education and emphasised the need to ensure nurses are ‘fit for purpose’. In the same year, the UK Central Council for Nursing, Midwifery and Health Visiting (1999) published its Fitness for Practice review of nurse education. This report emphasised the importance of the mentor and practice teacher roles in nursing practice. This was reinforced by two other reports: A Health Service of All the Talents: Developing the NHS Workforce (DH 2000) and Placements in Focus: Guidance for Education in Practice for Health Care Professions (English National Board for Nursing, Midwifery and Health Visiting and DH 2001). Furthermore, the Quality Assurance Agency for Higher Education (2007) issued the Code of Practice for the Assurance of Academic Quality and Standards in Higher Education. Section 9: Work-Based and Placement Learning, which identified that healthcare organisations, along with higher education institutes, should both be responsible for providing and supporting practice placements.

Mentors and practice teachers are essential in developing the nursing workforce of the future. Thus, formalising the preparation of mentors to meet the needs of nurses in practice was essential (Walsh 2010); before 2006, mentor preparation was varied across the UK, ranging from one day of training to accredited courses that lasted for three months. In response to the concerns raised following the consultation, the SSLAP (NMC 2006, 2008), which clearly states the requirements and preparation for mentors, practice teachers and teachers, was published. The significant aspects introduced in the SSLAP are that:

- Students are supervised directly or indirectly at all times in practice by a mentor, practice teacher or other suitably prepared registered professional.
- Mentors and practice teachers are available to students for at least 40% of the time during practice placements.
- Nurses and midwives must be qualified for one year before becoming a mentor or practice teacher.
- A live register of mentors and practice teachers is held locally.

The SSLAP outlined the requirements for becoming a mentor on the live register, including:

- Nurses and midwives must undertake an NMC-approved course that is at least ten days long, with five days of protected learning time.
- The approved course must be at a minimum academic level of higher education intermediate level (previously known as level 2) or Scottish Credit and Qualifications Framework (SCQF) level 8.
- The approved course must include learning in both academic and practice settings.

For a practice teacher to join the live register, the SSLAP outlines the following requirements:

- Nurses must undertake an NMC-approved course that includes at least 30 days protected learning time.
- The approved course must be at a minimum academic level of higher education Honours (previously known as level 3) or SCQF level 9.
- The approved course includes learning in both academic and practice settings and comprises relevant work-based learning with the opportunity to reflect on such experience.

In addition, the SSLAP introduced the role of the sign-off mentor, the ongoing record of achievement that is completed throughout the duration of pre-registration training, and the requirement of triennial review and annual updates for mentors and practice teachers.

Since the SSLAP was published, there has been increased emphasis on developing the roles of mentor and practice teacher (McVeigh et al 2009, Lawson 2011). Implementation has varied across the UK. Scotland has taken a national approach to mentor preparation for nurses and midwives (NHS Education for Scotland (NES) 2007). This national approach has been designed with a core curriculum framework with five learning outcomes that are based around effective working relationships, creating opportunities for learning using best evidence, assessing the performance and progress of students, and accountability of the mentorship role, ensuring that all mentorship preparation meets the NMC standards in a consistent and transferable way (NES 2007). In Wales, the universities work jointly on mentorship training and mentor updates, whereas in England, training is provided locally in line with NHS trust and NMC requirements.

Nurses and midwives have a professional duty to become mentors and practice teachers (NMC 2015). Mentors and practice teachers should be aware of the numerous benefits of this role, personally and professionally, and also in their wider role as a healthcare practitioner. These benefits include development of teaching, leadership, management, organisational and time management skills, which enhance their personal profile and potential for career promotion (Walsh 2010). Moreover,
mentorship is a two-way process, and mentors and practice teachers can learn from the students they support, keeping them up to date as well as enhancing and developing new knowledge and skills. Student feedback can increase the self-esteem of mentors and teachers (Walsh 2010) and improve their performance. Mentoring can guide mentors and practice teachers towards opportunities that might enhance curriculum development and enable them to become involved with higher education institutes, in addition to improving their relationships with colleagues across disciplines and teams in practice. Most importantly, it will enable the mentor and practice teacher to maintain the standards of their own profession and, in doing so, protect the public from harm (Walsh 2010).

