Nursing & Midwifery Council

The Prep handbook

We are the nursing and midwifery regulator for England, Wales, Scotland, Northern Ireland and the Islands.

- We exist to safeguard the health and wellbeing of the public.
- We set the standards of education, training and conduct that nurses and midwives need to deliver high quality healthcare consistently throughout their careers.
- We ensure that nurses and midwives keep their skills and knowledge up to date and uphold the standards of their professional code.
- We ensure that midwives are safe to practise by setting rules for their practice and supervision.
- We have fair processes to investigate allegations made against nurses and midwives who may not have followed the code.

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Introduction

Post-registration education and practice (Prep) is a set of Nursing and Midwifery Council (NMC) standards and guidance which is designed to help you provide a high standard of practice and care. Prep helps you to keep up to date with new developments in practice and encourages you to think and reflect for yourself. It also enables you to demonstrate to the people in your care, your colleagues and yourself that you are keeping up to date and developing your practice. Prep provides an excellent framework for your continuing professional development (CPD), which, although not a guarantee of competence, is a key component of clinical governance.

Most nurses and midwives are already familiar with Prep. This may be through the various publications produced by the UKCC and the NMC since 1995. It might also be from reading about it in professional journals or from discussing it with your colleagues. This booklet is designed to consolidate everything you need to know about the Prep standards and guidance.

The best thing about Prep is that it is entirely up to you to decide how to meet the standards. The NMC believes that you are the best person to decide what learning activity you need to undertake. You should choose whether it is free or if you wish to pay for it. You are the best person to decide the extent to which you are practising as a registered nurse, midwife or specialist community public health nurse.

We hope that you will find this handbook useful. If you have any further queries about how to meet the Prep standards, you can contact us in confidence. Our contact details are on the back cover.

The NMC is reviewing and updating the standards for the maintenance and renewal of registration. This is being informed by the outcomes of the reviews of revalidation and regulation.

Prep helps you to:

- keep up to date with new developments in practice
- think and reflect for yourself
- demonstrate that you are keeping up to date and developing your practice
- provide a high standard of practice and care.

You, Prep and the NMC

The role of the NMC

The NMC is the regulatory body for nurses and midwives. Our purpose is to establish and improve standards of care in order to safeguard the health and wellbeing of the public. The key tasks of the NMC are to:

- maintain a register of nurses and midwives
- set standards and guidelines for education, conduct, performance and ethics
- provide advice on professional standards
- consider allegations of lack of fitness to practise due to misconduct, lack of competence or ill health.

The NMC register

Registration with the NMC is essential for you to be able to work in the United Kingdom (UK) as a nurse or midwife. We maintain a register of all the people who have fulfilled the NMC's registration requirements and who are, therefore, entitled to practise in the UK. The register is at the heart of the NMC's role in safeguarding the health and wellbeing of the public.

Requirements for renewal of registration with the NMC

In order to renew your registration every three years, you will need to provide a signed Notification of practice (NoP) form and pay your renewal of registration fee. The NoP asks you to declare that you have met the Prep requirements (see below) and are of good health and good character. Your registration will not be renewed until the NMC has received and processed your completed and signed form, together with your fee payment.

Please note that now the NMC has moved to the annual payment of fees, you will be required to pay a retention of registration fee at the end of the first and second years of registration period.

Additionally, in order to practise, midwives need to give notice of their intention to practise, in accordance with rule 3 of the *Midwives rules and standards*. This is done by submitting a completed annual Intention to practise (ItP) form every year to their named supervisor of midwives.

If you are not registered with the NMC, you cannot be employed to practise as a nurse or midwife in the UK.

The NMC's Prep requirements

The Prep requirements are professional standards set by the NMC. They are legal requirements, which you must meet in order for your registration to be renewed.

