



Manchester Metropolitan
University



Greater Manchester
Practice Education Facilitators' Forum

HEI Process for Investigating Issues and Concerns in Practice Relevant to Students on all Nursing and Midwifery Council Approved Programmes

The term Mentor in this document relates to Mentors and Practice Teachers aligned to the NMC (2008) standards and will be superseded by the NMC (2018) Standards for Supervision and Assessment in Practice for all NMC Approved programmes from September 2019.

Issues in Practice (IP) Report Form

This form must be completed by the first person (University Link Lecturer, Practice Education Facilitator or Academic Advisor / Personal Tutor) that the student(s) raises any issues in relation to practice learning.

It is essential that the completed IP form is forwarded, along with any related documentation (i.e. statements, incident reports), to the relevant personnel (e.g. the University Link Lecturer, Practice Education Facilitator, Academic Advisor / Personal Tutor) for action to be taken.

The HEI IP Administrator must also be copied into all correspondence:

- **UoM:** amanda.j.biddulph@manchester.ac.uk
- **MMU:** nursing.placements@mmu.ac.uk
- **UoS:** N.J.Finnigan@salford.ac.uk
- **UoB:** j.grailey@bolton.ac.uk

Section A: Nature of Report

Student Concerns

A student or students has/have raised concerns in relation to a practice learning environment issue.

SUI

A student or students has/have been involved in or witnessed a serious or untoward incident (e.g. near miss) whilst on placement.

Risk Status
<input type="checkbox"/> Low <i>(No or minimal risk of harm to student and or service user or the reputation of the academic organisation/ placement)</i>
<input type="checkbox"/> Medium <i>(Risk of harm to student and or service user or the reputation of the academic organisation / placement)</i>
<input type="checkbox"/> High <i>(Risk of death or serious injury to student and or service user or damage to the reputation of the practice organisation/ placement)</i>

Section B: Details

Normally to be completed and forwarded to the relevant personnel (e.g. the University Link Lecturer, Practice Education Facilitator, Academic Advisor / Personal Tutor, HEI IP Administrator, HEI Academic Lead for Practice or equivalent) within 2 working days of the concern / incident being reported.

Date concerns raised / incident reported	
Name of person completing the IP form	
Title of person completing the IP form	

Practice Placement Area			
Trust / Organisation			
	Name	Programme & Cohort	HEI
Student			
Academic Advisor/ Personal Tutor			
University Link Lecturer			
Practice Education Facilitator			

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Mentor/ Practice Teacher/ Practice Supervisor/ practice Assessor	Name	Contact Details
Summary of student concerns / SUI <i>Please ensure full details are provided i.e. dates, names, titles, with the exception of patient details.</i>		
State what immediate action has been taken to resolve the issue(s)		
Has the HEI been notified?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please tick to identify who has been notified:		
<input type="checkbox"/> Academic Advisor/Personal Tutor	<input type="checkbox"/> Practice Learning IP Administrator	
<input type="checkbox"/> University Link Lecturer	<input type="checkbox"/> Academic Lead for Practice (or equivalent)	
Has the incident been noted in the student's Practice Assessment Document?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A

Issue(s) resolved: No further action required	<input type="checkbox"/>
Practice Education Facilitator:	Date:
University Link Lecturer / Academic Advisor / Personal Tutor:	Date:
<i>Please provide a copy of the completed IP Report Form to the Placement Manager, Modern Matron / Organisation Educational Lead</i>	
Issue(s) not resolved: Further action required	<input type="checkbox"/>
<i>Please complete the action plan grid in Section C</i>	

Section C: Action Plan

Normally to be completed by the Practice Education Facilitator and forwarded to the relevant personnel (e.g. the University Link Lecturer, Academic Advisor / Personal Tutor, HEI IP Administrator, HEI Academic Lead for Practice or equivalent) within 5 working days of the concern / incident being reported.

Achievement of action plan

It is expected that any actions listed will normally be achieved within 30 working days of implementation.