**Standards to Support Learning and Assessment in Practice**

The SSLAP (NMC 2008) is a framework that sets out the domains and outcomes for mentors, practice teachers, and teachers of nurses and midwives. These standards define the principles, knowledge and skills that nurses and midwives should apply in practice when supporting students undertaking an NMC-approved qualification. Mentors and practice teachers might wish to develop a portfolio of evidence to demonstrate that they have met the requirements of the relevant domains and outcomes at the appropriate stage (NMC 2008). This portfolio of evidence may be used as part of the triennial review.

The standards have a single framework with four main stages (Table 1) designed to facilitate personal and professional development of nurses and midwives. Stage 1 (NMC registrant) applies to all registered nurses and midwives who can contribute to supporting and assessing students in practice; however, this must be done under the supervision of a stage 2 mentor. All nurses and midwives are required to support students in practice (NMC 2015). They can assist stage 2 mentors and work with students to guide, teach, and demonstrate skills, in addition to offering constructive feedback to the student.

A stage 2 mentor is an NMC registrant who has successfully completed an NMC-approved mentor preparation programme and has met the domains and outcomes of stage 2 of the framework (NMC 2008), which can be demonstrated through the development of a portfolio of evidence. This qualification is recorded on a local live register of mentors. Once on the register, a stage 2 mentor is allocated a student in practice and must facilitate learning, teach, guide, assess and provide constructive feedback to the student and complete the summative assessment documentation. The mentor is accountable for the assessment and decisions they make regarding the student’s competence. The mentor has a duty to offer students a variety of learning opportunities to help them to achieve their learning outcomes (Lawson 2011).

Stage 3 of the framework enables nurses to become practice teachers. A practice teacher must have gained knowledge, skills and competence in specialist practice and in a teaching role. Practice teachers support and assess students who are enrolled on an NMC-approved specialist community public health programme. Once listed on the register, mentors and practice teachers must attend annual updates, during which these domains are reviewed to enable existing mentors and practice teachers to maintain their qualification.

Stage 4 of the framework relates to the domains and outcomes that need to be achieved and embedded as part of an NMC-approved teacher preparation programme. All teachers that teach on an NMC-approved education programme must have met the domains and outcomes of stage 4.

In addition to these stages, the framework is underpinned by five principles (Box 1); mentors and practice teachers must fulfil the first four principles – recording their NMC-approved teaching qualification on the register is a personal choice. Furthermore, there are many other broad principles and essential requirements underpinning nurse education and mentorship, such as being qualified for more than one year before becoming eligible to train as a mentor and that students must spend a minimum 40% of their time being supervised directly or indirectly by their mentor. Moreover, the NMC (2008) determined mandatory requirements for each part of the register, including:

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(Nursing and Midwifery Council 2008)
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> Students on a nursing education programme should be supported and assessed by mentors, with a sign-off mentor required for final assessment of practice.
> Students on a midwifery education programme should be supported and assessed by sign-off mentors.

**BOX 1**

Five principles of the **Standards to Support Learning and Assessment in Practice** framework

The underpinning principles for any student undertaking a Nursing and Midwifery Council (NMC)-approved programme leading to registration or a qualification recordable on the register are that nurses and midwives who make judgements about whether a student has achieved the required standards of proficiency for safe and effective practice must:

1. Be on the same part or sub-part of the register that the student is working towards.
2. Have developed knowledge, skills and competency beyond that of registration through continuing professional development (either formal or experiential learning) appropriate to the support role.
3. Hold a professional qualification equal to or higher than the students being supported or assessed.
4. Have been prepared for the role to support and assess learning, and met the outcomes defined by the NMC.
5. Record the NMC-approved teaching qualification on the NMC register.