There are two separate Prep standards which affect your registration:

- **The Prep (practice) standard**
  You must have worked in some capacity by virtue of your nursing or midwifery qualification during the previous three years for a minimum of 450 hours, or have successfully undertaken an approved return to practice course within the last three years.
- **The Prep (continuing professional development) standard**
  You must have undertaken and recorded your continuing professional development (CPD) over the three years prior to the renewal of your registration. All nurses and midwives have been required to comply with this standard since April 1995. Since April 2000, you must have declared on your NOP form that you have met this requirement when you renew your registration.

The Prep (practice) standard

1 The aim of this standard is to safeguard the health and wellbeing of the public by ensuring that anyone renewing their registration has undertaken a minimum amount of practice. This standard requires you to have practised in some capacity by virtue of your nursing or midwifery qualification for a minimum of 450 hours during the three years prior to the renewal of your registration. If you do not meet this requirement, you will need to undertake an approved return to practice course before you can renew your registration.

Meeting the Prep (practice) standard

2 In order to meet the practice standard you must have undertaken the 450 hours in your capacity as a nurse or midwife. For example, you can only meet the practice standard for midwifery by practising midwifery, and similarly for nursing. Any practice that was undertaken when you were not registered cannot be counted towards meeting the practice standard.

3 As a midwife, you will need to continue to submit your Intention to practise notification annually to your named supervisor of midwives in accordance with rule 3 of the *Midwives rules and standards*, if you wish to practise midwifery.

4 The following table is designed to help you to know how many hours you need to complete in order to meet the practice standard and so renew your registration(s).

Renewing your registration for	Hours required
Nursing	450
Midwifery	450
Nursing and midwifery	900
Nursing and specialist community public health nursing	450
Midwifery and specialist community public health nursing	900
Nursing, midwifery and specialist community public health nursing	900

5 You can meet the Prep (practice) standard whether you are:

in paid work

5.1 for example, when you are employed by an organisation such as an NHS trust, a care home, an independent healthcare provider, a nursing agency, a health authority or health board, educational institution, another type of company or organisation, or if you work in independent practice

in unpaid work

5.2 for example, when you are working on a voluntary basis, such as for a charity

not working

5.3 for example, when you are taking a career break within the three-year re-registration period, you may still be able to meet the practice standard. If you do not meet the Prep (practice) standard, you will need to successfully complete an approved return to practice course before you can renew your registration.

Returning to practice

6 If you are unable to comply with the practice standard, you will have to successfully complete an approved return to practice programme. These programmes are designed to allow you to renew your registration and return to practice when your registration has lapsed after a break in practice of three years or more. Courses whose outcomes have been validated by the NMC must include:

6.1 an understanding of the influence of health and social policy relevant to the practice of nursing and midwifery

6.2 an understanding of the requirements of legislation, guidelines, codes of practice and policies relevant to the practice of nursing and midwifery

6.3 an understanding of the current structure and organisation of care, nationally and locally

6.4 an understanding of current issues in nursing and midwifery education and practice

6.5 the use of relevant literature and research to inform the practice of nursing and midwifery

6.6 the ability to identify and assess need, design and implement interventions and evaluate outcomes in all relevant areas of practice, including the effective delivery of appropriate emergency care

6.7 the ability to use appropriate communications, teaching and learning skills

6.8 the ability to function effectively in a team and participate in a multi-professional approach to people's care

6.9 the ability to identify strengths and weaknesses, acknowledge limitations of competence, and recognise the importance of maintaining and developing professional competence.

7 An approved return to practice programme will be not less than five days in length. The length and nature of the programme will be determined by the education provider and the particular individual. This will take into account your registration history, previous levels of knowledge and experience, and any relevant experience undertaken while you have been out of professional practice.

8 If you would like further information about return to practice courses, please contact your local strategic health authority if you live in England. If you live in Northern Ireland, Scotland or Wales, details of how to find out about return to practice courses are available on our website or from our Advice Centre.

The Prep (continuing professional development) standard

9 The Prep requirements include a commitment to undertake continuing professional development (CPD). This element of Prep is referred to as Prep (CPD). The Prep (CPD) standard is to:

9.1 undertake at least 35 hours of learning activity relevant to your practice during the three years prior to your renewal of registration

9.2 maintain a personal professional profile of your learning activity

9.3 comply with any request from the NMC to audit how you have met these requirements.

