

and research.

As a lead-in to this project and in order to present the Review Panel with a "birds-eye-view" of the current situation and as a starting point for discussion I am undertaking a three month part time consultancy with a report to be completed by the end of January 1991.

Although this report will by its very nature concentrate on the traditional areas of library provision i.e. published and knowledge based information and describe:

- patterns of provision
- services provided
- costings and funding patterns
- activity levels and throughput
- the role of the British Library and other national resources
- staffing issues and levels
- networking and co-operative schemes.

it will also examine areas of interface and additional information sources:

- drug and pharmaceutical information
- hospital and management activity data and information development and innovation
- medical networks eg JANET, CAMPUS 2000
- IAMS

Most of the information will be gathered from published literature or from discussion with individuals in the field. (Indeed one of the objectives of the initial study is to identify key organisations and individuals involved, both in the library and information field and in the areas of management, education and health care).

However there will be people who I have failed to identify and I apologise for this but the short time scale makes this inevitable. Over the next two years there will be opportunities to discuss and contribute to the end product but if individuals would like to contact me concerning the initial study then I would welcome any contributions at the address above.

UKCC: the Executive Summary of the Report of the Post-registration Education and Practice Project [PREPP] October 1990.

In September 1989 the United Kingdom Central Council (UKCC), as the statutory body for the nursing, midwifery and health visiting profession, launched a project to develop a framework for post-registration education and practice (PREPP). The central issue was to maintain and enhance standards in order to meet the needs of patients, clients and the health services.

The project took shape with the context of professional practice constantly in mind. Demographically, the increasing numbers of elderly people and the fall in the birth rate combine to pose a range of problems, while changes in epidemiological trends require a flexible and responsive structure for education and practice. The NHS and Community Care Act will mean that skilled, up-to-date practi-

tioners have never been more in demand.

The PREPP report envisages practice as a continuum on which to build a structure that will maintain and enhance professional standards. At the time of each new registration, practitioners need support from experienced professionals whatever their previous experience. If these role models, to be known as preceptors, provide effective support for an appropriate period to newly-registered practitioners, not only will more confident and skilful professionals emerge, but the increase in job satisfaction could stem the flow of people leaving the professions soon after registering. Once the period of support is completed, the 'novice' will become a primary practitioner and accept responsibility with confidence in co-operation with others, where appropriate, for individuals' or groups' health care needs.

Practitioners will record this achievement in a personal professional profile. This portfolio will chart career progress, giving experience to date, noteworthy achievements and developments in practice. Its primary purpose is to provide a means for showing that nurses, midwives and health visitors have maintained and developed their professional knowledge and competence. The Council will need verification that profiles have been satisfactorily completed.

If they are to develop their practice, practitioners need opportunities to learn. It will become statutory for practitioners, during the three years leading to periodic registration, to complete a period of study or provide

evidence of appropriate professional learning. At least five study days in three years must be set aside.

When practitioners wish to return to practise after a break of five years or more, they will have to complete a return to practise programme, a requirement that the Council agreed in principle in March 1989. These programmes have to be approved by a National Board.

Further along the continuum lies advanced practice. Only practitioners who have advanced their knowledge and skills through education and experience can exercise this clinical discretion and greater professional responsibility. Whether in clinical practice, education, management or research, advanced practitioners will need a Council-approved recordable qualification for which the Council will determine the standard, kind and content. Beyond this, a yet smaller number of practitioners will progress naturally to become consultants, who will be associated with pioneering roles, charting new territory in care and treatment and will be used as an authoritative resource to others.

In order to maintain and enhance standards, UKCC registration should embrace a new concept of eligibility to practice. This means that in addition to current requirements, practitioners will have to submit a notification of practice and provide verification that they have satisfactorily completed their personal professional profile or show evidence that they have completed a return to practice programme. This notification of practice indicates that practitioners are using a registered qualification appropriate to their

current role. When practitioners return to practice after a break of less than five years, they will have to submit a notification of practice and then, within the following year, submit verification of a satisfactorily completed profile.

A comprehensive credit accumulation and transfer scheme is needed if education and training are to be fully recognised. The Council is in the process of determining credit for registered qualifications which will form the basis of such a system. But all learning, including that acquired through clinical experience, should also receive credit. Basing the framework on an existing credit accumulation and transfer scheme has widespread support in the professions.

The PREPP report, which avoids any distinction between first and second level practitioners, includes some recommendations needing legislative change. These will be phased in, while others recommendations are considered good practice and should be implemented as soon as possible.

Resume of recommendations

1. There should be a period of support for all newly registered practitioners to consolidate the competencies or learning outcomes achieved at registration.
2. A preceptor should provide the support for each newly registered practitioner.
3. All nurses, midwives and health visitors must demonstrate that they have maintained and developed their professional knowledge and competence.

4. All practitioners must record their professional development in a personal professional profile (PPP).
5. During the three years leading to periodic registration all practitioners must complete a period of study or provide evidence of appropriate professional learning. A minimum of five days of study leave every three years must be undertaken by every registered practitioner.
6. When registered practitioners wish to return to practice after a break of five years or more, they will have to complete a return to practice programme.
7. The standard, kind and content of preparation for advanced practice will be specified by the Council. Advanced practitioners must have an appropriate Council-approved qualification recorded on the register.
8. To be eligible to practise, individuals must every three years: submit a notification of practice; either provide verification that they have completed their personal professional profile satisfactorily, or show evidence that they have completed a return to practice programme; and, pay their periodic fee.
9. Practitioners after a break of less than five years returning to practice using a specific registered qualification shall submit a notification of practice and, within the following calendar year, provide verification that they have completed their personal professional profile satisfactorily.