(Nursing and Midwifery Council 2008)

**BOX 2**

Additional criteria for sign-off mentors

> Clinical experience and capability in the field of practice in which the student is being assessed.
> Supervision by another sign-off mentor on at least three occasions for signing off proficiency.
> Working knowledge of programme requirements, assessment strategies and changes in education and practice for the students they are assessing.
> An in-depth understanding of their accountability to the Nursing and Midwifery Council (NMC) for the decision they make to pass or fail a student when assessing proficiency requirements at the end of an NMC-approved programme.
> An understanding of the NMC registration requirements and the contribution they make to the achievement of these requirements.

(Nursing and Midwifery Council 2008)

**BOX 3**

Eight domains of the **Standards to Support Learning and Assessment in Practice** framework

1. Establishing effective working relationships.
2. Facilitation of learning.
3. Assessment and accountability.
7. Evidenced-based practice.
8. Leadership.

(Nursing and Midwifery Council 2008)

> Students on a specialist community public health nursing education programme should be supported and assessed by practice teachers.

Students on a pre-registration nursing education programme require a sign-off mentor in their final third-year placement. Mentors who support final-year nursing students must continue to develop as mentors and demonstrate that they have met the additional criteria to become a sign-off mentor (Box 2). The role of the sign-off mentor in nursing is to review the student’s progress throughout training and determine during the final placement if the student is fit for practice and suitable to join the professional register (NMC 2008).

Each of the stages of the SSLAP framework (Table 1) comprises eight domains (Box 3) (NMC 2008). These domains consist of several competencies or outcomes that nurses and midwives must demonstrate, possibly through a portfolio of evidence, before they can be listed on and remain on the register of mentors. It is these eight domains that the mentorship series will examine in-depth to provide guidance and advice to mentors to help them meet the outcomes for each of these domains.

**Development and maintenance of the mentor and practice teacher qualification**

It is crucial that mentors undertake an approved mentorship preparation course and are given support and guidance from course tutors and placement link tutors, and from managers, placement education facilitators and peers in the workplace, to ensure they are prepared in their role to develop and assess the future nursing workforce. Improving the skills of mentors and practice teachers in practice is a priority (Lawson 2011). As such, the NMC (2008) expects nurses and midwives to self-assess by developing and maintaining a portfolio of evidence that is mapped against the domains and outcomes of stage 2 or 3 of the SSLAP framework (NMC 2008) (Table 1).

Portfolios are essential in demonstrating how mentors are developing their knowledge, skills and competences (Clarke 2010). Scholes et al (2004) defined a portfolio as something that ‘captures learning from experience, enables an assessor to measure student learning, acts as a tool for reflective thinking, illustrates critical analysis skills and evidence of self-directed learning and provides a collection of detailed evidence of a person’s competence’. Following registration, nurses in the UK are required to keep a record of their continuing professional development using a portfolio, and a sub-section of this could include evidence towards
the SSLAP requirements. Portfolios help mentors and practice teachers to maintain a record of their students’ development and they should review and develop their portfolio continuously in preparation for annual appraisals and triennial reviews.

This ensures that support and assessment of students in practice is rigorous and that mentors are accountable for their decisions (Jones et al 2010). Developing a portfolio builds confidence and skills and supports mentors in their own professional development and in managing challenging students and poor performance (Lawson 2011).

To remain on the local live register of mentors, mentors and practice teachers should maintain and develop their knowledge, skills and competence through participation in annual updates and triennial reviews. They should demonstrate that they have explored the validity and reliability of the judgements made when assessing practice in challenging circumstances as a group activity. They should mentor at least two students over a three-year period. Moreover, mentors and practice teachers should map their ongoing development against the appropriate stage of the SSLAP framework (NMC 2008) through the maintenance of a portfolio of evidence. This mapping exercise helps to identify and action professional development needs. In support of this, mentoring skills are essential to student education (Lawson 2011) and by undertaking continuing professional development, mentors and practice teachers ensure that they maintain their competence.

The triennial review may be linked to annual appraisals, which helps the mentor to identify areas for improvement each year by use of an ongoing developmental process. Through this good practice, the mentor and manager should consider each of the eight domains and outcomes of the SSLAP (NMC 2008) during the annual review over the three-year period; they may review the existing evidence and identify how the mentor or practice teacher can gain more experience and gather further evidence for their portfolio to meet any identified shortcomings and set realistic timescales.