10 You must comply with the Prep (CPD) standard in order to maintain your NMC registration.

Meeting the Prep (CPD) standard

11 The learning activity which you undertake to meet this standard must be relevant to your practice. There is no such thing as approved Prep (CPD) learning activity.

12 You must document, in your profile, your relevant learning activity and the way in which it has informed and influenced your practice. Although there is no approved format for the profile, we have developed a template which you might like to consider when organising your profile. This is reproduced, along with the accompanying guidance, on pages 13–15.

13 You can meet the Prep (CPD) standard in many different ways. The important things to remember are that:

13.1 it doesn't have to cost you any money

13.2 there is no such thing as approved Prep (CPD) learning activity

13.3 you don't need to collect points or certificates of attendance

13.4 there is no approved format for the personal professional profile

13.5 it must be relevant to the work you are doing or plan to do in the near future

13.6 it must help you to provide the highest possible standards of practice and care.

Prep (CPD) – guidance for recording your learning

14 The following headings have been designed to help you think about how you might like to record what you do, what you learn and how you apply it to your professional practice. This structure enables you to document your learning activities and how these relate to your practice over the three years prior to your renewal of registration. You may find it helpful to keep this information in your personal professional profile as a record of your learning. You should document each learning activity you have undertaken in the three years prior to renewing your registration. You may choose to group together a number of similar activities, such as a series of one-day workshops.

The three-year registration period this form covers

15 You must complete your Prep (CPD) requirements in the three years leading up to each renewal of your registration.

Work place

16 You can record your work place and your work or role that relate to the learning activity you describe. If you have worked in various places, but in essentially the same role (for example, if you are a bank nurse or an agency nurse), you may want to group this type of work together and summarise it in this section.

Name of organisation

17 Record the name of the organisation for which you were working at the time – for example, St Elsewhere NHS Trust, ABC General Practice, XYZ Limited. If you were not working, we suggest you put 'not working' in this column.

Brief description of your work or role

18 Examples of this could include:

18.1 **if you are working with people in your care:** staff nurse in intensive care; midwife working in a community setting; district nurse working mainly with elderly patients; palliative care in a care home; or bank nurse mainly on surgical wards

18.2 **if you are working in healthcare education:** senior lecturer in health and social science faculty; or part-time tutor specialising in sexual health

18.3 **if you are working in healthcare research:** research nurse in respiratory medicine; or researching different shift patterns

18.4 **if you are working in management or administration in healthcare:** nurse manager in medical directorate; or administrator for nursing agency

18.5 **if you are working in areas not directly related to healthcare:** clinical research assistant in respiratory team; or management consultant in health group

18.6 **if you are not working:** maternity leave; retired or long-term ill health; paid or unpaid caring.

Nature of the learning activity – what did you do?

19 Record the learning activity related to the work you identified in the previous section. This learning activity should be undertaken during the three-year registration period which you identified at the top of the form.

Date

20 State the date or period when this learning activity took place.

Briefly describe the learning activity

21 For example: I read an article in a professional journal on wound healing; I attended a course on policy developments in primary care groups; I discussed with my colleagues the importance of patient dignity when in hospital.

How many hours did this take?

22 Please state how many hours the learning activity took.

Description of the learning activity – what did it consist of?

23 Provide a fuller explanation of the learning activity. For example: why you decided to do the learning or how the opportunity came about; where, when and how you did the learning; the type of learning activity; what you expected to gain from it.

24 Please see the case studies for examples of how this section could be completed on pages 20–39.

Outcome of the learning activity – how did the learning relate to your work?

25 This section will show what you gained from your learning (not the learning activity itself). You should record how the learning related to your work; the effect it has had on the way in which you work or intend to work in the future; any follow-up learning which you may be planning in the future. This will be a personal view (reflection) of the way in which the learning has informed and influenced your work. Begin by completing the sentence 'The ways in which this learning has influenced my work are: …'.