	Summary of Actions	Date Agreed	Date to be Achieved	Person Responsible
1				
2				
3				
4				
5				

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The placement has been temporarily withdrawn from the placement circuit	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Practice Education Facilitator:	Date:
University Link Lecturer / Academic Advisor / Personal Tutor:	Date:
<i>Please provide a copy of the completed IP Report Form to the Placement Manager, Modern Matron / Organisation Educational Lead</i>	

Following achievement of the action plan please complete Section D.

Section D: Action Plan Completion

<i>I, the undersigned, confirm that all actions in relation to the above action plan have been achieved.</i>	
Practice Education Facilitator:	Date:
University Link Lecturer / Academic Advisor / Personal Tutor:	Date:
If the placement was withdrawn from the placement circuit, can students now return to the placement?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If yes: Is a new audit required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have all relevant personnel been notified?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please tick to identify who:	
<input type="checkbox"/> Academic Advisor / Personal Tutor	<input type="checkbox"/> Practice Education Facilitator
<input type="checkbox"/> University Link Lecturer	<input type="checkbox"/> Placement Manager / Matron
<input type="checkbox"/> HEI IP Administrator	<input type="checkbox"/> Lead Midwife for Education
<input type="checkbox"/> Academic Lead for Practice (or equivalent)	<input type="checkbox"/> Student / Students

Please return the finalised IP form, along with any related documentation (i.e. statements / trust incident reports) to the relevant HEI IP Administrator and HEI Academic Lead for Practice or equivalent:

HEI IP Administrators:

- **UoM:** amanda.j.biddulph@manchester.ac.uk
- **MMU:** nursing.placements@mmu.ac.uk
- **UoS:** N.J.Finnigan@salford.ac.uk
- **UoB:** j.grailey@bolton.ac.uk

HEI Academic Leads for Practice (or equivalent):

- **UoM:** heather.v.sigley@manchester.ac.uk
- **MMU:** j.clough@mmu.ac.uk
- **UoS:** L.J.Littlewood@salford.ac.uk / J.A.Leigh4@salford.ac.uk
- **UoB:** J.Grailey@bolton.ac.uk

Please also provide a copy of the finalised IP Report Form to the Placement Manager, and the Modern Matron / Organisation Educational Lead.

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To be completed by the Academic Lead for Practice (or equivalent)

Outcome	
Issue(s) resolved: No further action required	<input type="checkbox"/>
Issue(s) not resolved: <i>Please tick as appropriate</i>	<input type="checkbox"/>
<input type="checkbox"/> Placement placed on hold for current use	
<input type="checkbox"/> Placement removed from the training circuit	
<input type="checkbox"/> Academic Lead for Practice Development informed (UoM)	
Appropriate external agencies have been notified	<input type="checkbox"/> Yes <input type="checkbox"/> Not required
<i>If yes, please provide details below</i>	

Signature: _____

Date: _____

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Student IP (Issues in Practice Report) Feedback Form

- 1) To be completed by the relevant Practice Education Facilitator or academic.
- 2) To be forwarded to the student with the following personnel copied in:
 - Academic Advisor / Personal Tutor and / or University Link Lecturer
 - HEI IP Administrator
 - HEI Academic Lead for Practice or equivalent

HEI IP Administrators:

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- UoM: heather.v.sigley@manchester.ac.uk
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- UoB: J.Grailey@bolton.ac.uk

Section A: Summary of IP

IP Report ID No:			
Practice Placement Area			
Trust / Organisation			
Student	Name	Programme & Cohort	HEI
Academic Advisor/ Personal Tutor			
University Link Lecturer			
Practice Education Facilitator			
Mentor / Practice Teacher / Practice Supervisor / Practice Assessor	Name	Contact Details	
Summary of student concerns / SUI <i>Please ensure full details are provided i.e. dates, names, titles, with the exception of patient details.</i>			
State what immediate action has been taken to resolve the issue(s)			
Has the HEI been notified?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, please tick to identify who has been notified:			
<input type="checkbox"/> Academic advisor / Personal Tutor	<input type="checkbox"/> HEI IP Administrator		
<input type="checkbox"/> University Link Lecturer	<input type="checkbox"/> Academic Lead for Practice (or equivalent)		
Has the incident been noted in the student's Practice Assessment Document?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

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Section B: Summary of Actions Taken

1	
2	
3	

Name: _____

Signature: _____

Date: _____

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