Patients and students can be adversely affected if students’ supernumerary status is not protected. Staff can use checklists to document and report how it is being applied.

Protecting students’ supernumerary status

In this article...

- Why supernumerary status is important
- Evidence of compromises to supernumerary status
- A checklist and reporting form for staff

5 key points

1. Patients are put at risk if care is not delivered by appropriately qualified practitioners
2. Registered staff are not always clear about the purpose of supernumerary status for student nurses
3. Supernumerary status, when used as a learning strategy, promotes student development
4. Effective leadership skills help mentors to manage supernumerary status
5. Better reporting mechanisms are required to appreciate why supernumerary status can be compromised

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Abstract Shepherd P, Uren C (2014)
Protecting students’ supernumerary status Nursing Times; 110: 20, 18-20.
Supernumerary status for students is a Nursing and Midwifery Council requirement yet there are reports of this being compromised. This paper discusses the value of supernumerary status and the need for a collaborative understanding of its purpose in protecting students and patients.

As practice learning advisers at Bournemouth University, we are responsible for mentor support and education, while implementing quality assurance mechanisms such as audit and evaluation.

Concerns regarding supernumerary status have been raised by both students and mentors. Students have reported that, if their supernumerary status is not upheld, this can undermine their learning because their mentor is too busy or they are not able to work directly with them. Mentors have expressed uncertainty about being able to meet their duty of care to patients and students.

Supporting learners takes time and, if supernumerary status is not upheld, students cannot be given the time to develop skills under direct supervision. It would appear our experience is not uncommon (Veeramah, 2012; Ousey, 2009).

When supernumerary status is not upheld, students could potentially be providing unsupervised care when their ability to do so has not been assessed. This, in turn, compromises patient choice and the right to be cared for by staff with the appropriate skills and knowledge (Hall and Ritchie, 2009).

Background
The Nursing and Midwifery Council (2010) states that:
“Programme providers must ensure that students are supernumerary during all practice learning. Supernumerary means that students will not, as part of their programme preparation, be contracted by any person or anybody to provide nursing care.”

This ensures that students undertake the placement as a learning experience and are not considered part of the workforce (Arkell and Bayliss-Pratt, 2007). Recent reports illustrate the importance of having the correct skill mix for safe and effective care in light of changes to service delivery (Care Quality Commission, 2012; Department of Health, 2012; Willis, 2012). In question is the experience students require to gain appropriate knowledge, skills and professionalism for effective practice.

Allan et al (2011) suggest that higher education institutes are uncertain of the value of supernumerary status as a strategy to support learning, while trained staff may perceive it as a barrier to learning. However, when supernumerary status is not upheld, this appears to have a negative impact on mentors, students and patients. According to McGowan (2006) and Veeramah (2012), mentors are not able to provide the level of supervision they would wish. This may lead to dissatisfaction in the quality of mentorship they can offer. In addition, limited interaction can compromise the validity and reliability of
TABLE 1. PLACEMENT INTRODUCTION: CLARIFYING SUPERNUMERARY STATUS

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes/No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has supernumerary status been clarified between the student and mentor?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In the mentor’s absence, is provision made to ensure appropriate supervision?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are the team informed of the purpose of the student’s supernumerary status?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has the student been made aware that they are required to engage fully in patient care?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do the learning opportunities identified enable students to achieve their placement outcomes?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the student know how to report compromised supernumerary status?</td>
<td></td>
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</tr>
</tbody>
</table>

assessment, as students may become task focused without an appropriate level of feedback and support (McGowan, 2006).

Students have reported feelings of being used like “a pair of hands” (McGowan 2006). They recognise that they are not developing a depth of knowledge and continue to remain task focused. Students consider the mentor as vital in guiding them in relation to their professional development. Without this, they feel their confidence and self-esteem is undermined (Allan et al, 2011).

The CQC (2012) identifies the need for individualised care as patient needs become more complex. This highlights the importance of supporting students to develop problem-solving skills that promote person-centred healthcare. For this reason, it is essential that students are not subsumed into staffing numbers but are recognised as an integral element of patient-centred services (DH, 2012). Patients can therefore be assured that people who provide care have the skills and knowledge to do so, while students have a greater opportunity to understand the patient perspective (DH, 2012; Doody and Doody, 2012; Willis, 2012).

Defining supernumerary status

While the NMC (2010) requires supernumerary status to be upheld, it would appear that there is uncertainty as to what this means.

The Royal College of Nursing (2007) identifies that students are “additional to workforce requirements” but must contribute to the work area to learn. Hall and Ritchie (2009) argue that supernumerary status enables mentors to evaluate competence to promote greater autonomy and independence, therefore upholding their duty of care and promoting effective learning. This highlights the value of supernumerary status in protecting students and patients in relation to supported care provision and learning.

Others argue that supernumerary status can be a hindrance to learning, as students merely observe staff who are unsure why the student is in their environment. Managers may view the student role as that of a team member, considering them to be staff to cover the workload (Allan et al, 2011).

Effective student support takes time and needs to be recognised as part of the mentor’s workload. The NMC (2008) goes some way to promote this by requiring a minimum 40% of supervised practice as well as recognising the time the mentor’s role takes if it is to be done effectively.

There is uncertainty as to what “supernumerary status” means in its application to the reality of practice. A common understanding is required of how recognition and application of supernumerary status can promote student learning, facilitate mentorship and ultimately enhance patient care. Mentors, as advocates, need clarity of expectation to lead practice education effectively.