Examples of Prep (CPD) learning

You may find reading some of the following case studies helpful in enabling you to think about how this section could be completed.

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The following examples help you relate your learning to your work. They use the format outlined on pages 15–17. They have been divided into categories so that you can refer to the one most relevant to your situation. There are examples of both unstructured or informal learning and structured or formal learning.

Acute care

Example 1:
Direct patient care using unstructured or informal learning

Description of the learning activity

I work on a general medical ward and observed the siting of a chest drain. The staff nurse explained to me the importance of asepsis when cleaning the chest drain site. We also discussed the comfort of the patient in relation to the procedure.

Outcome of the learning activity – how did the learning relate to your work?

The way in which this learning has influenced my work is that I have been reminded of the principles of asepsis and the importance of this in the care of all wounds. I now not only concentrate on the preparation of the dressing trolley but also on the wider environment to create the most hygienic environment possible.

The chest drain site requires cleaning and redressing each day. The staff nurse observed me on the first two occasions and I then did the dressing on my own. The chest drain was removed after a period of one week and there was no evidence of infection (this was confirmed by the results of a swab being sent to pathology when the drain was taken out).

I was also able to apply my learning to other patients. One lady with leg ulcers used to get distressed every time her dressing was changed. I assumed this was because the procedure was painful. In fact it was because the wounds smelt and she felt very embarrassed by this. We therefore made certain the wounds were dressed away from other patients and not by her bed, and that air fresheners were used. I am also speaking to pharmacy about other preparations that may be available to help with this particular problem.

Example 2:
Direct patient care using structured or formal learning

Description of the learning activity

I see my own patients in A&E without reference to a doctor. I attended a two-hour lecture by a professor of anatomy at a major teaching hospital. We examined some arms and legs – anatomical parts which I am used to examining in my daily work.

I was transfixed as he pointed out all the structures. The bones and muscles were obvious but I was really interested in the tendons and ligaments, blood vessels and nerves. We were able to handle the specimens and I could really see how the different parts work together and make limbs move. I thought I knew my anatomy from the textbooks but this really brought it all to life.

Outcome of the learning – how did the learning relate to your work?

The way in which this learning has influenced my work is apparent in a number of ways:

I am now much clearer about the underlying structures when I examine patients' injuries and can actually visualise the parts I am trying to feel.

The session has prompted me to learn more anatomical terminology so that I can name all the structures which I am trying to describe. This means that my notes are much more accurate and clear – an important factor since other people may need to read them and I may have to defend them in court one day. I no longer write just 'ligament strain' but name the ligament.

I am more clear than ever about why I need to explore wounds to ensure that I can see the base of them and be certain that all the underlying structures are intact. I will not miss a partial cut in a tendon now because I know what I am looking for and where it is likely to be.

My confidence has been boosted as a result of my increased knowledge and I feel even more competent to see patients with minor injuries because I can assess them knowledgeably.

I will never again wonder why people donate their bodies to medical science. It is so people like me can be inspired – and I am grateful that they continue to do so. I will try to attend the service held at the end of the academic year when the body parts are cremated.

Midwifery

Example 3:
Direct client care using structured or formal learning

Description of the learning activity

I am a team midwife employed by a community trust. I completed a course on teaching and assessing to enable me to act as a mentor or supervisor for student nurses and midwives.

Outcome of the learning – how did the learning relate to your work?

The way in which this learning has influenced my work is that I am much more confident when acting as a role model for student midwives and nurses. I now feel more able to teach student midwives and support their learning experiences in the clinical setting. Overall, thinking about the learning needs of students has helped to focus my attention on my own learning needs.

Example 4:
Direct client care using unstructured or informal learning

Description of the learning activity

I am a practising midwife. I have recently started working in an area with very high levels of social disadvantage. I went to the library and looked at various databases to see how our local caesarean rate compared with the national average.