Many nurses feel daunted by the thought of developing a portfolio and Walsh (2010) suggested that it is a difficult task to compile a good portfolio. A sub-section in the professional portfolio could be included in relation to meeting the SSLAP (NMC 2008). According to Clarke (2010), the key to compiling a good portfolio is knowing what constitutes meaningful evidence that is relevant and of high quality and that demonstrates achievement of the standards. Mentors should decide the type of evidence they are able to gather (Box 4) and map this against each of the domains (Box 3) and outcomes for the relevant stage of the framework they are working towards. The most significant evidence that mentors and practice teachers can include are anonymised photocopied student documentation, with the student’s consent. Nevertheless, Lawson (2011) asserted that evidence offered should not be prescriptive since it is the role of mentors and managers to decide whether the outcomes have been met.

Keeping a record of the support, teaching, learning, assessment and evaluation of learning that has taken place is good practice. It could include a summary of the students that the mentors and practice teachers have mentored, including the level and stage of the student, the students’ learning outcomes and how they facilitated the students’ learning to meet the learning needs and outcomes, followed by the assessment methods that have been used, while ensuring confidentiality (NMC 2015). While a portfolio describes experience, it should demonstrate learning from a range of experiences (Clarke 2010). Therefore, critical reflection on experiences is essential since without it, the collection of evidence is worthless (Walsh 2010).

Reflection is used extensively in relation to clinical incidents and professional practice, and it can be an effective way for mentors and practice teachers to review their role and skills and learn from their experiences. For learning to occur, there is a need to stand back, appraise the experience and evidence, and consider what went well and what can be improved for the next time. This helps to enhance their knowledge and skill; recording the experience alone is descriptive and does not enable critical thinking and reflection. According to Howatson-Jones (2010), critical reflection examines and questions all factors involved in a situation. Thus reflection is another form of good practice and constitutes appropriate evidence that can be mapped against the SSLAP framework (NMC 2008). Similarly, articles or literature read to inform the mentors’ and practice teachers’ practice could be included. However, this information should be accompanied by a short summary of reflection, explaining how this meets the achievement of the

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**BOX 4**

**Types of evidence**

- Copies of anonymous student documentation (consent required and confidentiality to be maintained).
- Description and summary of events and experiences.
- Critical reflection on experiences.
- Relevant literature with a short summary and reflection.
- Strengths, weaknesses, opportunities, threats analysis.
- Evidence of performance.
- Feedback from the mentor and students.
- Testimonies.
domains and outcomes. Once mentors and practice teachers gather the relevant evidence and reflect on their experiences, they can use this to develop their portfolio and cross reference the evidence against the SSLAP framework (Box 5). From this mapping exercise, they can then identify ways in which to improve and generate further evidence next time they mentor a student in practice, since essentially a portfolio is a learning tool (Walsh 2010).

Many mentors are unnecessarily anxious regarding the layout of a portfolio. There is no nationally preferred format, but essential components for most portfolios include: a front cover, including title; biographical data; a contents page; an introduction and outline of the portfolio structure; and an index of evidence linking to the domains and outcomes. The portfolio could be divided into eight sections to represent the eight SSLAP domains. Whatever format is used, it should be structured in a logical format, with clear cross-referencing to the SSLAP and held in a robust file (Walsh 2010). Moreover, it should only contain evidence that is relevant to the SSLAP domains and outcomes.

**Conclusion**

The SSLAP framework (NMC 2006, 2008) was developed to ensure consistent and high quality assessment of the nursing workforce in the practice setting. The standards set out the four stages of mentor, practice and teacher development, with acceptance onto a live register at stage 2 and stage 3. The standards specify the requirements for mentors, practice teachers and teachers to remain on the register of mentors. Continued registration requires mentors and practice teachers to fulfill several conditions that will be reviewed during the triennial review process to demonstrate that they maintain and meet the domains and outcomes at the relevant stage of the framework. This can be demonstrated through a portfolio of evidence. The next article in this series will explore how to establish effective working relationships.

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**References**