Having a shared understanding of supernumerary status could help improve both mentor and student experience. A review of the literature shows there is a need for a definition that recognises the purpose of supernumerary status as a strategy to support learning. Allan et al (2011) identified the challenge students face when views differ between the university and practice placement team and for this reason we suggest that supernumerary status is: “...a learning strategy that facilitates effective supervision and assessment of student practice whilst upholding the practitioner’s duty of care. This enables the assessor to provide exposure to relevant practice whilst the student is required to engage fully in order to develop their fitness for purpose and practice.”

Enhancing leadership skills

Effective leadership is crucial to the mentorship process (Doody and Doody, 2012; Kinnell and Hughes, 2010), as conflict can arise between organisational goals and the needs of staff, students and patients.

McGowan (2006) reports that implementation of supernumerary status is more successful when clinical leaders have a positive attitude to it. Allan et al (2011) also noted that leadership styles significantly influenced learning; when the student’s learning needs are recognised in planning the workload, this leads to a positive experience for the student.

Doody and Doody (2012) recognised that the mentor’s leadership skills are crucial in protecting the patient, through adequate supervision of the student and appropriate delegation. Mentors who are poorly prepared for the role struggle to protect students’ supernumerary status and this may result in negative role modelling. Individual leadership qualities have been identified as crucial to managing future service provision effectively and developing these skills in students is vital (Willis, 2012). The NMC (2010) expects new graduates to have leadership and delegation skills in order to supervise and challenge others.

Protecting supernumerary status not only role models good practice, but also allows students to develop appropriate knowledge and skills, preparing them for their role as a qualified practitioner.

Roles and responsibilities

The NMC (2010) requires the programme provider to ensure that patient safety is upheld and, just as importantly, that the patient has the right to decline student care.
TABLE 2. COMPROMISED SUPERNUMERARY STATUS REPORT

<table>
<thead>
<tr>
<th>Placement area:</th>
<th>Date/time:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student name:</td>
<td>Mentor name:</td>
</tr>
<tr>
<td>Why did the event occur? For example staff sickness</td>
<td></td>
</tr>
<tr>
<td>What risks were identified?</td>
<td></td>
</tr>
<tr>
<td>Were senior staff informed?</td>
<td></td>
</tr>
<tr>
<td>What support was offered to the student? For example clarification of care delegated, staff member identified to supervise</td>
<td></td>
</tr>
<tr>
<td>What was the outcome?</td>
<td></td>
</tr>
<tr>
<td>Practice education link informed?</td>
<td></td>
</tr>
</tbody>
</table>

Where supernumerary status is not upheld, it could be considered that patient choice is reduced. Quality assurance mechanisms, through audit and evaluation, need to give both students and mentors opportunities to provide open feedback. This feedback can be used to help students appreciate the purpose of supernumerary learning. Mentors can also be supported to develop skills to challenge perceptions of the student role in order to promote learning.

Supporting students in practice takes time. Supernumerary status serves to protect mentors, as it enables them to focus on student learning, rather than supervising an apprentice. It also supports the assessment process as the mentor is able to take on a more observant role as the student progresses towards independence. By understanding supernumerary status, mentors are able to support students to engage fully in patient care delivery. This could also facilitate questioning of students’ perceptions of the nurse’s role, as well as provide an opportunity to discuss placement experience and concerns (Gorley and Elcock, 2007). Promoting supernumerary status as an opportunity to fully engage in patient care, while having the time to develop a more independent approach to learning, would potentially increase awareness of its value as an educational strategy. Students may then feel more able to question why this opportunity may not be available.

In a study by the RCN Association of Nursing Students (O'Dowd, 2005), 11% of students reported that supernumerary status was never upheld. This indicated that students did not feel able to challenge issues in practice that affected their supernumerary status and more explicit guidance is required with regard to roles and responsibilities in practice. We have introduced a local concerns policy to support students and mentors in reporting concerns (Bournemouth University, 2012). We hope implementing this strategy will promote effective communication and improve the learning experience.

Students and mentors require the support of the placement provider. Allan et al (2011) acknowledged that supernumerary status can be compromised by a constantly changing clinical environment with fluctuating staff levels.

While annual updating is mandatory for mentors (NMC, 2008), there is limited recognition of the team’s role in supporting students and mentors in practice. Promoting their contribution to the learning experience may help to increase understanding of the student role.

The introduction of the triennial review (NMC, 2008) identified the placement provider’s responsibilities in monitoring and supporting mentors in practice. While this goes some way to helping mentors and their managers recognise their responsibilities, perhaps a process to review placement experiences would aid greater understanding of the value of supernumerary status for the organisation, the mentor, the student and, most importantly, the patient.

Recommendations

Arkell and Bayliss-Pratt (2007) highlight the importance of placement planning from the outset. The suggested checklist (Table 1) could be used to clarify how supernumerary status is applied to individual placement areas.

To help identify how supernumerary status can be promoted, it is important that students and mentors feel able to report incidences of when it has not been upheld (Table 2 outlines a reporting format). This would help both education and placement providers to identify risk factors and promote collaborative working in addressing these.

Conclusion

There appears to be limited literature defining supernumerary status, and evidence of disparity in its interpretation. It is an important learning strategy, and we need to understand the reasons why it is compromised in order to better support mentors and students.

Collaborative reporting mechanisms provide an opportunity to appreciate and address constraints. By protecting the student through acknowledgement of their supernumerary status, the patient can be protected.

References


Nursing and Midwifery Council (2010) Standards for Pre-Registration Nursing Education. London: NMC.

Nursing and Midwifery Council (2008) Standards to Support Learning and Assessment in Practice. London: NMC.