Outcome of the learning activity – how did the learning relate to your work?

The way in which this learning has influenced my work is that, at the next team meeting, I was able to ask relevant questions, using the information I had gathered, about the criteria used to identify women who need a caesarean section. This made me better able to answer the women's questions during their antenatal phase.

Community care

Example 5:
Direct client care using unstructured or informal learning

Description of the learning activity

I work in a community mental health resource centre as a community psychiatric nurse (CPN), specialising in assertive outreach for people with complex needs who are difficult to engage through mainstream services. As a newly appointed CPN, I spent a day shadowing an experienced colleague who demonstrated the role and functioning of the team, planning a work schedule and discussing strategies to engage two people whom we visited that day.

Outcome of the learning activity – how did the learning relate to your work?

The way in which this learning has influenced my work is that I am now able to clarify the difference between assertive outreach work and holding a general caseload. I appreciate the need to plan my day carefully, taking into account the clients' patterns of living, their interests and hobbies, and ensuring that these match opportunities to meet. I was able to think about different venues that could be used and was reminded how important it is to get behind the signs and symptoms and understand the person.

I was also reminded that, as a specialist team covering an area with three mental health centres, there was a need to develop effective communication systems. I discussed a number of options and was able to draw upon my mentor's experience to agree a weekly forum meeting backed up by monthly caseload reports to the team.

I had the opportunity to discuss how my colleague had dealt with an aggressive client who initially refused to see us. I was reminded of the need to remain calm and be conscious of my body language to ensure I did not portray myself as being annoyed. I was able to see how my colleague used his knowledge of the client and specifically his interest in fishing to engage him in conversation, and agreed to meet at the local lake later that week.

Example 6:
Direct patient care using structured or formal learning

Description of the learning activity

I work in the community and looked after a patient who was dying at home from cancer. I attended a course on pain control because the patient was having large doses of intravenous drugs and I wanted to learn more about aspects of pain control at home. The course was run by the local hospice.

Outcome of the learning activity – how did the learning relate to your work?

The way in which this learning has influenced my work is that I am much more confident in the care of people who are having intravenous pain control at home. I am able to change the syringe drivers as required and help the patients manage their pain both through titrating the drugs against the level of pain and through other means, such as change of posture and the application of heat. I also now understand more about the pharmacology of the pain-relieving drugs, which is useful when answering questions from patients and relatives about the different drugs and why they are being used. I am also more informed about the potential side effects of such drugs and am able to observe my patients in a more focused way.

The course also drew attention to the mental suffering which people experience when faced with intractable pain. I am now much more aware of this and make time to spend with them so that there is the opportunity to talk and for them to express other worries and concerns to me.

Example 7:
Direct client care using structured or formal learning

Description of the learning activity

I work as a staff nurse in a community day care project for people with learning disabilities who have been discharged after long term hospital care. Most have functional problems and significant life skills deficits, as well as periodic psychotic symptoms. I went to a seminar given by a service user entitled 'Living with voices'. He had heard voices for over 20 years, and had been an inpatient, but now he was an advocate and had written a self-help booklet with exercises and strategies to cope with these problems.

Outcome of the learning activity – how did the learning relate to your work?

The way in which this learning has influenced my work is that I have changed the way I think about auditory hallucinations. I have adapted some of the ideas from the booklet into a discussion topic for one of my groups. This has allowed people to talk about their voices in a way they haven't before, as they are less afraid that I will think they are relapsing or not coping. This has really made a difference to our relationships. I don't see the voices as just a clinical symptom but as an aspect of the way clients are feeling and as a way of them communicating their feelings to me.

I have also developed a workbook for the use of one of my more disabled clients. He and his mother are making use of it to help him understand his voices and use some of the calming methods. The seminar made me much more positive about this kind of problem and gave me practical advice on how to give effective support to people who will probably always have to live with it. It also stimulated me to do a literature review of current research into hallucinations and deliver a short tutorial to student nurses on their community placement. All in all, it was a really useful learning experience.

Example 8:
Not working using unstructured or informal learning

Description of the learning activity

I am currently on maternity leave and will soon be returning to specialist community public health nursing in my role as a health visitor. I took my son to the Sure Start centre just after he was born as a way to meet other parents. Prior to his birth I had worked full time and so it was important for me to meet other parents and to allow my child to socalise with others. While attending the Sure Start centre, I participated in a programme to help other parents communicate with their children as they had difficulty with literacy.

Outcome of the learning activity – how did the learning relate to your work?

The way in which this learning has influenced my work is that I was able to see how working in partnership with not only the statutory agencies but also the voluntary agencies helped to address health inequalities that I was not even aware of within my own community. This learning was not only useful in developing a social support system for myself and being able to arrange child care arrangements for my son, but will also be valuable information for me when I return to work and am required to consider innovative ways of identifying and addressing health inequalities.

Taking my son to a Sure Start centre also gave me first-hand experience of how parents can feel in these situations. I was worried about the stigma, who I might meet there and worried about my reaction. In the event, I found the experience fulfilling and realised the potential of working from the 'bottom up', and how the patient experience can have better outcomes for those it aims to support.

I was able to ask all the questions I wanted at the Sure Start centre without feeling rushed and without feeling stupid. I was also confident in being able to share my experiences with some of the other families, knowing that we all shared the sleepless nights and the feelings of both frustration and joy that children can bring.

I learnt that the professionalism and calmness of the staff there, together with their kindness and support, helped me to relax and therefore cope with a new situation. I will try to mirror this on my return to work. I also think that my understanding of how the parents may be feeling will be useful in helping them to cope with new and possibly difficult situations.

Postscript: I have been back at work for six months now and have found this experience extremely valuable. I now have an insight into how parents can feel about attending resources that are available to them, which can feel very threatening when they are offered as a resource to your own family. I feel I am now more caring and responsive, helping to make the experience easier for the families I come into contact with. I have used the knowledge in identifying health inequalities and, by working in partnership with the community, I really feel I am undertaking public health nursing that addresses the determinants of health.

Education and research

Example 9:
Working in education using unstructured or informal learning

Description of the learning activity

I run a course on health and social policy at the local university. I need to keep up to date about developments in the NHS and related health and social care organisations. I regularly read the relevant journals and NHS documents. In this instance, I read the white paper *A first class service: Quality in the new NHS*, issued by the Department of Health in July 1998.

Outcome of the learning activity – how did the learning relate to your work?

The way in which this learning has influenced my work is that I am now able to incorporate two sessions on clinical governance, its impact on the health services and on the role of the professional into the quality module of my course. I am also carrying out a literature search on clinical governance and I am consulting with colleagues and others from the professions allied to medicine. I will also talk to the chief executives of my local NHS trusts and ask them about their new responsibilities, so that my students gain an insight into how changes in policy at government level affect organisations within the health services.

Example 10:
Working in education using structured or formal learning

Description of the learning activity

I recently attended an interdisciplinary study day on utilising learning sets as a method of personal and professional development.

Outcome of the learning activity – how did the learning relate to your work?

The way in which this learning has influenced my work is that I have used the icebreaking activity we did on that day with a group of enrolled nurses I teach on the conversion course. I have also extended my reading and knowledge of learning styles analysis, which I will incorporate into my teaching of study skills at a later date.

Example 11:
Working in research using unstructured or informal learning

Description of the learning activity

I recently met a researcher at a conference. After her session, we talked about her work over lunch. She mentioned how she used the internet to keep in touch with the latest developments, but also stressed the importance of discriminating sound material on the internet from the rubbish which is also available. We exchanged email addresses so that we could keep in touch.

Outcome of the learning activity – how did the learning relate to your work?

The way in which this learning has influenced my work is that I have learned the importance of networking. Since this conference, I have been in contact with the researcher. I visited her unit and met two of the research assistants working on the pain management programme. I prepared a one-hour teaching session (including a handout) for colleagues to let them know what I had learned from the pain management symposium. I also discussed the possibility of my unit becoming involved in the research programme. This would enable us to experience some research at first hand, which should help to bring it alive.

I have also taught myself, with the assistance of an 'Internet for Beginners' guide, to access the internet and have been given some guidance concerning the best sites to visit. I have become involved in two discussion groups but I am very careful to evaluate what I gather, just as I would if I were reading a research paper.

Example 12:
Working in research using structured or formal learning

Description of the learning activity

I am a ward sister who qualified in the mid-1980s. Since then, I have attended numerous study days and, as a result, I have become quite interested in learning more about research. Since all the nursing students are now qualifying with a diploma and mention research a lot, I decided to enrol on a 20-point Level 2 research awareness module at my local university.

Outcome of the learning activity – how did the learning relate to your work?

The way in which this learning has influenced my work is that I have been able to learn a lot about different ways of doing research, how to carry out a literature search and about the importance of critically evaluating any research that I read. Just because something is published does not mean that it is sound. I now critically evaluate everything I read and only consider changing practice when I know that there have been a number of research studies which have reported similar findings. I also now understand the importance of randomised controlled trials to evaluate the effectiveness of specific treatments or interventions, and always start by looking for a systematic review which summarises the evidence relating to a particular clinical issue.

To encourage colleagues to get involved, I have recently set up a journal club on the ward, which meets every three weeks to discuss research on a topic that is important to our work. Through this club I am trying to introduce an evidence-based culture on the ward, so that it becomes the norm to discuss the reasons why we do what we do, and thereby question any ritual or traditional practices.

Management

Example 13:
Working in a management or administrative role using unstructured or informal learning

Description of the learning activity

My mother died recently and I needed information quickly on probate and the role of executors of wills. I went to the public library and, with the help of both the librarian and the microfiche, I found a range of helpful leaflets and books on what to do when someone dies, which included a number of checklists.

Outcome of the learning activity – how did the learning relate to your work?

The way in which this learning has influenced my work is apparent in a number of ways. On a personal level, it helped me to get through a very difficult time without the problems associated with wills that you sometimes hear about. Since returning to work, I have spoken to staff in the legal department of our organisation. We are revising our guidelines for staff in nursing homes, since they often get asked about what to do when someone has died.

Example 14:
Working in a management or administrative role using structured or formal learning

Description of the learning activity

I am the matron or manager of a nursing home and attended a course on dealing with complaints.

Outcome of the learning activity – how did the learning relate to your work?

The way in which this learning has influenced my work is that I have become more aware of legal requirements when a complaint is made. As a result of this, I am now in the process of developing protocols for my own organisation to assist staff in such circumstances.

I also became aware of the position of other stakeholders, including, for example, the complainant and the person against whom the complaint is made. Role play was used to help us to understand the different emotions involved and the effects of these emotions on people's behaviour. This was particularly important for me because it highlighted the ways in which emotions can become heightened in times of stress. I was surprised at how vulnerable and alone I felt when role playing the person against whom the complaint had been made, and how it was very easy to take everything personally.

This learning is useful to me in a number of ways. All members of staff, including myself, will be more competent in dealing with complaints and will be able to follow the correct procedures once the protocols are completed. I will be more aware of the need to try and understand how the different parties are feeling and the type of support which they require in such stressful situations.

Practising in other areas

Example 15:
Not working using structured or formal learning

Description of the learning activity

I have recently retired from the NHS on health grounds. However, I am interested in alternative forms of healthcare and am looking into beginning a new career in this area. I have attended an evening course on aromatherapy which was run by my local higher education institution. The course was a 10-week course and studied the basics of aromatherapy and massage techniques.

Outcome of the learning activity – how did the learning relate to your work?

The way in which this learning has influenced my work is that I have investigated the possibilities of local work through the course leader. I found the course very interesting, particularly with my previous experience of nursing. I have already used my knowledge to prepare a blend of essential oils for my sister after childbirth, and a relaxing compound for my brother who is suffering from stress. Although the course has ended, the group is keeping in touch and I am also looking into completing a diploma in aromatherapy next year.

Example 16:
Working but not in professional practice using unstructured or informal learning

Description of the learning activity

I work for a pharmaceutical company in the healthcare division and am working on a particular brand of respiratory drug. I am a member of a local special interest group in respiratory medicine and met other members for an informal get-together. Inevitably, we talked about work and I found out more about the ways in which patients with chronic obstructive airways disease are now cared for in the local hospital.

Outcome of the learning activity – how did the learning relate to your work?

The way in which this learning has influenced my work is that, although the information I was given about how patients with this disease are now cared for will not help me in my work at present, the knowledge will be useful in determining the sites for the clinical trials and the types of patients whom we need to recruit.

Postscript: We have now begun the clinical trials and the knowledge I gained from that informal get-together was very useful in helping to determine our criteria for recruiting patients to the study. I have realised that information picked up in an informal setting can be just as useful as that obtained from a specific course.

Example 17:
Working but not in healthcare using structured or formal learning

Description of the learning activity

I often make presentations in my work as a management consultant. Although I am confident in doing this, I know that it is always useful to update key skills and to practise new techniques and methodologies. I therefore attended a presentation skills workshop.

Outcome of the learning activity – how did the learning relate to your work?

The way in which this learning has influenced my work is that I now have some new skills. However, the most useful element was the ability to practise risky techniques in a safe environment. On my return to work, I gave three presentations in quick succession and used some of the new ideas with success. One of the key things I learnt was to use the flip chart for greater emphasis and effect, and to minimise the use of overheads, although these decisions have to be taken in the context of the audience and their expectations.

Feedback from those three presentations was encouraging, with comments ranging from 'very clear and informative' to 'would have liked a bit more time to absorb the information on the visual aids'. I would like to attend the advanced presentation skills course, once I have had the opportunity to practise and refine my new skills over the next nine months or so.

How will the NMC know that you have met the standards?

Testing compliance

In order to be able to demonstrate to patients and the public the rigour of the Prep standards, the NMC has a number of ways in which it can ensure that nurses and midwives are complying with them.

Notification of practice form

Everyone on our register must declare that they have complied with the Prep (CPD) standard and the Prep (practice) standard on their Notification of practice (NoP) form which they complete when they renew their registration every three years.

The Prep (CPD) audit

The NMC audits compliance with the Prep (CPD) standard. Nurses and midwives may be asked to provide the NMC with a brief description of their learning activity and the relevance of this learning to their work. If you are asked to take part in the audit, your evidence will need to be provided using Prep (CPD) summary forms which the NMC will send to you.

The Prep (CPD) summary form

The Prep (CPD) summary form is only issued to those involved in the audit. Please note that the completed contents of the form are used by the NMC only for the purpose of monitoring Prep (CPD). Please therefore do not enclose any other correspondence or certificates with the form. If there is a question with regard to your Prep (CPD) summary form, the NMC will write to advise you.

The Prep handbook was first published by the former United Kingdom Central Council for Nursing, Midwifery and Health Visiting (UKCC) in January 2001. It was revised in April 2002 following the establishment of the NMC, and again in August 2004 to bring it into line with changes brought about by the Nursing and Midwifery Order 2001. Further changes were made in relation to intention to practise notifications in accordance with rule 3 of the *Midwives rules and standards*. This was altered in November 2004 and a new version of *The Prep handbook* was published in April 2005.

The rules to establish the new register in August 2004 also required that the time frames for meeting the practice and continuing professional development standards should both be three years. The date for implementation of this rule was August 2006. Further changes have been made in relation to the standards required for re-registering as a specialist community public health nurse.

This booklet was reissued in a new format in April 2008, with updated practice hours requirements for people on the specialist community public health nursing part of the register.

This current design was introduced in April 2010 with the addition of paragraph numbers for the Prep standards, however the content has not changed.

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